

| Year | Number | Position Statement |
|-------------|---------------|---|
| 2013 | (1-13) | The New York State Council of Health-system petitions ASHP and the FDA to require that manufacturers adopt a standardized medication vial (not less than 5ml) and neck size (not less than 20mm) for all liquid and solids dosage forms of medications that are available in a vial in order to permit the expanded use of point-of-care activation devices. |
| 2013 | (9-13) | NYSCHP supports the optimal utilization of pharmacy technicians to facilitate the role of pharmacists in improving patient management. Furthermore, to meet this goal, NYSCHP should pursue legislative and other related activities that will work toward developing a technician workforce that is appropriately educated, trained, certified and registered. Technician education and training programs should be accredited by a recognized accreditation body and approved by the State Education Department. The NYSCHP recommends requiring certification via the Pharmacy Technician Certification Board (PTCB) along with appropriate continuing education requirements. Position Statements |
| 2012 | (2-12) | The New York State Council of Health-System Pharmacists supports prioritizing the adoption of e-prescribing of controlled substances by the New York State Department of Health, in an effort to curb prescription theft, and prescription medication abuse. |
| 2012 | (4-12) | The New York State Council of Health-System Pharmacists encourages pharmacist led counseling upon initiation of a new medication, or upon discharge of a patient in a hospital, |
| 2012 | (8-12) | The New York State Council of Health-system Pharmacists supports an increase in the total hours required for licensure to a total of 1500 hours. |
| 2012 | (10-12) | The New York State Council of Health-System Pharmacists supports obtaining access to the New York State Controlled Substance Information Prescription Drug Monitoring Program (NYCSIPDMP) program for all active licenses registered pharmacists in the state of NY for the purpose of monitoring controlled substance use and improving patient outcomes and health. |
| 2011 | (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. |
| 2010 | (1-10) | The New York State Council of Health-system Pharmacists supports the permanent elimination of certain restrictions imposed upon certified pharmacists that are not required of other health care providers authorized to immunize for diagnosed medical conditions, including administering such vaccines at Points of Dispensing (PODs) pursuant to a non-patient specific order provided that they first receive the necessary training, and not requiring pharmacists who administer vaccinations at PODs to ensure that a record is maintained and retained for those patients pursuant to regulations, as temporarily provided in the Governor's |
| 2010 | (2-10) | The New York State Council of Health-system Pharmacists cannot support the legal use of medical marihuana in New York State without legalized status by the Drug Enforcement Agency and has been approved by the Food and Drug Administration as safe pharmaceutical care unless there exists legitimate and credible medical evidence demonstrating its safety and benefits for diagnosed medical conditions; it can be demonstrated to be of sufficient potency and be pure and free from contaminants or herbicides; it is treated as a controlled substance in order to control ordering, prescribing, dispensing and record-keeping and patients are |
| 2010 | (3-10) | The New York State Council of Health-system Pharmacists provides updated notification, education and resources to members regarding how new federal health-care legislation will affect health-system pharmacy practice in New York State. |

- 2010 (6-10) Pediatric Medication Safety. The Position Statement of the New York State Council of Healthsystem Pharmacist’s Pediatric Safety Committee. The intricate nature of pediatrics (neonates to adolescents) requires that there be a unified pharmacy voice, advocating a comprehensive approach to reducing medication errors as well as promoting preventative care. Consistent with our professional mission, NYSCHP strives to promote safety and well-being by heighten awareness of contributory factors to medication errors, encouraging multidisciplinary risk reduction-strategy dialog, as well as promoting strategies which foster safety and well-being within our pediatric community. Understanding the unique nature of pediatrics, NYSCHP will focus on enhancing professional knowledge, promoting contribution to the medical and quality improvement literature, as well as influence systems designs and decision support to address specific pediatric needs. NYSCHP supports recommendations from federal, state, and local regulatory agencies, professional organizations such as American Society of Health-System Pharmacists, health care regulatory entities, such as Joint Commission on the Accreditation of Healthcare Organizations, as well as professional patient advocacy organizations such as the Institute for Healthcare Improvement, whose missions’ include promoting overall patient safety. NYSCHP will strive to positively influence laws and
- 2010 (9-10) New York State Council of Health-system Pharmacists supports the prohibition of the sale and/or distribution of tobacco products in any pharmacy or establishment that has a
