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President's Message

Happy New Year! I hope you all had a wonderful holiday and were able to enjoy some time with your family – even if virtual.

Thank you to all who participated in the second session of the 47th House of Delegates that was held on December 3, 2020. Changes to the Constitution and By-Laws were approved at the House of Delegates and subsequently by you – the membership. Thank you to all who voted.

The NYSCHP first-ever **Advocacy Week** is right around the corner and will take place February 8 – 12, 2021. This is our opportunity to advocate for our profession right here in our home or workplace towns. There will be webinars and informational sessions during the week before and the week of Advocacy Week. It is truly inspirational to witness the excitement around this event, with involvement of all of our chapters, our faculty liaisons, and students! Be sure to check your emails and the NYSCHP website, register for the prep calls and the webinars, and join in!

Planning is well underway for our 2021 **Virtual Annual Assembly** – Engage, Lead, Advocate.

You don't want to miss this event; and.....be sure to check your emails for the opportunity for free registration and check the website for ongoing updates!

Highlights include:

- An Exhibit Session (March 16th and March 18th)
- Educational Programming with highlights including a **New** Technician Track and a **New** Pharmacy Advocacy Track
- Keynote Speaker: Christopher Jerry (The Emily Jerry Foundation)
- Student Competition
- Poster Session
- Over 20 hours of CE credit with enduring credit
- Director of Pharmacy Roundtable
- Technician Meet and Greet

The **Residency Research and Practice Forum** will be held virtually throughout the week of May 3rd. This promises to be a wonderful event that Annual Assembly participants may join in as well. Vickie Powell, BS, PharmD, MS, FASHP, will be delivering the Bernard Mehl Leadership talk. You don't want to miss this!

There have been and continue to be many opportunities to attend educational programming. I hope that you have participated in them and enjoyed them as much as I have.

I thank each and every one of you for your support during this difficult time. I encourage everyone to get involved and encourage your colleagues and friends to do the same – **we need you all.**

Be safe and be well.

Please feel free to reach out to me at any time.

Thank you!

Heide Christensen, MS, RPH
President, NYSCHP

"Every person can make a difference, and every person should try."

-John F. Kennedy

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Grassroots Advocacy Corner

Karen Berger, Pharm.D., FASHP, FCCM, BCPS, BCCCP, Grassroots Advocacy Committee Chair
Andrew Kaplan, Pharm.D., BCPS, BCGP, Vice President of Public Policy

NYSCHP's very first **Advocacy Week** is coming February 8th through the 12th, 2021. Unlike a traditional "Lobby Day", where everyone meets in Albany, Advocacy Week promotes setting up local legislative visits in districts across New York State, and it is focused on Health-System Pharmacy issues.

If you have never participated in advocacy before (or even if you have), it's a great opportunity to get involved, as there will be legislative visits scheduled in every NYSCHP chapter, as well as educational programming available to all members. If you have never attended a visit before – you can always tag along to someone's else's!

Looking for contacts to participate in Advocacy Week?

We have liaisons for the Schools/Colleges:

School/Chapter	Name	Email	Liaison Type
Albany	Kate Kennelly	Kate.Kennelly@acphs.edu	Student
Albany	See-won Seo	See-won.Seo@acphs.edu	Faculty
Binghamton	Brian Kam	bkam1@binghamton.edu	Student
Binghamton	Su Phyu	sphyu1@binghamton.edu	Student
Binghamton	Amanda Mogul	amogul@binghamton.edu	Faculty
Buffalo	Nicole Cieri-Hutcherson	necieri@buffalo.edu	Faculty
Buffalo	Paige Moreno	paigemor@buffalo.edu	Student
D'Youville	Tim Hutcherson	hutchert@dyc.edu	Faculty
LIU	Maria Sorbera-Longo	Maria.Sorbera@liu.edu	Faculty
LIU	Susan Kasparov	susan.kasparov@my.liu.edu	Student
SJU	Judy Beizer	beizerj@stjohns.edu	Faculty
SJU	Alisha Kuriakose	alisha.kuriakose16@stjohns.edu	Student
SJU	Daniya Mathew	Daniya.mathew16@stjohns.edu	Student
SJU	Wingsze (Angel) Liu	wingsze.liu15@stjohns.edu	Student
St. John Fisher	Matthew Zak	mzak@sjfc.edu	Faculty
St. John Fisher	Gina Grasso	glg07167@sjfc.edu	Student
Touro	Amanda Phoenix	Amanda.phoenix@touro.edu	Faculty
Touro	Madrona Boutros	mboutros3@student.touro.edu	Student
Touro	Rebecca Kavanagh	Rebecca.Kavanagh6@touro.edu	Faculty
Touro	Willy Tang	wwang6@student.touro.edu	Student

We also have liaisons for each NYSCHP Chapter:

School/Chapter	Name	Email
Rochester	Chris Noel	cnoel@sjfc.edu
Northeastern	See-won Seo	See-won.Seo@acphs.edu
NYC	Lilia Davenport	liliadavenport@gmail.com
Long Island	Susan Lee	skang@northwell.edu
Southern Tier	Amanda Mogul	amogul@binghamton.edu
Central	Peter Aiello	Peter.Aiello4@gmail.com
Royals	Samantha Paone	samanthapaone@gmail.com
Royals	Tony Gerber	anthonygerber92@gmail.com
Westchester	Christine Kopec	ckopec08@gmail.com
Western	Mike Milazzo	sammichael.milazzo@hotmail.com
Western	Kelsey Gregoire	kviolanti@yahoo.com

Please reach out to your school or chapter liaison (or to Karen Berger or Andrew Kaplan) if you are interested in participating in Advocacy Week. Remember – it's our obligation to advocate for our profession so we can best serve our patients. Check out our Advocacy Week Toolkit to get started! It can be found at the end of this newsletter and at www.nyschp.org/advocacy.

