

		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	Long Island-6		<i>Alternative Delegates</i>
Nancy DiLiegro	Thomas O'Brien	Caesar Alaienia		
Karen Falk	Fay Peck	Andrew Kaplan		
Ted S. Friedman	Bruce Pleskow	Robert Berger		
Norman Gallagher	Vickie Powell	Allison Potar Raich		
Marcia Gutfeld	Herb Reiman	Ellen Giordano		
Qazi Halim	Rafael Sandusky	Joel Gross		
William Hotaling	Harold Silverman			
Dave Howard	Gil Simon	Rochester-2		<i>Alternative Delegates</i>
Susan (Hunt) Hurrell	Patricia Siola	Aviva Bodek		
Marcia Jacinto	Frank Sosnowski	Travis Dick		
Louis Jeffrey	Robert Stevens			
Bentley Johnson	Mary Stoikes	Royals-6		<i>Alternative Delegates</i>
Seymour Katz	Kimberly Zammit	Elizabeth Chung		Troy Kish
Jack Kitrenos	Richard Zeitoun	Jaclyn Scott		
Kurt Kleinmann		Christopher Ho		
		Lauren Healy		
		Vito Limoncelli		
Elected Delegates		Salvatore Ventrice		
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				



The New York State Council of Health-system Pharmacists

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

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

HOUSE OF DELEGATES

Saratoga, New York

April 28 – May 1, 2016

REPORT OF THE DIVISION OF CHAPTER SERVICES

William Allan Prescott, Jr.

This report is for consideration by the New York State Council of Health-system Pharmacists House of Delegates only and does not represent official policy until approved by the House of Delegates.

REPORT OF THE DIVISION OF CHAPTER SERVICES

William Allan Prescott, Jr.

I. RESPONSIBILITY OF THE DIVISION

The charge of the Division of Chapter Services, as defined in the Constitution and Bylaws of the New York State Council of Health-system Pharmacists (NYSCHP), is to coordinate the issues and information between the Board of Directors and the Membership through the affiliated chapters. This division is also responsible for the coordination of activities with Schools of Pharmacy.

II. COMMITTEES OF THE DIVISION

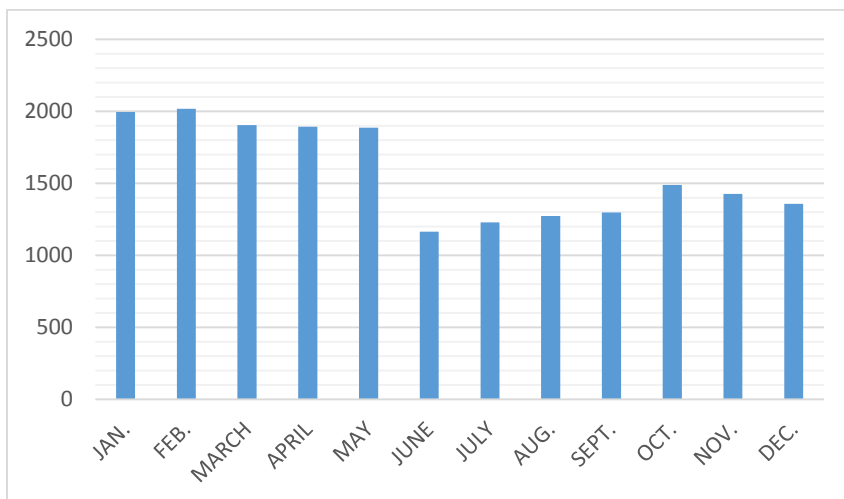
a. Membership Committee

- i. Purpose: To promote membership growth for the NYSCHP by recommending and implementing recruitment and retention activities.
- ii. Members:
 1. Troy Kish (Chair); Matthew Taranto (Central); Kyle Marks (Leatherstocking); Caesar Alaienia (Long Island); Zane Last (New York City); Leslie Riddle (Northeastern); Matthew Zak (Rochester); Ashley Galla (Royals); Peter Grassi (Westchester); Melissa Guarino (Western).
- iii. Status of Objectives:
 1. Understand membership needs/wants:
 - a. Membership survey developed, pre-tested, and distributed to NYSCHP membership August-October 2015. The survey was completed by 332/1298 members (25.6% response rate). Each chapter was represented. Analysis of the survey results completed (see summary below, full report available upon request). NYSCHP BOD reviewed at October 2015 meeting. Data and open-ended comments sent to committee chairs. Membership committee reviewed at November 2015 meeting. Full report of survey results (overall and chapter-specific data) sent to chapter presidents and a summary of survey results disseminated to general membership via the October News Brief.
 - i. Summary of results: The membership viewed the activities/opportunities offered by the NYSCHP and the nine local chapters as valuable. The NYSCHP website was rated as 'good' to 'very good' for ease of use,

overall appearance, quality of information, and quantity of information. The membership cited “newsletter” as their preferred method of receiving information from the NYSCHP and their local chapter (84.4%). The membership expressed overall satisfaction with the News Brief; however, only two-thirds of responding members indicated that they were aware that the NYSCHP distributes this newsletter. Continuing education (CE) offerings at the state and local levels were highly rated in both quantity and quality; however, the value of CE offerings varied somewhat between local chapters. Responding members expressed an interest in expanding live and non-live on-line educational offerings.

- b. Focus groups (members/non-members) within each chapter (in-progress). Purpose: to identify needs/wants of current/prospective members having diverse roles / practice areas (e.g. students, residents, pharmacists [health-system based, faculty, etc.], technicians, etc.).
2. Track / Analyze Membership Statistics:
- a. Membership database clean-up driven by the NYSCHP office. The Council office is pursuing options for database management.
 - b. Membership data (as of February 29, 2016):

Total Membership (2015)



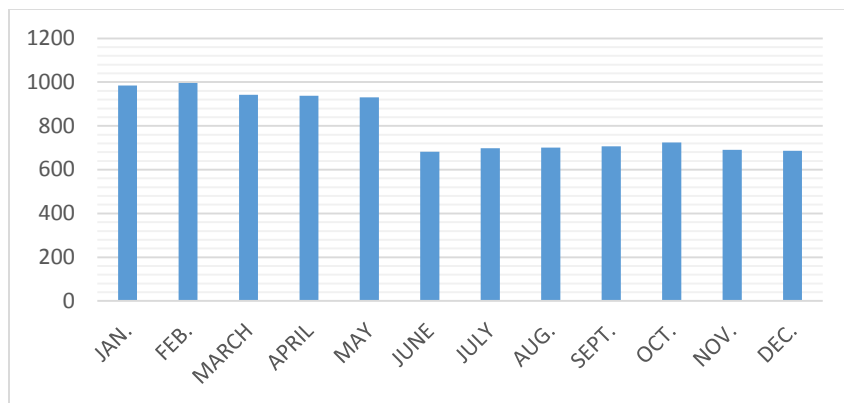
*Average Membership Jan – May 2015 = 1939

*Average Membership June – December 2015 = 1320 (31.9% decrease vs. Jan-May)

*Reflects membership as of 12/31/15 = 1358

*Membership as of 1/31/16 = 1581 (19.8% increase vs. June-Dec 2015 / 16.4% increase vs. Dec 2015)

Active Membership (2015)



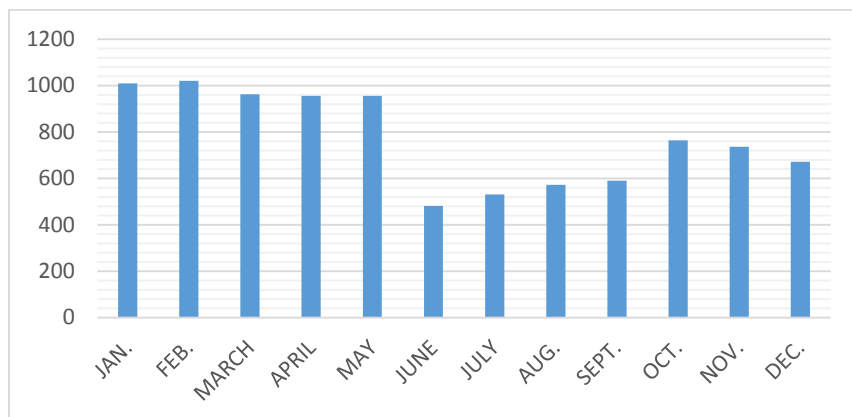
*Average Membership Jan – May 2015 = 958

*Average Membership June – December 2015 = 698 (27.1% decrease vs. Jan-May)

*Membership as of 12/31/15 = 686

*Membership as of 1/31/16 = 755 (8.2% increase vs. June-Dec 2015 / 10.1% increase vs. Dec 2015)

Non-voting Membership (2015)



*Average Membership Jan – May 2015 = 981

*Average Membership June – December 2015 = 621 (36.6% decrease vs. Jan-May)

*Membership as of 12/31/15 = 672

*Membership as of 1/31/16 = 826 (33.0% increase vs. June-Dec 2015 / 22.9% increase vs. Dec 2015)

3. Identify under-represented groups and geographic regions.
 - a. New chapter in development: Upstate New York Society of Health-systems Pharmacists (UNYSHSP):
 - i. Purpose: To better serve active/non-voting members residing in an under-represented area of New York State and to expand membership in this geographic region.