- 2009 (3-09) The New York State Council of Health-system Pharmacists supports standardization and consistency with regard to typographical formatting, font size, use of abbreviations, symbols, dose designations, tall man lettering, to support safe medication use. (Sunset at the 2014
- 2009 (4-09) The New York State Council of Health-system Pharmacists supports inclusion of cost analysis information in treatment guidelines that establish standards of care, when this information is available in the
- 2009 (5-09) The New York State Council of Health-system Pharmacists supports inclusion of a pharmacist representative in guidance documents that establish standards of care. (Sunset at the 2014
- 2009 (7-09) The New York State Council of Health-system Pharmacists supports the use of 28 days for expiration/beyond use dating for commercial sterile multi-dose products, once entered by the puncture of a needle or other injection device. (Sunset at the 2014 HOD)
- 2009 (10-09) The New York State Council of Health-system Pharmacists advocates that members of pharmacy staff, in certain health care settings such as hospitals and clinics, become certified in phlebotomy so that said individuals may be utilized to obtain serum drug levels at the appropriate times in order to ensure accurate therapeutic drug monitoring and proper drug
- 2009 (15-09) The New York State Council of Health-system Pharmacists supports: Unlicensed pharmacy personnel that assist the pharmacist in the dispensing of prescriptions should be officially designated as “pharmacy technicians” under laws and regulations of pharmacy practice. The NYSCHP recommends requiring certification via the Pharmacy Technician Certification Board (PTCB). The NYSCHP recommends evaluating the current rules governing the use of unlicensed pharmacy personnel, including tasks they may perform, in order to develop regulations to maximize the use of pharmacy technicians without compromising patient safety. The NYSCHP supports changing the current regulation to allow a PTCB certified pharmacy technician to assist a pharmacist in the dispensing of drugs by measuring, weighing, compounding or mixing ingredients under the direct supervision of a pharmacist, and in accordance USP 797 standards on Quality Assurance in compounding. The NYSCHP supports the utilization of PTCB certified pharmacy technicians to collect objective clinical data from

- 2008 (2-08) Sunset Refer to PS 8-13: The New York State Council of Health-system Pharmacists supports the utilization of PTCB certified Pharmacy Technicians to collect objective clinical data from patient records and from other health care professionals that may be used by licensed pharmacists to provide quality pharmacy services. There is a shortage of licensed pharmacists in New York State, and pharmacy technicians are invaluable in assisting licensed pharmacists in providing quality pharmacy services, and not all practice sites have on line access to patient information, and information must be gathered from the patient records and other sources before it can be assessed by the licensed pharmacist, and all individuals employed in health care are bound by HIPPA regulations, and pharmacy technicians can be trained to gather data
- 2008 (4-08) The New York State Council of Health-system Pharmacists supports legislative activities to encourage state and federal government funding of pharmacy education, including primary pharmacy education, residency programs (PGY1) and specialty residency training (PGY2) to stimulate growth in health-system pharmacy. Pharmacists are an integral part of the health care team, offering unique drug therapy services in the hospital environment, and, pharmacists require lengthy and extensive academic and practical training, and, a local and national shortage of pharmacists exists and competition for pharmacists from the retail environment is strong and backed by financial incentives, and, personal educational costs or institutional residency training costs may be prohibitive of entrance into primary pharmacy education, selection of New York State health-system pharmacy as a practice environment, or the creation of residency training programs, both primary and specialty residency training, and, shortages of pharmacists, particularly in health-system pharmacy, puts undue stress on
- 2008 (5-08) The New York State Council of Health-system Pharmacists will partner with the American Society of Health-system Pharmacists (ASHP) and the Joint Commission standard 4.10 to review the feasibility of a healthsystem pharmacy department's ability to comply with the prospective review of all medication orders, so as not to dilute the value of the pharmacist reviews that are already occurring in our practice sites. (Sunset at the 2014 HOD)
- 2008 (6-08) The New York State Council of Health-system Pharmacists will work with regulatory agencies to promote development of effective e-prescribing systems for easy control of tamper
- 2008 (7-08) The New York State Council of Health-system Pharmacists supports evidence based use of medications and alternative medicine or CAM and encourages the development of health care policies that address sage, effective and affordable care within the health-system.