Pharmacy School Highlight

On Thursday, October 22, 2020 the Student Society of Health-System Pharmacy (SSHP) collaborated with the College of Psychiatric & Neurologic Pharmacists (CPNP) at St. John's University to hold a virtual event about wellness and burnout in pharmacy school. Dr. Hira Shafeeq, PharmD, BCPS spoke about her personal experience while she was at a student at St. John's University and her experience after she graduated to provide insight about the ways to take care of one's mental health throughout the years. One of the most important topics she discussed was burnout. Academic burnout is common among college students, especially in a 6-year pharmacy program, but Dr. Shafeeq spoke about the importance of extracurricular activities. She shared that she wished she had joined organizations and indulged in extracurriculars earlier on in her professional career and suggested that we find stress-relief outlets outside of the classroom setting. In addition to the holistic experience of pharmacy school, she stressed the importance of having faith in the plan that is meant for each individual. Dr. Shafeeq's anecdotes were a helpful reminder that to be better health care providers, we must first care for ourselves.

Abonee Hossain, PharmD Candidate 2023

Kimberly E. Ng, PharmD, BCPS

Chung-Shien Lee, PharmD, BCPS, BCOP



Board of Directors Member Highlight

Lisa M. Voigt, PharmD, BCPS, BCCCP

Immediate Past President

New York State Council of Health-system Pharmacists

Medical Science Liaison-Nephrology

Otsuka Pharmaceutical Development and Commercialization



My Work as a Pharmacist:

The path I have taken in my pharmacy career has been truly rewarding. I attended the University at Buffalo School of Pharmacy and Pharmaceutical Sciences where I obtained my Bachelors in Pharmaceutics and then my Doctorate in Pharmacy. Opting for the clinical research tract, I was able to assist in conducting a clinical trial with healthy volunteers and spend time learning from some of the world renowned professors right in my hometown. This dual major strengthened my view of how integral both research and clinical practice are. Having this background provided an excellent foundation to the healthcare professional I am today.

I was fortunate to obtain an internship in both a community and hospital setting during pharmacy school which undoubtedly made me appreciate all aspects of Pharmacy. My first job was with Fays Drugs as a pharmacy clerk where I learned how a community pharmacy operated. Once I obtained my intern permit, I was able to perform additional advanced functions and then was offered an internship at Millard Fillmore Gates Hospital. It was in the hospital setting, I learned everything from packaging unit dose, making intravenous products, and round with a clinical team. These experiences made me realize the importance of both pharmacy technicians and pharmacists as well as operations of both inpatient and outpatient practices.

Residency training at the University of Rochester Medical Center in Rochester, NY as a PGY 1 and PGY 2 in critical care/emergency medicine contributed to my successes in critical care pharmacy practice. My passion for critical care stems from this training when I was able to see the value of the pharmacist in numerous settings. For a short time, I worked as a per diem Pharmacist for Eckerd Pharmacy. I was privileged to work as a Burn/Trauma ICU pharmacist for 1 year at Strong Memorial Hospital, obtain Board Certification in Pharmacotherapy, and then was hired as a Clinical Pharmacy Coordinator in critical care and infectious disease at Kaleida Health-Buffalo General Medical Center. Rounding in both the medical ICU and surgical ICU proved to be some of the best and most challenging times in my career. During this period, I was able to become an adjunct assistant professor for my Alma Matter, teach lectures in critical care, precept pharmacy students and residents, and become certified in critical care pharmacotherapy. The opportunities to advance both personally and professionally have afforded me the confidence to pursue other interests. Having the ability to publish, write a book chapter, and be a reviewer for ACCP's critical care review course has attributed to my development. Fifteen years later, I decided to make a career transition to the pharmaceutical industry as a Medical Science Liaison and joined Otsuka Pharmaceutical Development and Commercialization in December of 2019. Viewing the pharmacy profession from a different angle has been enlightening and am able to further pursue professional growth.

Journey to becoming President of NYSCHP

During Pharmacy school, I joined a few professional organizations and gained a brief overview of their function. As a pharmacy resident, I was automatically given an application to RASHP with membership dues paid. It all started due to the Director of Pharmacy, Thomas O'Brien, believing in the value of NYSCHP and how important it is to be an advocate for this profession. It was not until then; did I realize how important and crucial it was to belong.

Upon moving back to Buffalo, I joined Western chapter of NYSCHP, ultimately became a Delegate, then Secretary, and eventually President. During my year as President, together with the President of Pharmacists Association of WNY, we organized a CE program on a patient centered healthcare model. This ultimately led to participation in NYSCHP as a committee member for Professional Affairs, serving as co-chair for 2 years. I was then asked to run for Director of Communications. Karen Falk, President of NYSCHP called me to tell me

I was elected and my journey in serving on the BOD for NYSCHP began! I revitalized our Public Relations committee to create a new look for our news brief that continues to provide our membership with important updates of our committees and valuable information regarding NYSCHP. I served as Director of Pharmacy Management where I oversaw the Constitution and Bylaws Committee. We began initiating changes to the NYSCHP C&B. Finally, my Presidential term began in 2018 and is coming to an end shortly. This journey has been incredible and so much fun and I will treasure all the memories from the past. It is hard to believe that in April of 2021, I will have served on the NYSCHP BOD for 10 years and could not have made it through without the support of my family, friends and colleagues. A special thank you to Leigh Briscoe-Dwyer, Kim Zammit, Stephanie Seyse, and Bill Prescott for all their support during my leadership for NYSCHP, and to all the Past NYSCHP Presidents for their advice. I truly look forward to a brighter future and contributing to NYSCHP as Chair of the Nominations Committee as well as other projects that come forward.

The Value of NYSCHP

NYSCHP brings opportunities to the pharmacy profession in numerous ways. It refers to our mission statement: to represent its members and advance pharmacy as an essential component of health care, and our vision statement: WE will be an influential dynamic organization that shapes the future of pharmacy. I firmly believe that our organization with selfless giving of our members provides the best environment for change and advancement. We all realize the value of each other especially in the past year during the pandemic and having to pivot from our traditional routines. Creation of the strategic planning committee has undoubtedly been a successful accomplishment this past year and will ensure our growth as an organization. A huge thank you for Shaun Flynn, our Executive Director who is always looking out for the best interest of NYSCHP and to the assistance of CHMS and Rebecca Harrington. Together, we all bring value, and I look forward to continuing to serve NYSCHP.