- ii. Proposed geographical boundaries: St. Lawrence County, Plattsburgh, Malone, Northern Franklin, Franklin, and Clinton. This will overlap neighboring chapters, but the overall impact appears to be minimal: 7 members across these counties (2 in Central, 1 in Leatherstocking and 4 in Northeastern). Neighboring chapter presidents are in support of this new chapter.
 - iii. Membership: Identified ≥ 22 prospective new pharmacist members and multiple technicians planning to join the NYSCHP. This represents at least 1 pharmacist in each hospital in Saint Lawrence County, as well as Adirondack Medical Center and Carthage. There appears to be adequate pharmacists interested in serving in leadership roles.
 - iv. Status: C&B drafted early January. Submission to NYSCHP C&B committee pending. Chapter needs to incorporate.
 - b. Reactivation of existing chapter: Southern Tier
 - i. Purpose: To better serve active/non-voting members residing in an under-represented area of New York State and to expand membership in this geographic region.
 - ii. Status: C&B approved February 2016. Chapter in the process of identifying leadership.
- 4. Membership Recruitment Initiatives
 - a. Implement incentives for Chapter to expand membership (2015 HOD recommendation, Christopher Ho, Royals).
 - i. Membership drive reimbursement: The NYSCHP has set aside \$2000 for local chapter recruitment initiatives. Each Chapter has been allotted \$222 to be used for recruitment purposes (due date: December 15th). Grants awarded in 2015:
 - 1. Central: Purpose – to support a membership drive luncheon. Resulted in recruitment of 15 new members.
 - 2. New York City: Purpose – to support a t-shirt promotion for a membership drive targeting pharmacy technicians.
 - 3. Royals: Purpose – to support the purchase of lanyards for badges with the Royals logo to assist in new member recruitment.
 - ii. Expansion of Pledge membership criteria: Active member dues = \$230 vs. Pledge member dues = \$100.

Previous eligibility for a pledge member was as follows: “for those who are in their first year post-graduation”. The membership committee proposed that this be changed to: “for new members (e.g., new or \geq 3-years since last membership)” so as to expand eligibility and encourage new members to join and past members to re-join at a reduced rate for the first year, regardless of time post-graduation. This classification would be considered active members, but would be listed under a different membership category when joining. Approved by the BOD on 2/22/16.

- b. Follow up with graduating student members who stay in New York to become pledge members (2015 HOD recommendation, Stewart Siskin, Western).
 - i. Graduating student survey:
 - 1. Developed in cooperation with the Pharmacy School Liaison Committee.
 - 2. Survey purpose: To collect detail regarding job placement (e.g., in-state, PGY1 residency, health-system related job, etc.) and contact information to facilitate transition from student to active membership.
 - 3. Survey will be distributed by each school’s faculty liaison to graduating students prior to graduation (early April), with a reminder email sent mid-April. Data will be organized by the NYSCHP Director of Chapter Services and sent to the School Liaison and Membership Committees.
 - 4. Approved by the Membership Committee on 1/19/16 and the Pharmacy School Liaison Committee on 1/21/16. Approved by the NYSCHP BOD on 1/21/16.

b. Pharmacy School Liaison Committee

- i. Purpose: To promote and encourage involvement in NYSCHP to faculty and future pharmacists.
- ii. Faculty Members: Bill Prescott (Chair); Nicole Stack Lodise (Albany College of Pharmacy); Troy Kish (Arnold and Marie Schwartz); Nicole Eckard (D’Youville); Matthew Zak (St. John Fisher); Joseph Brocavich (St. John’s University); Nick Norgard / Erin Slazak (University at Buffalo); Mary Choy (Touro).

- iii. Student Members: Christine Echtenkamp (D'Youville); Tessa Kelly / Jordan Siembor (St. John Fisher); Maya Holsen / Rachael Cardinal (University at Buffalo); Olawonuola Abiona / Phoebe Wong (Touro). No student representatives from Albany College of Pharmacy, Arnold and Marie Schwartz, St. John's University.
- iv. Status of objectives:
 - 1. Collaborate with the membership committee on the overlapping 2015 HOD recommendation: Follow up with graduating student members who stay in New York to become pledge members (see above).
 - 2. Facilitate submissions for the NYSCHP Student Corporate Sponsored Essay: 2 submissions for the 2016 award.
 - 3. Student Chapter Grant Program – grants awarded in 2015:
 - a. Touro (\$500, approved 4/13/15): Purpose – to support an influenza clinic.
 - b. University at Buffalo (\$500, approved 4/13/15): Purpose – to support bus for Legislative Day.

c. Other Chapter Services Activities

- i. Targeted expansion of the NYSHCP Speaker's Bureau: This will serve to provide chapters with speakers in their region that are qualified to provide CE sessions deemed in high/moderately high demand (as per results from the ACPE required member needs assessment surveys).
 - 1. Status: Survey distributed to membership October-November 2015. Organized data and sent results to the NYSCHP BOD and chapter presidents on December 7, 2015.

Recommendations:

NYSCHP Policy #	Position Statement	Reviewing Body	Recommendation
4-06	NYSCHP supports collaborative drug therapy management to aid in the retention of pharmacy school graduates in New York State.	Pharmacy Practice, Chapter Services, VP Public Policy.	Sunset (per Pharmacy Practice).

Respectfully submitted,

William Allan Prescott, Jr., Director of Chapter Services



The New York State Council of Health-system Pharmacists

210 Washington Avenue Extension • Albany, NY 12203

Tel: (518) 456-8819 • Fax: (518) 456-9319

New York State Council of Health-system Pharmacists

Saratoga, New York

April 28, 2016

HOD – Annual Assembly Board of Directors Report

Communications Committee

Catherine A. Millares-Sipin

This report is for consideration by the New York State Council of Health-system Pharmacists House of Delegates only and does not represent official policy until approved the House of Delegates.

I. Responsibility of the Director

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.

II. Committees of the Division

Public Relations 2015-2016

Chair: Jason Babby

Members:

Mary Choy

Charnicia Huggins

Daryl Glick

Helene Maltz

Christina Phelan

Valerie Demekhin

Lisa Voigt

Mohammed Rattu

III. Strategic Plan

A2. Create a public marketing campaign

Plan: Adopt the ASHP's "Let's Talk Medication" campaign.

Status: Campaign buttons was redesign with the NYSCHP logo. Distributed to all 7 schools of pharmacy during National Hospital and Health System Pharmacy Week

C1.

i. Define desired NYSCHP image

Plan:

- a. To designate a point person to review the NYSCHP website for glitches or issues. To create an online suggestion box where users can leave comments.
- b. Logo redesign/rebranding

Status:

- a. A survey to members was sent out to assess the member satisfaction of the website.
- b. Logo redesign proposal has been submitted to the board for approval. Logo redesign contest to be advertised during the Annual Assembly with the goal of choosing and presenting the new logo in 2017 AA.

ii. Establish marketing plan

Plan: To maximize use of social media, to connect with members, to keep members informed of the council activities.

Status: Created a PP slide with the different social media accounts NYSCHP has, encouraged chapters to use PP slide during their chapter meetings or social events. Currently, 309 friends in Facebook and 87 followers in Twitter.

C2. Utilize electronic and print resources to provide timely and pertinent information to the membership.

Plan: Continue with the monthly news brief. Surveyed member satisfaction and desired content. Incorporate best practices.

Status: Survey sent to members. Several news briefs included best practices. The news brief continues to evolve and now include items such as monthly book club recommendations. Maximizing new brief to communicate NYSCHP council and chapter activities. Including more photos.

IV. 2015 HOD Recommendations

Recommendation: Publicize HOD and Annual Assembly

Plan:

- Redesign the section of NYSCHP website dedicated to the Annual Assembly and HOD. Improve visibility and access. Make the website more user friendly and better flow.
- Use the news brief as a platform to educate members about the HOD
- Save the date flyers and early registration at the AA for 2017, propose early discounted registration
- Include information in JPP

Status:

- March new brief will have a section on HOD
- April Issue of JPP will have an advertisement on the Annual Assembly

Recommendation: Improve the NYSCHP membership website area

Plan:

- Review the website for membership
- Identify any areas of improvement
- Collect committee member list of suggestion on how to improve the membership website and work with the NYSCHP office

Status:

- List of suggestion on how to improve website currently being collected.

Respectfully submitted,



Catherine A. Millares-Sipin, Pharm.D., CGP, BCPS, BCACP

Director of Communications, NYSCHP

The New York State Council of Health-system Pharmacists



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

April 28th and April 30th 2016

NYSCHP BOARD REPORT: House of Delegates
EDUCATION AND WORKFORCE DEVELOPMENT
Heide Christensen, RPh, MS

**BOARD REPORT:
DIRECTOR, EDUCATION AND WORKFORCE DEVELOPMENT
Heide Christensen, RPh, MS**

Continuing Competency Committee Membership

Co-Chairs: Karen Berger; Kanika Ballani

Lisa Avery	Henry Cohen	Maabo Kudez-Forsen	Mark Sinnet
Kanika Ballani (co-chair)	Maia Decker	Kathleen Minlionica	Leila Tibi-Scherl (Annual Assembly Co-Chair)
Karen Berger (co-chair)	Amy Dzierba	Joseph Pinto	Demetra Tsapepas
Carol Bizan	Shaun Flynn	Allison Potar-Raich (resigned)	Steven Tuckman
Aviva Bodek	Katie Fontana	Amilee Poucher	Kim Zammit
Jane Boyd	Andrew Kaplan	Joshua Sawyer	
Agnes Cha	Jeff Kennicutt	Stephanie Seyse	
Leigh Briscoe-Dwyer (Annual Assembly Co-Chair)	Alla Khaytin	Elizabeth Shlom	

A. Past Programs Update:

Program Name	Date	Number of Attendees	Comments/Highlights
Annual Assembly 2015	4/23/15 – 4/26/15	170	<ul style="list-style-type: none"> • Venue: The Sagamore, Bolton Landings, NY • Cardiology Certificate Program: 17 attendees • Residency Program: 63 attendees • Exhibitors: 169 • 1st Residency and Research Forum; great success. • Evaluations: Good to Excellent
<u>Practice Based Program:</u> Antimicrobial Stewardship	5/18/15 – 5/19/15	92	<ul style="list-style-type: none"> • Partner with GNYHA and UFH • Venue: GNYHA
<u>Practice Based Program:</u> Antimicrobial Stewardship	7/30/15 – 7/31/15	63	
Student Program Downstate	8/28/15	51	<ul style="list-style-type: none"> • Venue: LIU, Brooklyn • Coordinated by Amy Dzierba • Evaluations: Excellent • Goal: Discuss holding programs in Albany and other upstate chapters in 2016
Tristate Health-System Pharmacist Summit	9/18/2015	160	<ul style="list-style-type: none"> • Venue: Hilton, Tarrytown, NY • 5 hours of CE (Stewardship Topics, Transitions of Care, Advanced Technician Roles) • Strong exhibitor support • Vendor Forum • Residency Program • Student Leadership Program • Evaluations: Good to Excellent