- 2007 (4-07) The New York State Council of Health-system Pharmacists supports the intent of the USP General Chapter and the need for evidence-based standards and requirements for safe compounding of sterile preparations. The prevention of harm and fatality resulting from microbial contamination, presence of endotoxins, and errors in strength and ingredients needs to be an essential component of the sterile compounding process. The healthsystem pharmacists' concern for detail make them experts at incorporating these evidence based practices into daily routine. Procedures must be developed that promote self-discipline,
- 2007 (5-07) Sunset Refer to PS 8-13: The New York State Council of Health-system Pharmacists strongly supports the Pharmacy Technician Certification Board (PTCB) certification as a minimum requirement for unlicensed personnel working in health-system pharmacy settings in New York state within two years of employment in the health-system setting and supports the designation of unlicensed personnel who have passed the PTCB certification exam as pharmacy technicians in NYS and recommends evaluating the current rules governing the use of pharmacy technicians, including tasks they may perform, in order to develop regulations to maximize the use of pharmacy technicians without compromising patient safety and supports changing the current regulation to allow a pharmacy technician to assist a pharmacist in the

- 2007 (7-07) The New York State Council of Health-system Pharmacist adopts the ASHP Vision Statement for Pharmacy Practice for all health care settings and strongly encourages the incorporation of the goals and objectives outlined in the ASHP 2015 Initiative into health-system pharmacy practice in the state of New York. The purpose of this statement is to promote a practice of pharmaceutical care that will: significantly enhance patients' health-related quality of life by exercising leadership in improving both the use of medications by individuals and the overall process of medication use, and position pharmacists in a leadership role to continuously improve and redesign the medication use process with the goal of achieving significant advances in patient safety, health-related outcomes, prudent use of human resources and efficiency. The support and implementation of the ASHP vision statement and the ASHP 2015 Goals and Objectives for healthsystem pharmacy will be particularly important to our aging population, patients with multiple chronic disease states, and patients with complex and high risk medication regimens. ASHP GOALS AND OBJECTIVES FOR PHARMACY PRACTICE IN HEALTH SYSTEMS TO BE ACHIEVED BY 2015 Goal 1. Increase the extent to which pharmacists help individual hospital inpatients achieve the best use of medications. Objective 1.1 Pharmacists will be involved in managing the acquisition, upon admission, of medication histories for 75% of hospital inpatients with complex and high-risk medication regimens. Objective 1.2 The medication therapy of 70% of hospital inpatients with complex and high-risk medication regimens will be monitored by a pharmacist. Objective 1.3 In 70% of hospitals, pharmacists will have organizational authority to manage medication therapy in collaboration with other members of the health-care team. (Note: Managing medication therapy may include: initiating, modifying, and monitoring a patient's medication therapy; ordering and performing laboratory and related tests; assessing patient response to therapy; counseling and educating a patient about medications; and administering medications.) Objective 1.4 75% of hospital inpatients discharged with complex and high-risk medication regimens will receive discharge medication counseling managed by a pharmacist. Objective 1.5 50% of recently hospitalized patients (or their caregivers*) will recall speaking with a
- 2007 (13-07) NYSCHP strongly advocates for the adoption for use by all health care organizations, a standardized template expressing both medication strengths and IV dosage rates in a format consistent with their descriptions in reference materials, published clinical trials and the health care educational curriculum. The Pharmacy Department is ultimately responsible for developing and implementing practices that ensure the safe prescribing, preparation and administration of medications and the avoidance of potential drug errors. One of the Joint Commission's National Patient Safety Goals acknowledges the need to standardize and limit the number of drug concentrations in an organization because standardization in drug delivery promotes a safer environment. Published clinical trials, abstracts and drug information, referenced by practitioners are often inconsistent in the way they describe medication strengths and IV dosage rates. Medical References similarly lack standardization in the way medication strength and IV dosage rates are described. Health Care and Academic Institutions also lack standardization in the way medication strengths and IV dosage rates are described. Even within the same Health New York State Council of Health-system Pharmacists Position Statements 1985-2016 Revised May 2015 17 Care and Academic Institution there is a lack of standardization in the way medication strengths and IV dosage rates are described. New infusion pumps with SMART technology often require a standardized template for