Fun Facts About Me:

- My husband Mike and I are married 14 years, have two children-Liam and Mirinda, and a new silver Labrador retriever puppy named Sabre
- I have a 3rd Degree Black Belt in Tae Kwon Do
- Bowling is one of my favorite sports and I played in leagues during grammar and high school
- I have solved the Rubik's cube
- My family and I enjoy both summer and winter sports and trying new adventures together







New Practitioner Spotlight

Jeeseon (Rosa) Kim, PharmD

**Assistant Professor of Drug Information, Department of Pharmacy Practice
Touro College of Pharmacy New York**

Path to Becoming a New Practitioner:

I was just out of high school when I started pharmacy school, at Philadelphia College of Pharmacy, a six-year program. My older sister was a pharmacy student at a college in Boston, and she was a huge influence on me. When I started in pharmacy school I didn't fully grasp the pharmacist's role and the career opportunities that would present themselves, so I had a lot to learn.

As I entered my professional years (P1-P4), I was able to gain more exposure to different areas within pharmacy, and one that really caught my interest was drug information. I really enjoyed finding answers and literature evidence, as well as interpreting statistics and then applying the information back to clinical practice. Unpopular opinion: journal clubs and seminar presentations were some of my favorite activities. Further into my career, I found the educational aspect of drug information especially exciting. Being able to educate healthcare professionals and provide support for evidence-based medicine and seeing how that impacts clinical decision-making was fascinating to me.

Upon graduation, I pursued a medical information/communication fellowship at Fresenius Medical Care in Charlotte, North Carolina, followed by an Academic Fellowship at Touro College of Pharmacy in New York City, and finally a Drug Information Residency at Mercer University College of Pharmacy-InpharmD. My postgraduate training took a different path compared with many others; however, because of this unique path I gained experience in the pharmaceutical industry, academia, and institutional drug information practice. Looking back, I have to say that it was worth every moment.

Near the end of my last residency, I came across a faculty opportunity at Touro College of Pharmacy. The College, which was relatively new, had begun recruiting faculty to launch a drug information center. This was another very unique opportunity, as not many new drug information centers are being opened by pharmacy schools today – and so here I am now.

Practice Site:

My current practice site is Touro College of Pharmacy Drug Information Service. I opened this new service in January 2018, and initially it was piloted only to our internal faculty. Currently, we work with InpharmD™ as one of their partner drug information centers to provide the drug information service to healthcare systems in the Southeast region. I also work with a local specialty managed care organization to provide P&T support with drug class reviews and provide formulary recommendations. The service is open to all local healthcare professionals and organizations, and we respond to a wide variety of requests, ranging from answering drug information questions to P&T support, such as monographs and drug class reviews.

Another initiative I started recently, during COVID-19, is a healthcare community outreach project. With my advanced pharmacy practice experience students, we developed newsletters on COVID-19 for healthcare professionals and we continue to create monthly infographics and facts sheets to educate the public. So far, the topics have all been related to COVID-19: for example, COVID-19 & Surface Cleaning, Smoking & COVID-19, COVID-19 & Masks, Shopping Safely During COVID-19, and Flu vs. COVID-19. As I continue with the project, I am hoping to cover a wider variety of healthcare topics. Lastly, this year I started a Drug Information Fellowship Program. Through the program, our first-year fellow, Jessica Debski, Pharm.D., is gaining exposure to institutional and academic drug information practices as well as teaching and research experiences.

Organizational Involvement & Value of NYSCHP:

Being a member of NYSCHP has been very helpful in keeping current with developments in pharmacy, which is crucial for my work, as I receive questions related to practice and regulation, as well. I also take full advantage of the Continuing Education programs NYSCHP provides. As I continue to practice in New York, I am looking forward to giving back to NYSCHP by becoming more active in the organization.

Advice for New Practitioners:

As cliché as it may sound, I recommend new practitioners find their passion because that is what will keep you going! Three years of postgraduate training was very challenging at times, and not always fun and exciting. I truly believe that, time after time, I found the courage to move on to the next step of my journey because of my strong interest in and passion for drug information and its related practice. My other piece of advice is to have mentors! As a new practitioner, learning the ins-and-outs of your specialty/practice through interacting with seasoned practitioners is extremely valuable. There are other important aspects to career development as well, such as knowing how to deal with difficult work situations, navigating through career paths, and learning how to maintain a work/life balance. Having a mentor to whom you can reach out and look up to can be really useful in your overall professional development.

Fun Facts:

I love all kinds of animals and learning random facts about them! I also love plants, and right now have 16 plants in my apartment. I have many different hobbies, including sketching, cooking, baking, yoga, and running. Most recently, I began trying to learn how to play a guitar. It's been a fun (and challenging) new hobby.



Clinical Corner

Fostemsavir: A New Antiretroviral Drug for HIV Patients

Fostemsavir is a newly FDA-approved antiretroviral agent for the treatment of HIV. It was approved in July 2020 for multidrug-resistant HIV-1. It is a pro-drug. The active moiety is temsavir. The drug binds to the gp120 subunit within the HIV-1 envelope glycoprotein gp160, thereby inhibiting the interaction between the virus and cellular CD4 receptors. This will prevent attachment and entry of the virus into the cells. The patients who benefit from this drug are treatment-experienced adults who have failed their current antiretroviral treatment due to resistance, tolerance or safety concerns. Currently, fostemsavir is available as a 600 mg extended-release tablet and usually it is taken 1 tablet twice daily with or without food. Although this drug is beneficial to many patients, some contraindications still exist. If a patient has a known hypersensitivity to the drug, it cannot be administered. Drugs that are strong CYP3A4 inducers may decrease the concentration of temsavir significantly. This drug carries a warning of causing immune reconstitution syndrome as well. Patients with HIV can develop this syndrome when the immune system begins to recover after the initiation of antiretrovirals; the inflammatory response to infections is exaggerated, potentially leading to worsening of the infection.

There are other warnings associated with this drug, however the adverse effects can be minimized. For instance, this drug is known to cause QT prolongation in dosages greater than 4800 mg per day. However, if the patient takes the drug as directed, which is one tablet of 600mg twice daily, this risk is minimized. Additionally, the other medications that the patient is taking can be assessed to see if the patient is on other QT-prolongating drugs. This drug can cause elevation in liver enzymes. Therefore, it may not be the best choice for patients who have liver failure or Hepatitis B or C infection. Similar to antiretrovirals such as tenofovir and lamivudine, when anti-hepatitis therapy is withdrawn, there is a risk for Hepatitis B reactivation. In the BRIGHT trial, 370 patients who received fostemsavir 600 mg twice daily were followed and only 7% of participants withdrew from the study due to adverse effects. The most common adverse effect noted in the participants was nausea, while the other adverse effects discussed earlier only occurred in less than 2% of the participants.