Program Name	Date	Number of Attendees	Comments/Highlights
Critical Care Program Upstate	9/19/15	30	<ul style="list-style-type: none"> • Venue: D'Youville College of Pharmacy, Buffalo, NY • 5 hours CE (Medication Safety, Sepsis/Septic Shock, Trauma: Hemorrhagic Shock Resuscitation, Pharmacokinetic/Pharmacodynamic Considerations in ICU, Traumatic Brain Injury) • Exhibitors: Very good support • Evaluations: Good to Excellent
Critical Care Program Downstate	10/2/15	53	<ul style="list-style-type: none"> • Venue: NYP (Belfer Building) • 5 hours CE (Alcohol Withdrawal, Pain Management, Hyperglycemia, Nutritional Support, Thrombocytopenia) • No exhibitor support • Evaluations: Good to Excellent
Jan Keltz Program	1/16/16 – 1/18/16	35	<ul style="list-style-type: none"> • Venue: Crown Plaza, Lake Placid, NY • 7.5 hours CE (Topics: Medical Marijuana; Direct to Consumer Advertising; Immunologic Agents for Autoimmune Disorders; Antibiotic Dose Optimization in Critically Ill; Resident Pearls) • Pilot of Residency Pearls sessions. • REF grant to support resident participation • Exhibits: 12 • Profits: approximately \$4500

B. Future Programs Update:

Program Name	Date	Comments/Highlights
Winter Pharmacotherapy Program: Antimicrobial Stewardship Across the Healthcare Spectrum	3/6/16	<ul style="list-style-type: none"> • Venue: Mount Sinai Beth Israel Medical Center • Topics: National Action Plan for Combating Antibiotic Resistant Bacteria; Antimicrobial Stewardship in the Hospital Setting; in the ED; in LTC, and in TOC. • Market to other organizations: APIC, PSSNY, ACCP • Plan to pilot remote programming.
<u>Practice Based Program:</u> Antimicrobial Stewardship	3/14/16 – 3/15/16	<ul style="list-style-type: none"> • Partner with GNYHA and UFH • Venue: GNYHA
Technology Summit	TBD	---
Tristate Health System Pharmacy Summit	9/30/16	<ul style="list-style-type: none"> • Venue: Tarrytown Hilton, NY • Program planning initiated. • Educational Programming: Focus around Practice Based Initiatives • To evaluate CPR recertification • Residency Program • Student Leadership • Exhibits and Exhibitor Forum

Program Name	Date	Comments/Highlights
Student Program: Downstate	TBD	<ul style="list-style-type: none"> • Lead: Amy Dzierba • Program planning to begin • Conference call with upstate chapter representatives being planned
Critical Care Program: Downstate	TBD	<ul style="list-style-type: none"> • Lead: Amy Dzierba • Venue: TBD • Program planning to begin
Critical Care Program: Upstate	TBD	<ul style="list-style-type: none"> • Lead(s): Kim Zammit; Lisa Voight; Aviva Bodek • Venue: TBD • Program planning to begin
Pharmacy Technician Program	TBD	<ul style="list-style-type: none"> • Potential to hold Pharmacy Technician Program in the downstate area. Potential collaboration with NYC, LI and Royals.

C. Strategic Plan:

1. Remote Programming

- a. Pilot planned for 3/6/16 Winter Pharmacotherapy Program
- b. Must implement successfully and expand
 - i. Membership survey reflected that more than half of responding members would be likely or extremely likely to utilize webcasts of live, local chapter CE programs; approximately one half of members would be likely or extremely likely to utilize non-live, pre-recorded CE webinars if they were available. Only 5.2% indicated that they would stop attending live programs if live CE programs were broadcast via webcast.
 - ii. Discuss potential on-line webinar series on disease state topics.
 - iii. Discuss potential live webinar series on disease state topics.

2. Networking/Partnering with other organizations

- a. Contacts from other organizations identified, including:
 - i. Pulse of NY
 1. Hosting ISMP talk in April.
 2. Potential to pursue cross marketing of program to NYSCHP members and ACPE accreditation of program.
 - ii. Albany College of Pharmacy
 1. Interested in hosting Technology Summit.
 - iii. ACCP
 1. Contacted NYS Chapter President; interested in possible collaboration.
 - iv. NYS Nursing Society
 1. Potential for collaboration and cross accreditation.
 - v. PSSNY
 1. Discussion by Executive Director regarding collaboration is pending.
 - vi. Non-CE Networking
 1. Opportunity to engage students and residents.
- b. Winter Pharmacotherapy meeting information shared with NYS chapter of ACCP, with PSSNY, and with APIC.
- c. Joint meeting with Health Leaders of NY held in 2015; plan to hold meeting in 2016.

3. **Promote Continuing Professional Development**
 - a. Committee met; reached out to North Carolina regarding their pilot of CPE.
 - i. Program without success with notation that CPE is difficult to implement without it being required.
 - ii. To reach out to Canada for further discussion.
4. **Practice-Based Programming (expand to include additional therapeutic areas and create more enduring program strategies for existing programs)**
 - a. Must:
 - i. Determine the level of demand for practice-based programs (conduct targeted survey).
 - ii. Determine programs desired (conduct targeted survey).
 - iii. Evaluate the potential to collaborate with other organizations and/or states.
 - iv. Develop and implement plan to market certificate programs outside of NYS.
5. **Expand Educational Programming (meet unmet educational needs; increase specialty-focused educational programming)**
 - a. CCC to discuss:
 - i. Potential downstate technician program (engaging LI, NYC, Royals and Westchester chapters).
 - ii. Student and technician programming for the 2017 Annual Assembly.

D. House of Delegate Recommendations

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

- Committee recommends that this position statement be retained.

Allow electronic registration as proof of attendance at live CE.

- Evaluated by the Council Office; as per ACPE it is not permissible to allow electronic registration as proof of attendance at live CE.

Respectfully Submitted,

Heide Christensen



The New York State Council of Health-system Pharmacists

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

2016 HOUSE OF DELEGATES

Saratoga Springs, NY

April 28, 2016

REPORT OF THE EXECUTIVE DIRECTOR

Shaun C. Flynn

This report is for consideration by the New York State Council of Health-system Pharmacists House of Delegates only and does not represent official policy until approved the House of Delegates.

I. Responsibilities of the Executive Director

The Executive Director shall be responsible for the administrative activities of NYSCHP including direction of all operations, programs and activities. The Executive Director shall at all times, support the vision, mission and goals of NYSCHP.

II. Operations

A. Administration

1. The 2017 Annual Assembly will be held on April 26 – April 30, at the Sagamore in Bolton Landing, NY
2. Tri-State Educational Program, September 30, 2016.
3. Jan Keltz Memorial Winter Educational Program: January 2017, site and date TBD.
4. NYSCHP continues to provide association management services for the New York State Council of Health-system Pharmacists Research and Education Foundation (REF) and assists in the administration of the REF awards and certificate programming.
5. NYSCHP provided successful practice based (certificate) continuing professional education programs in areas such as Antimicrobial Stewardship in conjunction with the Greater New York Hospital Association.
6. The Council's database provider (Your Membership) has not been able to address to our satisfaction issues with functionality and reliability. Improvements have been made to invoicing and reporting but there are still significant issues with data reports generated by the system and interoperability with accounting software. Additionally the system is incapable of providing the additional options the Council needs such as auto membership renewals. As a result the Council will start the process of securing a new database/web site provider with the goal of having the new system in place by the end of 2016.
7. The Council office has addressed addressed most of the issues identified in the 2015 audit. The remaining issues will be addressed through the change in membership database and improvements in outside bookkeeping services.
8. A new CE processing system to replace the CE Sally service was implemented over the summer. The new process provides an improved user interface and lower costs for the Council
9. Cost containment efforts have been very successful in restoring the health of the Council's finances. We continue to explore ways to contain costs and streamline operations.
10. Social media accounts are being active used to promote Council activities.
11. The Council office continues to make improvements to the Council's web site's appearance and functionality. An overhaul of the website will be part of the new database implementation.

III. Activities

Nationally: I have represented NYSCHP at the following ASHP events: and the 2015 Midyear Clinical in New Orleans, Louisiana and the February 2016 ASHP State Executives meeting at the ASHP headquarters in Bethesda, Maryland.

State: On the state level, I have attended meetings with the Alliance of New York Licensed Health Professionals (ANYLHP), IPRO, Empire state Society of Association Executives (ESSAE), NYS Cancer Consortium Steering Committee, NYS Pharmacy Conference, NYS Senate, NYS Assembly, NYS Office of the Professions, the State Education Department, State Department of Health, Bureau of Narcotic Enforcement and NYS Board of Pharmacy. NYSCHP continues to work collaboratively with PSSNY and ASCP to promote our mutual legislative agendas. I will continue to work to expand the Council's visibility in these areas and pursue avenues for NYSCHP to provide input with regard to professional and legislative issues that promote and enhance the pharmacy profession.

Respectfully submitted,

A handwritten signature in black ink that reads "Shaun Flynn". The signature is written in a cursive, flowing style.

Shaun C. Flynn
Executive Director



New York State Council of Health-system Pharmacists

REPORT OF THE DIRECTOR OF PHARMACY MANAGEMENT

Lisa M. Voigt, Pharm.D, BCPS, BCCCP

April 28th, 2016
Saratoga Springs, New York



This report is for consideration by the New York State Council of Health-system Pharmacists House of Delegates only and does not represent official policy until approved the House of Delegates.

I. Responsibility of the Division

The charge of the Division of Pharmacy Management, as defined in the Constitution and Bylaws of the NYSCHP, is to be 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.

II. Committees of the Division

Organization and Goals Committee

Calls to be scheduled

Leadership Development Committee

Calls to be scheduled

Constitution and ByLaws Committee

Chair: Tom Lombardi

Members: Kathy Minlionica, Stew Siskin, Liz Shlom, Stephanie Seyse, Shaun Flynn

- NYSCHP C&B- does not have a specific time frame for review, but at the direction of the BOD. Suggestion to add in Bylaws Chapter XVI (at least every 5 years) per the chair.