- 2006 (2-06) NYSCHP supports the replacement of the compounding component of Part III of the NYS Pharmacy Board Exam with a written clinical portion or simulated patient counseling sessions to appropriately assess their readiness for licensure and practice. Pharmacy practice has moved into a more direct clinical patient-care role requiring less emphasis on compounding of medications and those pharmacies that engage in compounding are highly specialized and there is no data to support that NYS pharmacists are better qualified because they have successfully completed the compounding portion of the NYS Board Exam and students are
- 2006 (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
- 2004 (1-04) NYSCHP Recommends not supporting the Pharmaceutical Market Access Act of 2003. The Pharmaceutical Market Access Act of 2003 compromises the ability of the pharmacist to provide safe medication use and advance patient care. The Pharmaceutical Market Access Act is not supported by the US Food and Drug Administration, the New York State Council of Health-system Pharmacists Position Statements 1985-2016 Revised May 2015, the American Medical Association, the American Pharmacists Association or the American Society
- 2004 (2-04) NYSCHP Recommends amending the New York State Public Health Law to permit a faxed prescription and/or electronic submission of controlled substance prescription to serve as a substitute for a written prescription in a manner that is consistent with Federal Law for hospice patients, parental services or Long Term Care Facilities. Federal Law permits faxed prescriptions for Schedule II controlled substances as a substitute for a written prescription for patients in hospice, for patients in Long Term Care Facilities and for parental products.
- 2003 (1-03) NYSCHP Recommends supporting legislation and/or regulatory changes which allow non-acute institutional care facilities to create a sub-stock of pain control medication, dispensed and controlled by a pharmacist, as approved by the facility medical director, to assure continuity of care. When post-op patients are discharged from hospitals to sub-acute facilities for recuperation and/or rehabilitation, it may take several hours to transfer the post-op patient from the hospital to the sub-acute facility, several hours after admission to obtain the order for pain medication, several hours for processing of the order. Current statutes and regulations do not allow for an emergency supply of controlled substances to be stored at the sub-acute facility. Post-op patients would benefit from the hospital pharmacy providing a few
- 2003 (2-03) NYSCHP Recommends that pharmaceutical manufacturers provide all medications used in healthsystems in unit dose packages and that the Food and Drug Administration be urged to support this goal in the interest of public health and patient safety. (Sunset at the 2014 HOD
- 2003 (4-03) NYSCHP Recommends registration of all pharmacy technicians in New York State. This measure will create a tracking system to evaluate potential employment of individuals as pharmacy technicians. Hospital pharmacists have moved into clinical patient-care roles requiring more freedom from distribution, dispensing and manual tasks thereby increasing the need for pharmacy technicians to perform the work previously done by pharmacists. Pharmacy technicians provide valuable support to the pharmacy team, which enables pharmacists to use their cognitive services for better patient care. The duties performed by technicians are often crucial, involving precision, trust, risk and excellence. Oversight of

- 2003 (5-03) NYSCHP Recommends the Recognition of Technicians in NYS including Certification. The New York State Council of Health-system Pharmacists supports the designation of unlicensed personnel as technicians in NYS. The New York State Council of Health-system Pharmacists recommends requiring certification of technicians via the Pharmacy Technician Certification Board (PTCB). The New York State Council of Health-system Pharmacists recommends evaluating the current rules governing the use of unlicensed pharmacy personnel, including tasks they may perform, in order to develop regulations to maximize the use of pharmacy technicians without compromising patient safety. The New York State Council of Health-system Pharmacists supports changing the current regulation to allow an unlicensed person to assist a pharmacist in the dispensing of drugs by measuring, weighing, compounding or