This drug should not be used in pregnant women because there is no human data about the impact on this drug in pregnancy. Of note, there is data from rats, which showed increased embryonic death and maternal toxicity. In pregnant rats, temsavir, which is the active moiety, was present in the breast milk. For this reason, the CDC suggests mothers to avoid breastfeeding their children while on this drug. The CDC also recommends against breastfeeding for all HIV positive mothers to avoid the transmission of HIV to the neonate.

The overall efficacy of fostemsavir was studied in the BRIGHT trial. Patients were divided into two cohorts, a randomized and nonrandomized cohort. For the randomized cohort, patients were assigned to this group if they still had other active antiretrovirals available in their regimen. These patients were then randomized to receive fostemsavir or placebo with their regimen for 8 days. Study patients were assigned to the nonrandomized cohort if they have no other available options for antiretrovirals. The nonrandomized cohort received fostemsavir with any other potential therapies that could include investigational drugs. Two hundred and seventy-two participants were enrolled in the randomized cohort and 99 patients were in the nonrandomized cohort. The primary endpoint for this trial was a mean change HIV viral load from Day 1 to Day 8 in the randomized cohort. A statistically significant difference was found between patients that were initiated on fostemsavir compared with patients given placebo (0.79 vs 0.17 log₁₀ copies per milliliter; $p < 0.001$).

Select secondary endpoints include virologic response (HIV viral load of < 40 copies per milliliter) at weeks 24, 48, and 96 and adverse events. By week 48, 62% of the randomized cohort and 48% of the nonrandomized cohort achieved virologic response. The most documented adverse events were diarrhea and nausea.

Overall, the novel mechanism of action, safety, efficacy, drug-drug interaction profile and lack of cross-resistance with the available antiretroviral drugs, make fostemsavir a great drug for patients who have failed almost all other drugs.

References:

Fostemsavir. Lexi-Drugs. Lexicomp. Wolters Kluwer Health, Inc. Riverviews, IL. Accessed August 20, 2020.

Kozal M, Aberg J, Pialoux G, Cahn P, Thompson M, Molina JM, Grinsztejn B, Diaz R, Castagna A, Kumar P, Latiff G, DeJesus E, Gummel M, Gartland M, Pierce A, Ackerman P, Llamoso C, Lataillade M; BRIGHT Trial Team. Fostemsavir in Adults with Multidrug-Resistant HIV-1 Infection. *N Engl J Med*. 2020 Mar 26;382(13):1232-1243. doi: 10.1056/NEJMoa1902493. PMID: 32212519.

Bisma Sekhery
SJU PharmD Candidate 2021

It's that time again... to submit your resolutions

Deadline for Submission: February 10th, 2021

Resolutions*

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

Resolutions should be written in a common format. Resolutions have three parts: (1) the heading, (2) the preamble, and (3) the operative clause. It is one long sentence with commas and semicolons throughout the resolution, with a period at the very end. All operative clauses end with a semicolon except the final clause, which ends in a period.

HEADING

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

Topic: the topic of the resolution

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

PREAMBLE

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

OPERATIVE CLAUSE

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

Whereas, The... [text of the preamble]; now, therefore, be it

Resolved That ... [stating action to be taken].

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

Sample Resolution

Committee: Central New York Chapter of Health-system Pharmacists

Topic: Certification of technicians in New York State

Sponsored: Roy Guharoy, Russell Yandon

Registration of Pharmacy Technicians

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

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

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

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

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

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

Resolved That:

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

Date: _____

By: _____
Roy Guharoy, Russell Yandon

Resolutions should be emailed to Shaun Flynn, sflynn@nyschp.org

Call for Nominations

The New York State Council of Health-system Pharmacists is pleased to announce we are seeking candidates for the following Board of Director positions to begin in the spring of 2022.

President-Elect: 2022-2025
Director, Advocacy: 2022-2024
Director, Education and Professional Development: 2022-2025*
Director, Resource Development: 2022-2024

*3-year term

[Please view NYSCHP's table of organization here.](#)

To nominate yourself or a colleague, please submit a name, a CV, and [this completed form](#) to Nominations Committee Chair Lisa Voigt: lisvoigt@gmail.com. Candidates will be called upon to participate in a short interview with the nominations committee members. Please send in your submissions no later than February 8th, 2021.

Retirement Announcement



Edward R. DeLucie Jr.
Administrative Director of
Pharmacy Retires

It is with great mixed emotions that we announce the retirement of Edward DeLucie Jr., Administrative Director of Pharmacy Services, after almost 43 years of employment at South Nassau. Eddie began his career in 1978 as a staff pharmacist. As a natural leader, with admirable organization skills and the ability to juggle many projects at a time, he embraced the opportunity to become the department supervisor and ultimately the Director of Pharmacy. It was during his time as Director for the past 26 years that Eddie worked tirelessly to demonstrate his talent by pioneering countless endeavors leading to the enhancement of both the operational and clinical efficiency as well as the many financial successes of the Pharmacy Department.

Eddie had a clear vision and strategic plan to continually evolve his department (often ahead of the time) so that his employees could practice at the top of their license and ability and remain ahead of the curve with the ever-changing times. As Eddie grew the department from a 15-employee paper process department to an over 70 employee 24/7 fully automated department, he opened the pathway for his team of pharmacy professionals to accept becoming involved in a variety new practice areas. Eddie is a believer in lifelong learning to achieve success and encouraged much of his staff to obtain certifications, as well as going back to Molloy College for his own MBA. Eddie also believed in being involved in every aspect of his department from the ground up.

Eddie has clearly been an advocate of promoting pharmacists as frontline health care professionals and led the effort on creating decentralized positions and expanding the responsibilities of his staff. As a co-chair of the Pharmacy & Therapeutics Committee, member of the Medical Board and Medication Management Committee, Eddie was able to demonstrate and communicate the value of his department to the hospital multidisciplinary team.