Conference Calls:

October 14th at 4pm: members present: Tom Lombardi, Kathy Minlionica, Stew Siskin, Liz Shlom, Stephanie Seyse, Shaun Flynn

- Royals, Westchester, Leatherstocking, Southern Tier C&B reviewed. Committee will review changes and communicate to the respective chapters.
- NYSCHP C&B needs to be discussed at meeting regarding membership categories, college/pharmacy school membership, Health-system group membership.

February 10th, at 11am: members present: Tom Lombardi, Stew Siskin, Shaun Flynn, Stephanie Seyse

- Bob Schmidt attended first part of call to review Southern Tier Bylaws. Committee addressed his questions and was submitted for BOD approval.
- Reviewed Westchester and Northeastern C&B revisions. Committee approved and was sent to the BOD for approval.
- Reviewed Rochester C&B and committee decided further revisions/changes were needed. Currently in process of writing recommendations and will be submitted back to the chapter.
- NYSCHP C&B revisions were made and sent to the BOD for approval. Will also be discussed at HOD.

Affiliated Chapter Constitution and Bylaws

- Discussed on June 4th - Chapter President's conference call that each chapter (except Westchester-reviewed and updated in 2014) should review their C&B and make changes by the end of this year.
- Suggested by the chair to urge chapters to put a review date in the Bylaws of at least every 5 years.

Journal of Pharmacy Practice (JPP) Task Force

Conference Calls

June 5th at 1pm: members present: Shaun Flynn, Stew Siskin, Ann Marie Greco, Jason Babby, Liz Shlom, Joe Pinto, Karen Falk

- Reviewed results of survey sent to members and agreed that JPP provides value to our members and that it should continue to be the official Journal for NYSCHP
- Discussed that electronic version should be the default option to be given to members
 - Can we just make it available on NYSCHP website and have members access from here?
- Appoint a person from NYSCHP to editorial board to regularly be involved in JPP decisions
 - Need to inquire if there is a standing schedule of meetings and when decisions are being made
- Initially reviewed current contract that was originated in 2008. Question remains whether or not this is still a valid contract. If so, expires in December and need to have a new one in place before then.

- Next step is to set up call with Henry Cohen (Editor) and SAGE (publisher) to answer questions the group has prior to modifying contract.
 - Questions to be asked: # of electronic copies can we purchase for distribution to members.
 - Sponsor receives 10 free publications. Office receives 1, where are the other 9?
 - Sponsor needs to be involved in negotiating with SAGE number of issues being printed (not just the managing editor.- could this be part of the NYSCHP representative on the editorial board?
 - Where does \$\$ from College of Psychiatric and Neurologic Pharmacists go?
 - Can we have itemized invoices of all transactions that occur with JPP?
 - CE committee to review submissions of articles for best practices?
 - Where will money from advertisements go- not clear in contract?
 - Eliminate CE articles or limit or have NYSCHP approve payment for honoraria to authors? Found to be useful to read, but very few claim the credit.
 - Require an annual budget from Editor

Follow up JPP conference calls:

July 9th

- Cost reduction with electronic version only, currently \$9/year/member
- 1100-1200 receive JPP
- NYSCHP page SAGE \$9000/year, 1 guest editor/year
- Editorial board is a 3-4 year term: reviewing articles, help JPP determine theme, CE editorial, receive an annual report of JPP and will begin an annual conference call meeting to review journal.
- Executive Director for NYSCHP serves as managing editor for NYSCHP content. Roles include reviewing CE articles for content and CE value, ensuring accuracy of NYSCHP advertisements, peer review, attend conference call at the end of the year for publisher's report.
- Advertisements: Henry will get back to NYSCHP regarding ads
- College of Neurologic and Psychiatric Pharmacists
 - Submit abstracts once/year
 - Members do not receive a hard copy of the journal
- Next step is to set up a conference call with SAGE

September 10th : Andrew Thompson (SAGE), Henry Cohen, Shaun Flynn, Stephanie Seyse,

- Specifically asked about contract, electronic version of journal only, and advertisements including supplements
-

October 7th: Response to SAGE

- Deadline extended to end of October to respond
- BOD decision to let current contract run as is (would be good for 1 more year as is)
- Option would be electronic only due to cost
- Banner ad would be offered and rotate our corporate sponsors
- Possible to recruit sponsors for supplements and SAGE would offer a 10% royalty to NYSCHP

Recommendations to the HOD
 NYSCHP Constitution and Bylaws Summary of Changes

Proposal: address the use of electronic voting

Methods:

1. The Constitution and Bylaws of the NYSCHP were searched using the following key words.
 - a. Ballot
 - b. Mail
 - c. Writing
2. Proposed wording changes made as described below.

Page	Article/Section	Proposed Language Change
Constitution		
2 of 17	Article IX. AMENDMENTS	Delete "mail" Add "written or electronic"
Bylaws		
5 of 17	Chapter II. Officers Article III. Election of President-Elect	Add "or electronic transmission" Add "or electronic transmission"
5 of 17	Chapter II. Officers Article IV. Ballots	Add "or electronically submitted"
10 of 17	Chapter IV. Board of Directors Article VI. Meetings	Add "by electronic transmission"
13 of 17	Chapter VI. House of Delegates Article IV. Meetings	Add "by electronic transmission"

Proposal: address retired and faculty members

Methods:

1. The Constitution and Bylaws of the NYSCHP were searched using the following key words:
 - a. Membership
2. Proposed wording changes made as described below.

Page	Article/Section	Proposed Language Change
Bylaws		
3 of 17	Chapter I: Membership Article I: Members Section A: Active Members	Add " 1.Retired Members: Previous active full members age 65 years and older."
3 of 17	Chapter I: Membership Article I: Members Section B: Associate Members	Add " 4.Faculty members shall be individuals employed by a College/School of Pharmacy. To be eligible for active membership, the faculty member must meet the qualifications as defined in Chapter I, Article I, Section A of the Bylaws and pay the difference of the membership dues."

Proposal: assess HOD Delegate apportionment

Methods:

1. The Constitution and Bylaws of the NYSCHP were searched using the following key words:
 - a. House of Delegates apportionment
2. Proposed wording changes made as described below.

Page	Article/Section	Proposed Language Change
Bylaws		
12 of 17	Chapter VI. House of Delegates Article II. Apportionment	Delete "twenty-five" Add "twenty" (See rationale below)

Proposal: BOD, Executive Committee and Finance Committee Meetings held via conference call

Methods:

1. The Constitution and Bylaws of the NYSCHP were searched using the following key words:
 - a. Conference Call
2. Proposed wording changes made as described below.

Page	Article/Section	Proposed Language Change
Bylaws		
10 of 17	Chapter IV. Board of Directors Article VI. Meetings	Delete "No more than one-half of the regularly scheduled meetings may be held by conference call."

Rationale For change of apportionment

With decreased active membership, the number of House of Delegates has decreased by 6 delegates in 2016. By changing to apportionment to every 20 members the following will occur.

Table 1

Assuming no changes in number of active members there would an increase by 7 delegates with 4 chapters increasing by 1 delegate and 1 chapter increasing by 2 delegates.

Table 1: Proposed changes to apportionment to twenty

Chapters	2015 HOD		2016 HOD				Proposed change to Bylaws ¹		
	Number of Delegates	% of Delegates	Average number of voting Members	Number of Delegates	% of Delegates	Change from 2015	Number of Delegates	% of Delegates	Change in Number
Central	3	7.0%	53	3	8.1%	0	3	6.8%	0
Leatherstocking	2	4.7%	16	2	5.4%	0	2	4.5%	0
Long Island	6	14.0%	133	6	16.2%	0	7	15.9%	1
NYC	10	23.3%	226	9	24.3%	-1	11	25.0%	2
Northeastern	5	11.6%	47	2	5.4%	-3	3	6.8%	1
Rochester	2	4.7%	37	2	5.4%	0	2	4.5%	0
Royals	6	14.0%	133	6	16.2%	0	7	15.9%	1
Westchester	4	9.3%	72	3	8.1%	-1	4	9.1%	1
Western	5	11.6%	92	4	10.8%	-1	5	11.4%	1
Total	43			37		-6	44		7

¹ Assuming no changes in active members

Table 2

Adding Southern Tier as a chapter, assuming Southern Tier will have 2 delegates and assuming no changes in number of active members there would an increase by 9 delegates with 4 chapters increasing by 1 delegate and 2 chapters increasing by 2 delegates.

Table 2: Proposed Apportionment to twenty and addition of Southern Tier

Chapters	2015 HOD		2016 HOD				Proposed change to Bylaws ¹		
	Number of Delegates	% of Delegates	Average number of voting Members	Number of Delegates	% of Delegates	Change from 2015	Number of Delegates	% of Delegates	Change in Number
Central	3	7.0%	53	3	8.1%	0	3	6.5%	0
Leatherstocking	2	4.7%	16	2	5.4%	0	2	4.3%	0
Long Island	6	14.0%	133	6	16.2%	0	7	15.2%	1
NYC	10	23.3%	226	9	24.3%	-1	11	23.9%	2
Northeastern	5	11.6%	47	2	5.4%	-3	3	6.5%	1
Rochester	2	4.7%	37	2	5.4%	0	2	4.3%	0
Royals	6	14.0%	133	6	16.2%	0	7	15.2%	1
Southern Tier							2	4.3%	2
Westchester	4	9.3%	72	3	8.1%	-1	4	8.7%	1
Western	5	11.6%	92	4	10.8%	-1	5	10.9%	1
Total	43		92	37			46		9

¹ Assuming no changes in active members

Table 3

Assuming 10% increase in number of active members there would an increase by 12 delegates with 3 chapters increasing by 1 delegate, 3 chapters increasing by 2 delegates and 1 chapter increasing by 3 delegates.