Well ahead of his time (as early as the 1990s), Eddie spearheaded clinical pharmacy initiatives including intravenous to oral transitions, vaccine screening, and renal dose adjusting of medications by pharmacists. This was just the beginning. Soon after, the Unit Based Pharmacy program was initiated starting with the Emergency Department and then Critical Care. Today Eddie's unit-based team has grown to 10 plus areas of practice. Most recently, Eddie initiated the startup of a PGY1 Pharmacy Residency Program that has allowed the department to further their presence in a variety of clinical practice areas including research.

For those who know Eddie, the sky is the limit for him. He moves quickly and his brain never turns off. Even with his retirement around the corner, he is still coming up with novel ideas and doing what he can to make sure the department is prepared for the future. As Eddie embarks on this next phase of his life, the pharmacy staff want to thank him for his dedication and wish him the absolute best of times ahead. We are certain we will continue to reach out to him for advice!

Carl Zipperlen, RPh, BCGP
Ravena Rampersaud, PharmD, PGY1 Resident
Justin Im, PharmD, PGY1 Resident

Advocacy Toolkit



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NYSCHP Advocacy Week Flyer



NYSCHP Advocacy Week Feb. 8-12, 2021:



2021 FEBRUARY

NYSCHP 2021 ADVOCACY WEEK

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

Advocacy Week CEs "Low Credits":

◦Tuesday, February 2, 2021—6:00—7:00 P.M.:
The Grass[roots] is Always Greener: New York State Advocacy Workshop
Speakers: Karen Berger, Andrew Kaplan

◦Friday, February 5, 2021—12:00—1:00 P.M. (NYSCHP Monthly CE):
It's Evolving! A Legislative Update on Pharmacy Practice in New York
Speakers: Andrew Kaplan, Karen Berger

Legislative Visit Prep Call Schedule
(choose one of the below meeting options):

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

If you have any questions please contact:

Karen Berger, Grassroots Advocacy Committee Chair: karenberger7@gmail.com

OR

Andrew Kaplan, Vice President of Public Policy: Andrew.kaplan@mountsinai.org

How to Look up your State Legislators

*Each person has a State Assemblymember and State Senator

Assembly: Type in your address and click "Locate". Your Assemblymember should appear to the right

Member Search

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Street:

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Your Assemblymember is:



Rebecca A. Seweright
76th Assembly District
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Click "Visit Assemblymember's Page" to go to their site; you will see "Contact" section with their email:

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Contact Information

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SewerightR@nyassembly.gov

Use "Sample Email to Legislator" in the Advocacy Toolkit to email them to setup a meeting!

State Senate: Type in your address and click "Find my Senator":

Find My Senator

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

ADDRESS LINE 1

525 east 68th street

CITY

new york

ZIP 5

10065

FIND MY SENATOR

It will display your Senator. Click their name to go to their page:

Find My Senator

YOUR SENATOR



Liz Krueger

NY Senate District 28



MESSAGE SENATOR

MATCHED ADDRESS

525 E 68 St

New York, NY 10065-4870

On their page, click "CONTACT" to see their contact information, including email:

OUR DISTRICT

NEWSROOM

LEGISLATION

EVENTS

CONTACT

Contact Senator Liz Krueger's Office

ALBANY OFFICE

172 State Street, Capitol Building

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Albany, NY 12247

Phone: [\(518\) 455-2297](tel:5184552297)

Fax: (518) 426-6874

[map](#)

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lkrueger@nysenate.gov

Use "Sample Email to Legislator" in the Advocacy Toolkit to email them to setup a meeting!

Sample Email to Legislator

Subject: NYSCHP's Annual Advocacy Week Constituent Meeting Request

If first meeting:

Dear [office member]:

The New York State Council of Health-System Pharmacists (NYSCHP) represents pharmacists who serve as patient care providers in acute care and ambulatory settings. The organization's approximately 1,800 members include pharmacists, student pharmacists, and pharmacy technicians. NYSCHP has been at the forefront of efforts to improve medication use and enhance patient safety. In February, NYSCHP will be holding its inaugural Advocacy Week (Feb 8-12, 2021), during which we would like to meet with your office.

There was a bill passed in the setting of the COVID-19 pandemic that allowed pharmacists to administer a COVID vaccine once one is approved. While this is a step forward for the pharmacy profession and improves the access of vaccines to patients, the immunization bill we support would allow pharmacists to administer all CDC-recommended vaccines. New York State is behind most other states which have authorized pharmacists to administer all CDC-recommended vaccines. For example, New York State is the only state in which pharmacists are unable to administer either the Hepatitis A or Hepatitis B vaccines. Authorization of pharmacists to administer vaccines has consistently improved vaccine access and vaccination rates throughout the country and many New Yorkers remain vulnerable to vaccine-preventable diseases. Pharmacists are well-suited to help provide access to these vaccinations and improve public health.

The passing of this COVID vaccine legislation underscores the importance of the scope of immunization in New York State, especially during a pandemic where the public is appropriately concerned about their access to vaccines. There is a bill pending in the legislature that would address vaccine access and we would be interested in having a (virtual) meeting concerning this bill.

Furthermore, we would like to discuss Collaborative Drug Therapy Management (CDTM), which in New York State is limited and set to expire. It is critical for patients to have access to physician-pharmacist collaboration to ensure chronic disease states are managed and healthcare costs are contained.

We are available at the below dates/times during NYSCHP Advocacy Week. Please let us know if any of these times work for you and the Assemblymember/Senator.

[list at least 3 options for available dates/times during Feb 8-12, 2021]

Sincerely,

[your name]

If follow up meeting:
Dear [office member]:

Thank you again for taking the time to meet with us back in -----. We wanted to follow up on our conversation regarding CDTM and immunization expansion.

The New York State Council of Health-System Pharmacists (NYSCHP) represents pharmacists who serve as patient care providers in acute care and ambulatory settings. The organization's approximately 1,800 members include pharmacists, student pharmacists, and pharmacy technicians. NYSCHP has been at the forefront of efforts to improve medication use and enhance patient safety. In February, NYSCHP will be holding its inaugural Advocacy Week (Feb 8-12, 2021), during which we would like to meet with your office.