Table 3: Proposed changes to apportionment to twenty

Chapters	2015 HOD		2016 HOD				Proposed change to Bylaws ²			
	Number of Delegates	% of Delegates	Average number of voting Members	Number of Delegates	% of Delegates	Change from 2015	10% growth	Number of Delegates	% of Delegates	Change in Number
Central	3	7.0%	53	3	8.1%	0	58	3	6.1%	0
Leatherstocking	2	4.7%	16	2	5.4%	0	18	2	4.1%	0
Long Island	6	14.0%	133	6	16.2%	0	146	8	16.3%	2
NYC	10	23.3%	226	9	24.3%	-1	249	12	24.5%	3
Northeastern	5	11.6%	47	2	5.4%	-3	52	3	6.1%	1
Rochester	2	4.7%	37	2	5.4%	0	41	3	6.1%	1
Royals	6	14.0%	133	6	16.2%	0	146	8	16.3%	2
Westchester	4	9.3%	72	3	8.1%	-1	79	4	8.2%	1
Western	5	11.6%	92	4	10.8%	-1	101	6	12.2%	2
Total	43			37		-6		49		12

¹ Assuming 10% growth in active members

Table 4

Adding Southern Tier as a chapter, assuming Southern Tier will have 2 delegates and assuming a 10% increase in active members there would an increase by 12 delegates with 3 chapters increasing by 1 delegate, 3 chapters increase by 2 delegates and 1 chapters increasing by 4 delegates.

Table 4: Proposed Apportionment to twenty and addition of Southern Tier

Chapters	2015 HOD		2016 HOD				Proposed change to Bylaws ²			
	Number of Delegates	% of Delegates	Average number of voting Members	Number of Delegates	% of Delegates	Change from 2015	10% growth	Number of Delegates	% of Delegates	Change in Number
Central	3	7.0%	53	3	8.1%	0	58	3	5.8%	0
Leatherstocking	2	4.7%	16	2	5.4%	0	18	2	3.8%	0
Long Island	6	14.0%	133	6	16.2%	0	146	8	15.4%	2
NYC	10	23.3%	226	9	24.3%	-1	249	13	25.0%	4
Northeastern	5	11.6%	47	2	5.4%	-3	52	3	5.8%	1
Rochester	2	4.7%	37	2	5.4%	0	41	3	5.8%	1
Royals	6	14.0%	133	6	16.2%	0	146	8	15.4%	2
Southern Tier							40	2	3.8%	2
Westchester	4	9.3%	72	3	8.1%	-1	79	4	7.7%	1
Western	5	11.6%	92	4	10.8%	-1	101	6	11.5%	2
Total	43			37			0	52		15

¹ Assuming 10% growth in active members

Rationale For change of BOD, Executive Committee and Finance Committee

Conference call/Webinar meetings have become a standard practice among organizations. Conference call/Webinar meetings are less costly by eliminating travel and lodging expenses as well as productive.

The BOD, and the Executive and Finance Committees are still required to meet face-to-face and schedule will be set forth by Chair and Policy of the BOD.

Respectfully submitted,

Lisa M. Voigt

Lisa M. Voigt, Pharm.D, BCPS, BCCCP
 Director of Pharmacy Management



New York State Council of Health-system Pharmacists

REPORT OF PHARMACY PRACTICE

Robert DiGregorio, Director of Pharmacy Practice

April 28, 2016
Saratoga Springs, New York



This report is for consideration by the New York State Council of Health-system Pharmacists House of Delegates only and does not represent official policy until approved the House of Delegates.

I. Responsibility of the Division

The charge of the Division of Professional Affairs, as defined in the Constitution and Bylaws of the NYSCHP, is to be responsible for:

1. Reviewing and developing recommendations for the growth of the Council along professional lines;
2. Development of new, and maintenance of existing liaisons with other professional organizations involved in the delivery of healthcare: and
3. Creating, developing, monitoring and refining the practice and scope of pharmaceutical services

II. Committees of the Division

A. Professional Affairs

1. Purpose: To respond to the needs of the Council members in matters of Professional Practice and the assurance of quality in the performance of pharmacy services.

2. Committee Membership:

- a) Robert DiGregorio, BOD
- b) Robert Berger, Chair
- c) Andrew DiLuca
- d) Amanda Engle
- e) Karen Falk
- f) Jessica Farrell
- g) Shaun Flynn
- h) Nicole Lodise
- i) Tim Mikhelashvili
- j) Kathleen Minliona
- k) Robert Reiss
- l) Kimberly Sarosky
- m) Elizabeth Shlom
- n) Kelly Rudd (NYS-ACCP Liaison)

3. Meeting Dates:

- a) June 2, 2015
- b) July 7, 2015
- c) September 1, 2015
- d) October 6, 2015 (cancelled)
- e) November 3, 2015
- f) January 12, 2016 (cancelled)
- g) February 2, 2016 (email discussion only)
- h) March 1, 2016 (cancelled)

4. Policies for Sunset Review (2016):

- a) List of Policy Statements for Sunset
 - (1) 1-86 Clinical Investigations:
 - (1-10) The New York State Council of Health-system Pharmacists supports randomized clinical investigations and that age should not be a primary 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.

(a) Recommend revising policy statement by removing "...and/or misuse of elderly patient in clinical investigation".

(b) The New York State Council of Health-system Pharmacists supports randomized clinical investigations and that age should not be a primary 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.

- b) 1-01 NYSCHP Recommends the Use of Samples Under Institution Specific Policy and Procedures (1-01) 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)**
- (1) Recommend to sunset policy statement.
- c) 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 counselling sessions to appropriately assess their readiness for licensure and practice.
- (1) (2-06) Pharmacy practice has moved into a more direct clinical patient-care role requiring less emphasis on compounding
- (2) Recommend to sunset policy statement.
- d) 4-06 NYSCHP supports collaborative drug therapy management to aid in the retention of pharmacy school graduates in New York State.
- (1) (4-06) 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.
- (2) Recommend to sunset policy statement.
- e) 5-06 NYSCHP supports the health-system pharmacist's role in automation and informatics
- (1) (5-06) 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.
- (2) Recommend to sunset policy statement.
- f) 6-06 NYSCHP supports the health-system Pharmacist's Right of Conscience and Patient's Right to Access to Therapy.
- (1) (6-06) 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.

(2) Recommend to readopt and to discuss further with Public Policy Committee

g) 1-11 Medical Waste

(1) (1-11) 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) Recommend to readopt.

h) 2-11 Role of the Pharmacist in the "Medical Home" concept.

(1) (2-11) 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. 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.

(2) Recommend to readopt and revise as follows:

(2-11) Role of the Pharmacist in the "Medical Home" : 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. 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.

5. Review the position statement on the "handling of hazardous drugs" to include potential new guidelines that will in the final USP Chapter 800 report 2014

a) Joint review with VP, Public Policy

b) ASHP does not have a policy statement in regards to the handling of hazardous drugs.

c) Part 800 has not yet been passed.

d) The committee recommends tabling this position statement until more information is available.

6. Review the position statement on "credentialing of pharmacists who provide CDTM"

a) (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.

b) Two ASHP policy statements were reviewed. ASHP 0905 applies most closely to (7-14) and the committee is continuing discussions on the need for modifications to (7-14).

0905 CREDENTIALING AND PRIVILEGING BY REGULATORS, PAYERS, AND PROVIDERS FOR COLLABORATIVE DRUG THERAPY MANAGEMENT

Source: Council on Public Policy

To advocate expansion of collaborative drug therapy management (CDTM) practices in which the prescriber and the licensed pharmacist agree upon the conditions under which the pharmacist initiates, monitors, and adjusts a patient's drug therapy; further,

To acknowledge that as a step toward the goal of universal recognition of and payment for pharmacist CDTM services, public or private third-party payers may require licensed pharmacists to demonstrate their competence to provide CDTM, before the payers authorize them to engage in or be paid for such clinical services; further,

To support (1) the development (as a professional initiative by pharmacist associations rather than as a government activity) of national standards for determining a pharmacist's competence to provide CDTM and (2) the appropriate use of these standards by clinical privileging systems, government authorities, and public or third-party payers; further,

To support the use of clinical privileging by hospitals and health systems to assess a licensed pharmacist's competence to engage in CDTM within the hospital or health system; further,

To advocate that state boards of pharmacy apply the principles of continuous quality improvement in assessing the quality, safety, and outcomes of CDTM.

(Note: "Privileging" is the process by which an oversight body of a health care organization or other appropriate provider body, having reviewed an individual health care provider's credentials and performance and found them satisfactory, authorizes that individual to perform a specific scope of patient care services within that setting.)

B. Support Personnel

1. **Purpose:** To act as a catalyst for issues regarding the use of support personnel in pharmacy practice. The Committee should function as a Council resource on duties and standards for the employment of support personnel.

2. Membership

- a) Robert DiGregorio, BOD
- b) Matthew Rewald(Technician) [Chair]
- c) Adam Chesler (Technician)
- d) Maria Claudio (Pharmacist)
- e) Andrew Cordiale(Technician)
- f) Shaun Flynn (Council Office)
- g) Zach Green (Technician)
- h) Andrew Lam (Pharmacist)
- i) Jayson Myers (Technician)
- j) Hannah Peabody (Technician)
- k) Victoria E. V. Earle-Reed(Technician)
- l) Courtney L. Tam (Pharmacist)
- m) Cynthia Stewart (Technician)

3. Meeting Dates:

- a) June 2, 2015 (cancelled)
- b) October 6, 2015 (cancelled)
- c) November 3, 2015
- d) December 1, 2015
- e) January 5, 2016
- f) February 2, 2016
- g) March 1, 2016 (re-scheduled)

4. Recommendations:

- a) The Committee recommends that educational opportunities be developed throughout the state to satisfy PS 12-14; including programming at the Annual Assembly
 - (1) Committee working with CCC to develop programming for technicians, consistent with the position statement and Strategic Plan.
 - (2) Likely for 2017 Annual Assembly
 - (3) A technician networking event should also be planned at the Annual Assembly
 - (4) Consideration for a PTCB review course at the 2017 Annual Assembly
- b) The Committee continues to recommend that the Constitution & By-Laws be amended to reflect the changing role of technicians in the organization.
 - (1) A few chapters have included technicians in a non-voting capacity on their Boards
 - (2) The NYSCHP Board has included the Technician Chair in Board meetings, effective February 2016. This is in a non-voting role.
 - (a) A travel budget for 2017 will be developed to allow for routine involvement in all Board meetings.

5. Position Statements:

a) (xx-16) The New York State Council of Health-System Pharmacists supports the formation of affiliations between health-system pharmacies and ASHP/ACPE-accredited pharmacy technician training programs and/or programs seeking ASHP/ACPE-accreditation.

(1) Resolution co-sponsored by Rochester Chapter.

(2) PTCB and ASHP monitoring the adoption of this resolution as a model for other states.

C. Medication Safety

1. **Purpose:** To develop ways to address issues regarding medication and patient safety in pharmacy practice. The committee should function as a council resource on medication safety issues.

2. **Membership:** *Ad hoc*

3. N.B. Medication safety issues were the focus of the Support Personnel Committee and Professional Affairs Committee (see above)

III. SUMMARY OF POSITION STATEMENTS AND RESOLUTIONS

A. Position Statements for SUNSET

1. 1-01

2. 2-06

3. 4-06

4. 5-06

B. Position Statements for Re-Adoption (RETAIN)

1. 6-06

2. 1-11

C. Position Statements for Amendment/Modification (APPROVE WITH CHANGES)

1. 1-86/1-10

The New York State Council of Health-system Pharmacists supports randomized clinical investigations and that age should not be a primary 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.

2. 2-11

Role of the Pharmacist in the “Medical Home”: 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. 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.

D. New Position Statement

1. **xx-16** The New York State Council of Health-System Pharmacists supports the formation of affiliations between health-system pharmacies and ASHP/ACPE-accredited pharmacy technician training programs and/or programs seeking ASHP/ACPE-accreditation.

Respectfully submitted,



Robert DiGregorio, PharmD, BCACP, FNAP
Director
Division of Pharmacy Practice



The New York State Council of Health-system Pharmacists

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

**New York State Council of Health-system Pharmacists
The Saratoga Hilton
Saratoga Springs, NY
April 28 & 30, 2016**

**House of Delegates
Board of Directors Report**

**Philip Manning
Treasurer**

This report is for consideration by the New York State Council of Health-system Pharmacists House of Delegates only and does not represent official policy until approved the House of Delegates.

I begin my report by thanking the members for giving me the opportunity to serve this organization as Treasurer for the past four years. It has been a pleasure and a high privilege to be a part of a Board of Directors that is committed to advancing and supporting the professional practice of pharmacists and pharmacy technicians in hospitals and health system settings.

The Treasurer

The treasurer shall serve as a custodian of the New York State Council of Health-system Pharmacists (NYSCHP) funds. He/She shall invest and disburse the funds at the discretion of the Board of Directors. He/She shall prepare periodic statements on the financial condition of the organization. This position is nominated by the Board of Directors and is elected by the House of Delegates for a 2-year term.

Below is some summary financial information from the 2011-2014 Audited Financial Statements and un-audited figures from 2015 provided by the Executive Director pending the results of the 2015 audit. The 2015 figures are derived from QuickBooks, the financial recordkeeping system used by the Council. As of the date of this report, the audit has not been concluded. These figures represent the operating activities of the council, and do not include the net assets:

Operating Revenue*	2011	2012	2013	2014	2015[†]
Membership Dues	216	187	189	138	190
Annual Assembly	263	276	200	213	283
Mid-year Clinical Meetings	45	22	22	0	0
Educational Meetings/Sponsorships	195	191	193	199	185
Other Income	60	102	84	62	48
Total Revenue	779	779	689	612	706[†]
Operating Expense*	2011	2012	2013	2014	2015[†]
Administration	376	367	369	326	337
Annual Assembly	146	136	97	138	108
Mid-year Clinical Meetings	29	20	9	0	
Other Educational Meetings	115	133	120	107	73
BOD/Committee	84	43	68	94	69
Other Expense	39	30	45	40	42
Total Expense	789	729	709	705	629[†]
Operating Surplus (Deficit)	(10)	50	(20)	(93)	77[†]

* all amounts in thousands

[†] amounts are un-audited

- Committee on Finance
Chair: Philip Manning
Members: Shaun Flynn, Monica Mehta, Joseph Pinto, Elizabeth Shlom and
Stephanie Seyse.

Summary Statement:

PAC Fund – As of the December 31, 2015 closing statement, the cash balance available in the PAC Fund was \$55,896. The balances from previous years were \$56,347 (2014), \$59,667 (2013), \$56,792 (2012) and \$52,892 (2011). A small number of expenditures were made from this account in 2014.

Brokerage Account – In 2015, the organization maintained a brokerage account with First Niagara Investment Services/LPL Financial in a single account. As of the December 31, 2015 closing statement, the balance in that account was \$86,026. The year-end balances from previous years were \$88,517 (2014), \$139,068 (2013) and \$113,722 (2012). There were no withdrawals from or deposits to the brokerage account during 2015.

Operating Checking – As of the December 31, 2015 closing statement, the cash balance available in the Council's operating checking account is \$53,871. This figure represents operating cash-on hand.

Financial Condition of the Organization – The financial condition of the organization has improved significantly over the course of the year. The Committee on Finance, the Board of Directors and the organization's staff have made many adjustments to the operations of the organization that have resulted in the turnaround. The Executive Director has been extremely effective in this regard. The Board of Directors believes that through these prudent and conservative expense management practices and aggressive budget variance analysis, the Council will continue to operate with a positive cash flow.

The past several years have been extraordinarily challenging for our organization. These challenges will continue for the foreseeable future. One of our traditional sources of funding, the pharmaceutical industry, has seen their ability and/or their desire to support organizations like ours decline somewhat. The funding is still available; however, accessing it has become more difficult. Fortunately there are many new vendors that are not drug product manufacturers, but rather service and technology vendors that are willing to support the Council's activities and programs.

The Council anticipated this trend in our strategic plan and worked to develop these alternate sources of income. These efforts have proven somewhat successful and we continue to have vendor support for our programs. The networking events at the Annual Assembly are a concrete example of the types of events that garner this support.

Over the past several years the Council expanded our educational programming activities, increasing the numbers and scope of the programs. We developed inter-professional programming to attract other health care providers and we tried reaching out to surrounding states to market these programs. The financial support for these programs comes from both vendors purchasing exhibit booths and form registrations of members and non-members. These programs have been somewhat successful, but not on a scale large enough to support sustained growth. As a result, several planned programs were scaled back this year due to a lack of registrations sufficient to make the programs financially viable. Exceptions to this are the very successful Tri-state program with New Jersey and Connecticut, and the practice-based programs. The Annual Assembly continues to be the Council's major source of operating funds.

The second most important source of the Council's operating funds is memberships. Membership dues were increased by nominal amounts at last year's House of Delegates. Of note is the significant decline in membership dollars in fiscal year 2014. The Board of Directors formed an ad hoc Audit Committee to determine the cause of this operating funds shortfall. The Committee determined that the membership database system used by the Council office had undergone a software conversion that resulted in a failure to generate membership renewal invoices for approximately 290 members. The glitch was discovered and fixed in early 2015. The result, however, was a shortfall in membership revenue of approximately \$60,000 in 2014. The Audit Committee made a number of recommendations to ensure that membership dues income is reconciled on an ongoing basis.

It has been my privilege to serve this second year of my second term as Treasurer.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Philip Manning', written in a cursive style.

Philip Manning
Treasurer



The New York State Council of Health-system Pharmacists

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

**REPORT OF THE VICE-PRESIDENT OF PUBLIC POLICY
TO THE
BOARD OF DIRECTORS**

Albany, NY

February 29, 2016

**Monica Mehta, PharmD, MPH, BCPS
Vice-President of Public Policy**

This report is for consideration by the New York State Council of Health-system Pharmacists House of Delegates only and does not represent official policy until approved by the House of Delegates.

**REPORT OF THE
VICE-PRESIDENT OF PUBLIC POLICY**

I. The Vice President, Public Policy

The Vice President of Public Policy provides information, informed opinions and guidance to the Board of Directors and the membership on current and developing legislation, rules and regulations governing the practice of pharmacy at the state and national level. The position is nominated by the Board of Directors and is elected by the House of Delegates for a 2-year term. This position reports directly to the President.

II. Responsibilities

General and Ongoing Responsibilities External to the Council:

1. Keeps current with laws, regulation and administrative policies governing the practice of pharmacy.
2. Has direct responsibility for monitoring and reviewing legislative developments.
3. Maintains liaison with other professional health care organizations on matters related to legislation, rules and regulations affecting health care and pharmacy practice.
4. Maintains contact with the New York State Education Department regarding regulatory changes and interpretations. Maintains communications as needed.
5. Attends and testifies at State Legislature and hearings as required.
6. Maintains communications with key legislators as appropriate.

III. Committee

2015-16 Public Policy Committee Membership:

Chapter	Committee Members
Central	Gary Gonza
Leather-stocking	Marisa Winther
Long Island	Andrew Kaplan, Rob Berger
Northeastern	Gina Garrison, Tom Lombardi, See-Won Seo
New York City	Karen Berger, Mary Choy, Martha Rumore, Charrai Byrd
Rochester	Gabriela Cipriano, Karl Williams
Royal Counties	Natalie Ho
Southern Tier	-----
Westchester	Philip Manning, Steven Tuckman, Liz Shlom
Western	Christopher Jadoch, William Loeffler, Karl Fiebelkorn

Legislative Counsel: James Lytle, Esq., Manatt, Phelps & Phillips, LLC, Albany, NY

IV. New York State Legislation

The New York State legislative session resumed in January 2016, starting with the Governor's State of the State address on January 13, 2016. Key components included: improvement of infrastructure, education, raising the minimum wage, criminal justice reform, and housing for the homeless.