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[list at least 3 options for available dates/times during Feb 8-12, 2021]

Sincerely,

[your name]

CDTM Fact Sheet

The New York State Council of Health-system Pharmacists

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

Collaborative Drug Therapy Management – Expansion and Elimination of Sunset A1036 (Seawright)

Fact Sheet
January 15th, 2021

Who the bill applies to:

- Pharmacists qualified to perform Collaborative Drug Therapy Management (CDTM)
- Nurse Practitioners as a provider of services for purposes of CDTM

What the bill does:

- Makes permanent the law which authorizes CDTM permanent (expires July 2022)
- Adds Nurse Practitioners as a provider of services for purposes of CDTM

Why this legislation is needed:

- Passage supports robust development of CDTM services without the uncertainty of a sunset every two years. Adding Nurse Practitioners expands the scope and access to CDTM across the state
- CDTM demonstration project from NYS Education Department detailed successes of CDTM in improving health, enhancing satisfaction, and outlining opportunities for substantial financial savings:
 - Diabetes:
 - Patients managed by collaborating pharmacists in four clinics showed an increase in the percentage achieving their target hemoglobin A1C by 22% to 39% over four to 12 months. Projected estimates of cost savings for the 195 patients receiving care under the CDTM initiatives is \$147,000 - \$537,000 annually. Extrapolating to the 10.4% of NYS adults with diabetes could result in an annual savings of as much as \$1.5 to \$5.3 billion.
 - Anticoagulation:
 - Control of anticoagulation is needed for optimal therapeutic outcomes. This is measured by the time the anticoagulation is in the therapeutic range (TTR). Studies have shown that increases in TTR as little as 5% impact hospitalizations, ED visits and mortality. Pharmacist anticoagulation management achieved higher TTR values (71–85%) than expected with usual care (51–76%). This could mean 9,000 less deaths, 15,000 less adverse events and annual savings of \$214m.
 - Heart Failure:
 - Both pilot programs demonstrated a substantial reduction in readmission rates at 30 days (9% and 0, respectively), compared to the nationwide readmission rate of 24%: a 62% reduction in re-hospitalizations. Readmission rates at 90 days were substantially lower, ranging from 6–15%. Data provided by the AHRQ Health care utilization project showed expected economic impact for patients managed by the project would be \$319,000. Extrapolating this to NYS expenditures would give a potential reduction of \$600 million annually.

Support:

- Strongly supported by the New York State Council of Health System Pharmacists

Immunization Fact Sheet

The New York State Council of Health-system Pharmacists

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

Immunization Authority Expansion to all CDC-recommended Vaccines
A1221 (Paulin)/S2024 (May)

Fact Sheet
January 15th, 2021

Who the bill applies to:

- Approximately 20,000 pharmacists in New York State – of which many are immunizers

What the bill does:

- Makes permanent the law which authorizes immunization by Pharmacist (enacted in 2008)
- Removes the requirement that the physician or nurse practitioner who issues a non-patient-specific order must be in the same of adjoining county as the Pharmacist who executes the order
- Replaces the list of specific vaccines (influenza, pneumococcal, acute herpes zoster, meningococcal, tetanus, diphtheria and pertussis, COVID-19) with all CDC-recommended vaccines for adults. These are Hepatitis A and B, varicella, human papilloma virus and measles, mumps, and rubella.
 - Hepatitis A: NYS is the only state which does not allow pharmacists to administer
 - Hepatitis B: NYS is the only state which does not allow pharmacists to administer
 - MMR: NYS/WV are the only states which do not allow pharmacists to administer
 - HPV: NYS/WV are the only states which do not allow pharmacists to administer
 - Varicella: NYS/NH are the only states which do not allow pharmacists to administer

Why this legislation is needed:

- Current law sunsets July, 2022. Passage ensures any necessary regulations will be in place
- Improve prevention and reduce healthcare costs; helps reduce health disparities
- Advances the NYS Health Department Prevention Agenda 2013-2018 to decrease burden of vaccine-preventable diseases
- County rule in current law is restricting access to vaccines, in the areas (mostly upstate) with low adult immunization rates and which are considered medically underserved
- Helps reduce confusion among patients, providers, pharmacists regarding vaccine availability
- During the measles outbreak, pharmacists in NY were unable provide this vital immunization. Now pharmacists in NY have been given the authority to administer a vaccine for COVID-19 which has not yet been developed, but are still unable to administer current FDA-approved, CDC-recommended vaccines.

Support:

- New York State Council of Health System Pharmacists, Pharmacists Society of the State of New York, Community Pharmacy Association of New York, the New York Chapter of the American Society of Consultant Pharmacists

CDTM and Immunization FAQs

Frequently Asked Questions

Collaborative Drug Therapy Management (CDTM) and Immunization Expansion

CDTM Expansion

What is CDTM?

CDTM allows credentialed pharmacists who meet specific criteria to enter into a collaborative practice agreement with physicians. CDTM originated in the 1970s, as pharmacists were involved in direct patient care in rural areas, mostly within the Indian Health Services and Veteran's Affairs Hospitals and Clinics. Washington and California were the first states to allow CDTM in the private sector.

CDTM in New York State started out as a demonstration project in teaching hospitals in 2011 and the legislature put a two year sunset (or expiration) into the law. After showing improved clinical outcomes and patient satisfaction, CDTM has been extended and expanded (now to all hospitals/health-systems). However, the expiration remains in place and there are significant restrictions compared to other states.

As such, New York's CDTM law is fairly unique in that among the 48 states which allow CDTM, New York appears the only state in which CDTM sunsets every legislative session (2 years). Further, written consent from the patient is required, which is only required in 8 other states. There are approximately 20,000 practicing pharmacists in New York State, with only a few hundred participating in CDTM.

What is the current scope of CDTM in NYS?

CDTM currently applies exclusively to specifically credentialed pharmacists in locations covered by Article 28 of the Public Health Law, such as hospitals and health-systems. CDTM does not apply to non-Article 28 facilities. The Governor's last executive budget proposal would have expanded the bill to other areas overseen by a Medical Director, such as non-Article 28 clinically integrated networks (which would cover faculty practices and accountable care organizations). NYSCHP supports this expansion with the existing credentialing infrastructure. Unfortunately, this proposal was not adopted due to the COVID-19 pandemic.