Key legislators include:

- Carl Heastie (Speaker of the Assembly who replaced Sheldon Silver following corruption charges in 2014).
- The state majority leader is John Flanagan.
- Assembly's chairs remain in their current positions, including chair of the higher education committee, Deborah Glick.
- Assemblyman McDonald and Senator Ken LaValle remain legislative allies.

Technician Registration and Certification

Technician registration and certification legislation is the priority for NYSCHP during the 2016 legislative session. At present, there is a bill that is being developed by Assemblyman John McDonald in coordination with Larry Mokhiber with the board of pharmacy. Our lobbyist, Jim Lytle, is also in touch with Assemblyman McDonald. Two weeks prior, a preliminary bill stemming from Senator LaValle's committee (written by Senator Joseph Griffo) proposed technician certification and registration for all NY State pharmacy technicians. This bill was withdrawn because of "pending revisions." Revisions will most likely include registration for all technicians and certification for only select technicians (i.e. those who work in hospitals or perform sterile or non-sterile compounding). However, the exact language is forthcoming.

Many granular issues may arise during the writing and implementation of technician registration/certification. We have put forth previous NYSCHP position statements pertaining to these issues to framers of the proposed bill. These include: minimum age of 18 years of age and receipt of a high school diploma or GED; registration should occur prior to employment or within three months; standardized curriculum accredited by ASHP; continuing education requirements of 10 hours/year; opposition of exemptions or "grandfathering" of technicians; and more.

To maximize our impact once the legislation is put forth, we plan to make political contributions from PAC funds to key legislators as described above.

CDTM Expansion

On September 17, 2015, Governor Cuomo signed the CDTM expansion bill. The current law permits CDTM to be practiced in all hospitals, not just teaching hospitals, along with diagnostic and treatment centers and hospital-based outpatient departments. It also permits the practice in the small handful of nursing homes that have an on-site pharmacy. The bill also authorizes the State Education Department, in consultation with the Board of Pharmacy, to establish "additional education, experience or other requirements" to ensure that pharmacists have the necessary background and capability to undertake CDTM in a range of settings and for a wide array of conditions. CDTM will sunset in 3-years.

In the current legislative session, NYSCHP continues to advocate for expansion to all pharmacists. The New York State Department of Health's Medicaid Redesign Team has incorporated pharmacist CDTM in to their planning process. As of December 2015, the DOH has discussed doing the following:

- *Amend the Pharmacy Practice statute (section 6801 of education law) to allow physicians to voluntarily collaborate with pharmacists in all settings.*
- *Amend Paragraph 1 of Section 579 of the public health law to include “pharmacist” as a licensed health profession authorized to perform laboratory tests “solely as an adjunct to the treatment of his or her own patients.”*
- *Recommended Policy Guidance that assures that data-sharing is bi-directional and that pharmacists and pharmacies have access to RHIOs/SHIN-NY and other electronic records specific to a patient's care plan.*
- *Recommended Policy Guidance that encourages managed care plans to contract directly with pharmacies/pharmacists for care management and clinical services as a medical benefit for CMM and other direct-care services*

We are staying abreast with ongoing discussions and hope to support the DOH with this endeavor. We are still trying to get more active within the NYS DOH ongoing DSRIP discussions.

Immunization

On July 1, 2015, Governor Cuomo signed the expanded immunization bill. The current law includes tetanus, diphtheria, and pertussis in addition to vaccines for herpes zoster, meningococcal disease, influenza, and pneumococcal pneumonia. There were some added stipulations/requirements to the Immunization Bill, e.g. require the pharmacist to inform the patient of cost prior to administering an immunization. And there will be a 3-year sunset. We are hoping to expand to encompass all CDC-approved vaccines in adult and children above the age of nine year.

Update on Medical Marijuana in NY State

- Compassionate Care Act signed into law in July 2014. Allows qualified physicians to certify patients who will apply to DOH for an ID card (MS, ALS, Parkinsons, HIV, cancer, epilepsy, neuropathies)
- Refined dosage forms only (liquid, oil, capsules) – smoking is disqualified as a medical use.
- 5-companies have been granted 2-year registrations. Each can operate 4 dispensaries spread throughout the state. These dispensaries are regulated by the DOH, no BOP. Prescriber and dispensary must consult and report to PMP. Pharmacist will see medical marijuana when reviewing PMP for other controlled prescriptions.
- As of February 11, 2016: 378 physicians have registered for the NYS Medical Marijuana Program, and 805 patients have been certified by their doctors.
- Five dispensaries are registered by the DOH and have facilities throughout NY State
- The program is under criticism because: number of dispensaries low and not distributed to all areas of the state,

E-Prescribing

Mandatory e-prescribing will be effective March 27, 2016. Currently permissible for NY State for all prescriptions. E-prescribing software must meet security requirements and be registered with the Bureau of Narcotic Enforcement. Law applies to all prescribed medications and devices.

Availability of Naloxone in Pharmacies

Naloxone is now available in more than 1,100 pharmacies throughout New York State. It is available as a nasal spray and injection (IM, SQ). Individuals who are themselves at risk for an overdose or their family members or friends may acquire naloxone in these pharmacies without bringing in a prescription. Pharmacists are currently receiving training and ordering naloxone for their stores.

The DOH recommends: “Pharmacists are now able to provide this training in addition to dispensing the naloxone to their customers. All individuals who are given naloxone should still go to the hospital with EMS personnel. Naloxone is effective in blocking the effects of an opioid for 30 to 90 minutes. When the naloxone has worn off, someone may slip back into a life-threatening overdose.”

Naloxone pharmacy directory: <http://www.nyc.gov/html/doh/downloads/pdf/basas/naloxone-list-of-pharmacy.pdf>

Summary of Proposed New York State Legislation

Immunization

Immunization by pharmacy interns

BILL NO A9312

Authorizes trained registered pharmacy interns to administer immunization injections under the supervision of a licensed pharmacist.

02/17/2016 referred to higher education

Pharmacist reporting of immunization to primary care physician

BILL NO S05385

Relates to requiring pharmacists to furnish records of immunizations administered at pharmacies to the primary care physician of the person receiving such immunization within 30 days.

13 / Jan / 2016 REFERRED TO INVESTIGATIONS AND GOVERNMENT OPERATIONS

Cost/Economics

Pharmaceutical cost transparency

Bill NO A08265

Enacts the pharmaceutical cost transparency act of 2015 requiring prescription drug manufacturers to file a report disclosing certain financial information pertaining to prescription drugs which have a wholesale acquisition cost of \$10,000 or more annually or per course of treatment.

01/06/2016 referred to health

Pharmaceutical advertising

BILL NO S02623

Requires the commissioner to conduct a cost/benefit analysis of pharmaceutical advertising and promotional activities associated with the provision of prescription drugs to citizens in this state.
01/27/2015 REFERRED TO HEALTH

Capping compensation for hospital executives

BILL NO A03886

Section one amends the Public Health law by adding a new section 2827 which would cap a hospital executives' salary at \$250,000 a year for new contracts.

01/28/2015 referred to health

Cost containment for elderly by using

BILL NO A1999

Section 259-a of the Elder Law is amended authorizing the Executive Director of EPIC to utilize Canada's research based Pharmaceutical Companies in order to secure the best quality FDA approved prescriptions at the lowest possible costs via a Canadian mail order company. Such companies shall be selected through competitive bidding process, to be designed and implemented by the executive director. Canadian drug suppliers shall include, but shall not be limited to all manufacturers and distributors by Canada's researched based pharmaceutical companies.

01/13/2015 referred to aging

Deny policies imposing drug tiers

BILL NO A03273

An act to amend the insurance law, in relation to denying policies imposing drug tiers and cost-sharing for prescription medication. Tier four policies charge a percentage of the total cost of high-priced specialty medications (20-33%) rather than a fixed co-pay, resulting in a rise in cost-sharing from average co-pays of \$25 per prescription up to \$325 or even \$4000 in some instances. These policies often target vulnerable populations by driving prices up for extremely sick patients in order to reduce costs for healthy patients and/or to improve profit margins for Health Maintenance Organizations or Pharmacy Benefit Manager's.

01/22/2015 referred to insurance

Waste

Unused and expired drugs

BILL NO A02855

Requires drug manufacturers to collect unused and expired drugs from hospitals and residential health care facilities for environmentally sound disposal thereof.

01/06/2016 referred to health

Practice

Electronic prescribing mandate exception

BILL NO A09334, A9335

A9335 and A9334 provide exceptions to the electronic prescribing mandate for oral orders issued in nursing homes and prescribers who issue less than twenty-five prescriptions annually.

2/19/2016 referred to health

Establishes and authorizes telepharmacy

Bill A05091

Establishes and authorizes telepharmacy in this state; defines terms; creates telepharmacy satellite consultation sites and telepharmacy in hospitals; authorizes the filling of prescriptions at remote sites connected to central pharmacies via computer link, videolink and audiolink; makes exceptions. Establishing a telepharmacy project throughout New York State would vitally benefit the State's rural areas where the nearest pharmacies are often miles away. Patients would still maintain the same standard of care and would still receive consultation by a pharmacist but this standard of care would utilize cutting edge technology to facilitate counseling and mimic a true pharmacy setting.

02/12/2015 referred to higher education

Prohibits mandate for mail order prescriptions

Prohibits health insurers from requiring that the insured purchase prescribed drugs from a mail order pharmacy or pay a co-payment fee when such purchases are not made from a mail order pharmacy if a similar fee is not charged for drugs from a mail order pharmacy.

01/06/2016 referred to insurance

V. Federal Legislation/Issues

1. **Provider Status:** Four Cosponsors Needed to Push Provider Status Legislation to Next Phase (Oct 2015)
2. **High cost of generic drugs:** ASHP Pushes for Policy Options to Curb Impact of Generic Drug Price Increases (Feb 2016)

In a statement submitted for the record during a hearing held yesterday by the House Committee on Oversight and Government Reform, ASHP urges Congress to explore potential policy options and market-based solutions to address the recent trend of dramatic price increases for generic drugs.

ASHP notes in its statement that the sudden price spikes may make some medications inaccessible to patients and could have serious public health consequences: "Increased drug prices place enormous budgetary pressure on healthcare organizations, and long-term absorption of these rapid and unpredictable price increases is unsustainable.