What sort of credentials are required?

Pharmacist must have a specific number of years of experience based on the their terminal degree – if they have a Masters of Science or Doctor of Pharmacy (the latter of which is the new entry-level standard since the year 2000), they must have at least 2 years of active licensure with at least 1 year of clinical experience. If the pharmacist earned a Bachelor of Science in Pharmacy, they must have at least 3 years of active licensure with at least 1 year of clinical experience.

In addition to licensure and experience, the pharmacist must have either completed an accredited residency program or must have obtained a certification from a board approved by the Department of Education, such as the Board of Pharmaceutical Specialties (e.g.; Board Certified Pharmacotherapy Specialist, BCPS). A residency program is a one to two year intensive, rotation-based experiential program that prepares pharmacists for clinical practice.

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What is the difference between CDTM and CMM?

CDTM is the current law in New York State, which allows pharmacists with the aforementioned credentials to enter into collaborative practice agreements with physicians to manage patients' chronic disease states. Providers voluntarily join the agreement and establish a protocol and scope with the pharmacist.

Comprehensive Medication Management (CMM), is a new proposal that would have a different and reduced education requirement for pharmacist-physician collaboration. CDTM is an existing law with infrastructure and proven outcomes in New York State. Implementing CMM on top of CDTM may cause confusion by introducing two different credentialing structures for similar collaboration agreements. A single standard for physician/pharmacist collaboration is ideal, as it will ensure public trust. NYSCHP would prefer to expand on the framework of the existing law, rather than create a new parallel system.

What is the legislative status of CDTM?

New York's CDTM law will expire in July, 2022.

What are the differences between the bill NYSCHP supports (A1036) and the Governor's proposal?

The Governor's executive budget proposal included some important scope extensions. First, CDTM would be expanded to any facility with a Medical Director, which would include non-Article 28 clinics. Second, Nurse Practitioners would be added as a provider with whom pharmacists could collaborate for CDTM. Third, the credentials required to do CDTM that exist in regulation (board certification or residency) would be added to the statute. Fourth, the unnecessary requirement that the patient provides consent to participate in CDTM would be eliminated. Finally, the sunset provision, which is a major barrier to developing and growing programs, would be eliminated. The current sunset still exists despite the CDTM demonstration project taking place almost 10 years ago. The current law is set to expire in 2022.

The current legislative proposal (e.g. A1036 in the 2021-2022 session) would add Nurse Practitioners and eliminate the sunset, but would not modify the geographic restrictions, the consent process or the credentials.

Why is the requirement that consent be "written" a barrier?

Removing the requirement that consent of the patient be "written" will improve patient access and streamline physician-pharmacist collaboration to optimize medication therapy. CDTM written consent has become a care barrier in light of telehealth during the pandemic. Most people do not have a printer or fax machine at home, disproportionately affecting disadvantaged populations and the elderly. Patients already consent to treatment by scheduling the visit with no additional requirement for consent to a specific provider type. This consent may prove to be challenging during expansion to some healthcare settings in which separate written consent is difficult to obtain and may be duplicative.

Telehealth is growing in popularity during the pandemic and this particular amendment to the proposal has received much recent visibility in its importance for increased provider access. NYSCHP is working with the Governor, Assembly, State Senate and State Education Department to advocate for optimization of the consent process. NYSCHP appreciates recent clarification that electronic means of consent can be used to substantiate the current requirement that consent be “written”.

Why is there no Senate sponsor?

Our previous senate sponsor lost re-election; we are currently in the process of identifying a new sponsor.

Immunization Bill Expansion

What is the current law regarding pharmacists as immunizers?

A registered pharmacist who is certified by the New York State Education Department (NYSED) to administer immunizations is authorized to administer immunizing agents to prevent seasonal influenza to patients 2 years of age or older, and to administer immunizing agents to prevent COVID-19, pneumococcal disease, meningococcal disease, acute herpes zoster (shingles), tetanus, diphtheria, or pertussis disease to patients 18 years of age or older.

Administration of immunizations may be pursuant to either a patient specific prescription/order or a non-patient specific order. In New York State, the patient-specific or non-patient-specific order must be from a provider in the same county or adjoining county as the pharmacist.

What is the proposed expansion?

The proposed bill would expand the scope of vaccines that pharmacists are allowed to administer to include Hepatitis A, Hepatitis B, Measles Mumps Rubella (MMR), Varicella, and Human Papillomavirus (HPV). The proposed verbiage for this expansion would be from the current list of seven vaccines to include the verbiage “all CDC recommended vaccines” to accommodate the additional five as well as any additional vaccines that would be added to the recommended vaccine list in the future.

New York is one of only three states that does not allow pharmacists to administer all CDC-recommended vaccines. As an example, New York is the only state in the country that does not allow pharmacists to administer the Hepatitis A vaccine or the Hepatitis B vaccine.

This creates a critical lack of access of vaccines to the population and exacerbates health disparities, as it predominately affects those who have poorer access to healthcare and providers.

What are the benefits of the bill expansion?

Granting pharmacists the ability to administer all CDC recommended vaccines optimizes overall patient and population health by avoidance of preventable diseases, in turn decreasing hospitalizations. As seen with the focus on the COVID-19 vaccine, pharmacists serve a crucial role in ensuring good public health by providing easy access to vaccinations for those who want them.

Updated 1-25-2021

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Frequently Asked Questions

Collaborative Drug Therapy Management (CDTM) and Immunization Expansion

In order to streamline pharmacist-provider communication and accurate recordkeeping, documentation is provided to the patient's primary care provider when a vaccine is administered by a pharmacist. In many locations (such as chain pharmacies) this is done automatically through the electronic pharmacy system.

What is the status of the bill expansion?

All pharmacy organizations are in agreement with this expansion bill. The reason for delay in passing is that the bill has been stalled for many years in the Assembly Higher Education Committee. There was strong support in the Senate in previous years and the Council expects that to continue in the upcoming session.

Further, now that we are in a pandemic, we believe there will be a bigger focus on vaccination. For example, in August 2020, the United States Department of Health and Human Services issued a directive intended to allow pharmacists in all states to administer all CDC-recommended vaccines to all patients aged 3 years and older, during the COVID-related state of emergency. This would override existing restrictions, such as those in New York State. We are awaiting clarification from the Department of Education on the impact of this directive.