ASHP encourages the committee to explore ways to stimulate marketplace presence for generic manufacturers and to allow the Food and Drug Administration (FDA) to fast-track approval of products whose prices have significantly increased and that have little or no competition in the market.

3. **District Court Rules Rural Hospitals Can't Use Discount Program for Orphan Drugs** (October 2015)

ASHP announced today that it is extremely disappointed in the recent court decision by the U.S District Court for the District of Columbia that will exclude all drugs with an "orphan" designation from the 340B Drug Pricing Program for rural and cancer hospitals.

In an October 14 decision, the court struck down an interpretive rule by the Health Resources and Services Administration (HRSA) that allowed rural hospitals and other facilities newly eligible for 340B

discounts to use the program to purchase orphan drugs when the product will not be used for the orphan indication.

VII. Charges from 2014 NYSCHP House of Delegates

Position Statements

(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.

Public Policy Committee recommends sunseting

(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.

Public Policy Committee recommends sunseting

(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.

Public Policy Committee recommends sunseting

VIII. Current Legislative Strategies

2015

- ✓ Albany Day 4/21/2015
- ✓ April 2015: Establish membership of Public Policy Committee via a membership survey
- ✓ Ongoing legislative workgroup during legislative season, including members of state board of pharmacy
- ✓ Launched state-wide letter writing campaign to local senators and assembly members, including at CE meetings in NYC
- ✓ Public Policy conference calls 5/12/15, 5/18/15, and prn via email
- ✓ Thank you letter drafted and sent to Senator LaValle June 2015
- ✓ Visit to Assembly Member Glick 6/2/15
- ✓ Contribution to Assemblyman Lavine (6/11/15)

- ✓ Public policy members attended fundraisers: Assemblyman Victor Pichardo (5/14/15), Assembly Member McDonald (6/1/15), and Assembly Member Amy Paulin (6/4/15)
- ✓ CE Presentation to NYCSHP on “Pharmacy Practice in New York: Past, Present, and Future” (CDTM, MTM, Provider Status) (9/17/2015)

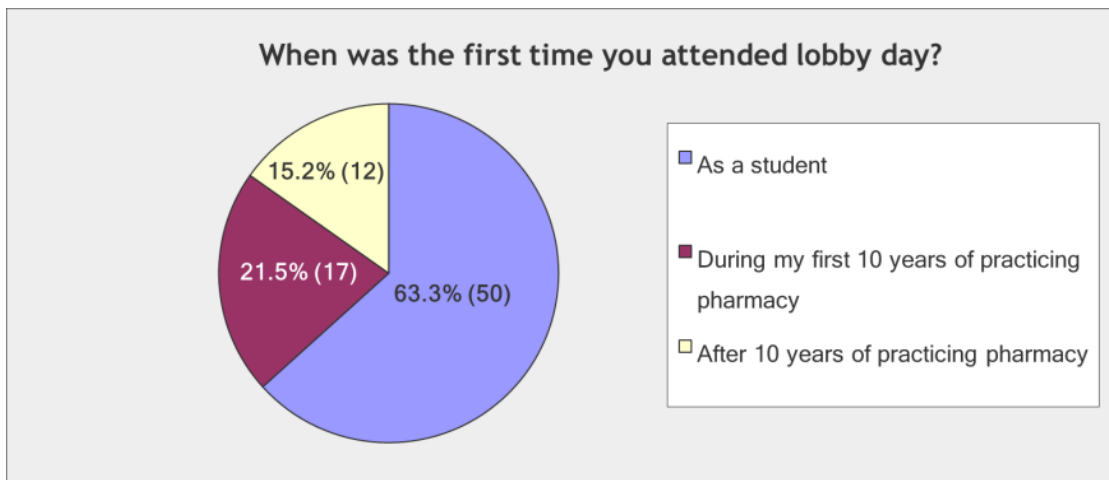
2016

- ✓ Establish working relationship with PTCB (Pharmacy Technician Certification Board) for resource exchange
- ✓ Public policy conference call 11/17/15 and prn via email
- ✓ Resumed legislative workgroup during legislative season, including members of state board of pharmacy
- ✓ Pharmacy legislative talk to Touro Students 2/25/16
- ✓ Writing of Op-Ed with public policy committee members (publication pending)
- ✓ Trip with executive board to Albany to meet with legislators in late March (pending)
- ✓ Albany Day 4/12/2016 (pending)

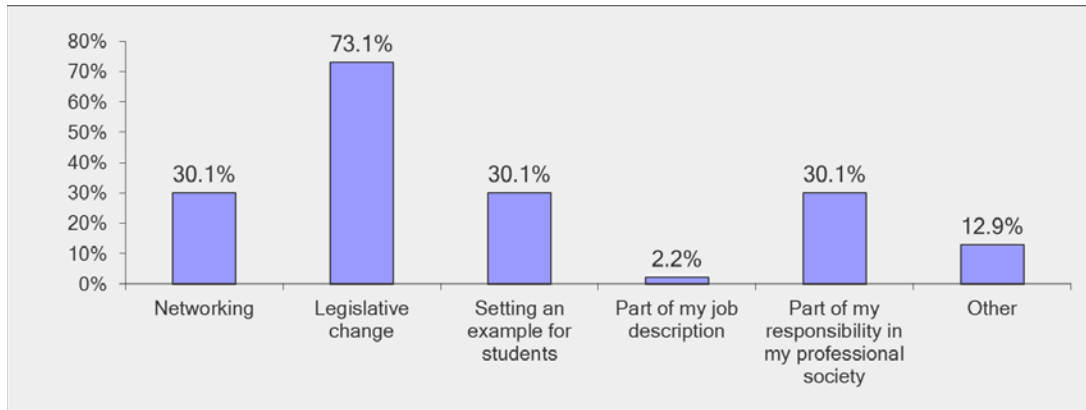
Legislative Survey Results (conducted January 2016)

This survey aimed to evaluate factors that motivate pharmacists and student pharmacists to participate in New York State Pharmacy Legislative Day activities. A total of 100 NYSCHP members responded. Of the respondents, 71% work in the hospital setting, 21% in a college of pharmacy, and 6% in community pharmacies. The remaining respondents work for pharmaceutical or insurance companies, long-term care facilities, or as independent consultants.

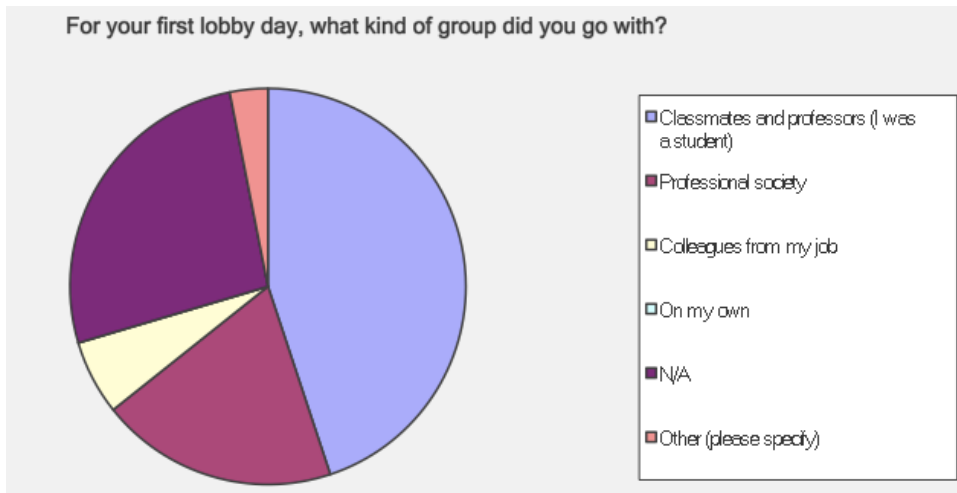
When asked about the first time they attended lobby day, 63% of respondents said that they went as a student, 22% during their first 10-years of practicing, and 15% attended lobby day for the first time after 10-years of practicing.



In regard to perceived motivations behind continued legislative participation, 73% of respondents reported “legislative change” as a driver. Additionally, 30% stated “networking,” “setting an example for students,” or “part of my responsibility in my professional society” as motivations to attend lobby day.



During their first lobby day, 44% stated that they went with their classmates and professors. Almost 20% went with a professional society, while only 6% went with colleagues at work. Interestingly, there were zero respondents who stated that they went to lobby day alone the first time.



When asked about impacts, 40% stated that they subsequently joined or became more active in a professional society. Other answers include: educated students on the importance of legislative activities (30%), initiated collaborative drug therapy management (CDTM) (20%), initiated or became involved in immunization (18%), and take students to lobby (18%).

When asked if tangible benefits (e.g. a small stipend to cover expenses) would make them more likely to attend lobby day, almost 70% said yes. Of the 30% that said no, the majority of them commented that either: they would attend irrespective of a stipend because it’s a professional responsibility or that it was time, not money, that stood as a greater barrier. When asked if they didn’t have to take paid time off (PTO) for lobby day, 76% stated that they would be more likely to attend.

Finally, when asked if their employer organized a group trip with colleagues, almost 90% of respondents stated that they would be more likely to attend.

Conclusions:

Because the legislative process may be intimidating, attending lobby day as a student with one's classmates and professors lays an important foundation for future legislative work. All participants of lobby day attended with either classmates, colleagues in a professional society, or with colleagues from work. No participants attended by themselves. Participants perceive legislative change as a primary driver for attendance of lobby day. Additionally, attendance may drive practice change as well (e.g. getting more involved in immunization and CDTM after fighting for the ability to do so). Finally, the majority of participants would be more likely to attend lobby day if they received a stipend to cover expenses or didn't have to take PTO (paid time off) in order to attend. However, a notable number of participants stated that they would attend anyway because of professional responsibility. Last, and importantly, the vast majority stated that they would be more likely to attend lobby day if their workplace organized the trip and included colleagues.



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 8/19/2010

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

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

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.****



The New York State Council of Health-system Pharmacists

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

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.