Finally, the Governor included expansion of pharmacist scope to all CDC-recommended vaccines in his executive budget proposal. We feel that immunization by a pharmacist is no longer experimental – it is essential to promoting public health and safety.

Is there any opposition to the bill expansion?

MSSNY has released a memorandum of opposition. They generally oppose these types of scope of practice bills, and opposed the ability for pharmacists to administer the influenza and pneumococcal vaccines, too.

Does this bill mandate vaccinations in any way?

It is important to understand that this immunization expansion legislation does not mandate vaccinations, but rather expands access to vaccinations for patients who want them. This legislation avoids any mandate, and as such avoids any controversy. Some Assembly members and State Senators may be hesitant to support any legislation regarding vaccinations since the topic is very divisive.

Sample Legislative Script

REMEMBER: *This is a sample. When you meet with a legislator, please inform them about NYSCHP priorities in a manner you feel comfortable with.*

Hi [Representative's name], thank you for taking time out of your schedule to meet with me/us today. I/we are here on behalf of the New York State Council of Health-system Pharmacists (NYSCHP).

My name is [name]; I am a [position] at [workplace/school] and I am your constituent. These are my colleagues [let your colleagues introduce themselves].

[Include introduction about the pharmacy profession] –

Examples:

- Do you personally know any pharmacists?
- Are you familiar with different areas of pharmacy practice?
- Pharmacists have to complete four years of graduate training to earn their doctor of pharmacy, or PharmD (between 6 to 8 years total). After graduation pharmacists can apply for jobs in retail stores, nursing homes, the pharmaceutical industry, hospitals, etc. Some pharmacists may even complete one or two years of residency training post-graduation to fulfill the requirements to become clinical pharmacists, working directly with physicians and/or mid-level practitioners in different interdisciplinary areas (infectious disease, ambulatory care, emergency medicine, critical care).

We are here to discuss 2 bills:

- (1) Pharmacist Immunization Authority Expansion to all CDC-recommended Vaccines **A1221 (Paulin)/S2024 (May)**, and
- (2) Pharmacist Collaborative Drug Therapy Management – Expansion and Elimination of Sunset **A1036 (Seawright)**.

Immunization:

Pharmacists in New York have been able to administer vaccines since 2008, providing patients with access to critical preventative health services; New York was the 48th state to allow this. Initially pharmacists were only able to vaccinate patients against influenza and pneumococcal disease. Today pharmacists are able to protect you against six diseases with vaccines (influenza, pneumococcal, shingles, meningococcal, and tetanus/diphtheria/pertussis, COVID-19), all of which have been proven to be safe and effective to prevent communicable diseases.

While pharmacists are also trained to administer additional vaccines recommended by the CDC, they are not allowed to give them in New York. In fact, New York is one of

only 3 states that does not allow pharmacists to administer all CDC recommended vaccines; 47 out of 50 states allow pharmacists to administer all CDC recommended vaccines. Currently, NYS pharmacists cannot protect their communities against hepatitis A, hepatitis B, measles/mumps/rubella, varicella (chicken pox), or human papillomavirus virus (HPV). These diseases affect New Yorkers in significant numbers according to the CDC.

The current system can leave the people of this state vulnerable to future outbreaks/pandemics as potential new vaccines will have to be manually added to the list of vaccines pharmacists are able to administer (similar to the potential COVID-19 vaccine) or dealt with through Executive Order (like pediatric influenza). Our state cannot simply wait for the next state of emergency to enact these changes. The best way to protect New Yorkers is to ensure pharmacists are able to administer all vaccines recommended by the CDC.

[Include personal examples from practice].

Further, there is also a rule that requires a patient-specific or non-patient specific order from a provider in that county or adjoining county. This restricts access to vaccines in areas with low adult immunization rates (mostly upstate) which are considered medically underserved. We believe a state-wide order from the health commissioner would be more beneficial.

Lastly, the law is scheduled to sunset July 2022. It is very clear that pharmacists as immunizers is no longer experimental and this sunset is unnecessary.

We are looking for you to support eliminating the sunset as well as allowing pharmacists to provide and administer all CDC-recommended vaccines. What are your thoughts about pharmacist immunization? Would you be interested in co-sponsoring this bill?

CDTM:

Collaborative Drug Therapy Management (CDTM) is a written protocol between an physician and a pharmacist which allows the pharmacist to manage medication regimens of chronic diseases including diabetes, hypertension, asthma, heart failure, etc, in a hospital/health-system setting. The bill allows pharmacists to modify, remove and initiate medication therapy under the formal agreement. A report from NYS Education Department showed that patients treated by a pharmacist under a CDTM agreement with physicians improved outcomes, reduced hospitalizations and reduced overall health care costs. CDTM has been successfully implemented in 48 out of 50

states, and has existed in New York State only since 2011. [Include personal examples from practice].

Pharmacists involved in CDTM agreements have to meet certain strict requirements including clinical experience and board certification and/or residency experience. Only 25 out of 48 states require special pharmacist qualifications. This is important because pharmacists who work within the collaboration are trained to provide guideline-directed medical therapy (GDMT). Additionally, patients currently have to provide written consent to be seen by a pharmacist, something only 9 out of the 48 states require. New York is also one of the only twelve states that restricts the collaboration to an article 28 facility (hospital, nursing home, acute care setting).

Currently, there is a sunset on CDTM authority in July 2022. This sunset creates unnecessary burden for physicians and pharmacists to gain key leadership support to create and grow practices. This makes it harder for physicians and pharmacists to collaborate and manage patients' chronic disease states, one of the key drivers of health care costs.

Due to these significant impacts in our community, we would like to eliminate the sunset. If not renewed, patients would lose one of their healthcare providers and physicians would become overburdened in the clinic setting – this will lead to poorer outcomes, more hospitalizations and increased costs. What are your thoughts about pharmacist CDTM? Would you be interested in co-sponsoring this bill?

Thank you for making the time to meet to discuss how we can serve our community better especially during these difficult times. Please reach out to me with any questions or comments. I would be glad to help research into any questions. I would like to serve as your pharmacist resource.