- 2001 (1-01) NYSCHP Recommends the Use of Samples under Institution Specific Policy and Procedures. Use of medication samples should encourage the appropriate, cost-effective use of drugs in ambulatory settings regardless of formulary status within an institution and provide elements of pharmaceutical care as defined by Strand et. al. Restricted utilization shall be limited to the following: indigent patient populations; patients without prescription coverage; patients who are poorly compliant; disabled patients who are unable to access pharmacy services; psychiatric or mentally disabled patients who are unable to comprehend the necessity of
- 2001 (2-01) Pharmacists Specialist. A Pharmacist Specialist shall be defined as a Pharmacist registered in NYS who has obtained one or more of the following: doctor of pharmacy degree from an accredited college of pharmacy; a master of science in clinical pharmacy from an accredited college of pharmacy; certification through the Board of Pharmaceutical Specialties; certification as a certified diabetic educator; completion of an accredited pharmacy residency
- 2001 (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
- 1998 (2-98) Unit Dose Packaging. The current policy statement implies traditional unit dose dispensing. Currently, the majority of medications are supplied as traditional unit dose by manufacturers. Some automated dispensing equipment cannot dispense traditional unit dose; repackaging then is required by the pharmacy. The policy should be revised to include unit dose packaging for automated dispensing. The New York State Council of Health-system Pharmacists encourages the pharmaceutical manufacturers to provide unit dose packaging, including packaging for automated dispensing New York State Council of Health-system Pharmacists Position Statements 1985-2016 Revised May 2015 21 devices, throughout their product lines and, be it further resolved, the New York State Council of Health-system Pharmacists recommend to
- 1995 (1-95) Role of the Pharmacist in Assisted Suicide. The New York State Council of Health-system Pharmacists recognizes participation in assisted suicide is fundamentally inconsistent with the professional role of the pharmacist. Assisted suicide occurs when someone aids the patient to induce the patient's own death by using one or more euthanizing agents. If a patient induces death himself/herself using an euthanizing agent without assistance from anyone, it is not considered euthanizing, but suicide. The pharmacist should continually educate physicians, other care providers, the patient and family members about improving quality of life issues.

- 1995 (5-95) Role of the Pharmacist in Alternative Medicine. The New York State Council of Health-system Pharmacists supports the documentation by pharmacists and other health care professionals of alternative (unconventional) medicine by the patient. Pharmacists and other health care professionals are encouraged to report misadventures (i.e., side effects, progression of disease/symptoms, drug interactions) with alternative medicines to the FDA or National Council of Health Care Fraud. Such reports must respect patient confidentiality. The New York State Council of Health-system Pharmacists does not promote the use of alternative medicines; rather it recognizes their popularity and the need to identify harmful agents.
- 1994 (1-94) Pharmacist Dispensing Under Protocol. The New York State Council of Health-system Pharmacists believes and supports that it is within the pharmacist's professional role to dispense medications under protocol, which may include initiation and/or modification of
- 1993 (2-93) Pharmaceutical Care. The New York State Council of Health-system Pharmacists adopts the ASHP Statements on Pharmaceutical Care. (Sunset at the 2014 HOD) ASHP Statement on Pharmaceutical Care The purpose of this statement is to assist pharmacists in understanding pharmaceutical care. Such understanding must precede efforts to implement pharmaceutical care, which ASHP believes merits the highest priority in all practice settings. ASHP believes that pharmaceutical care is fundamental to the profession's purpose of helping people make the best use of medications. It is a unifying concept that transcends all types of patients and all categories of pharmacists and pharmacy organizations. Pharmaceutical care is applicable and achievable by pharmacists in all practice settings. The provision of pharmaceutical care is not limited to pharmacists in inpatient, outpatient or community settings, not limited to pharmacists with certain degrees, specialty certifications, residencies or other credentials. It is not limited to those in academic or teaching settings. Pharmaceutical care is not a matter of formal credentials or place of work. Rather, it is a matter of direct personal, professional, Technician Certification. The New York State Council of Health-system Pharmacists affirms the need for a well trained corps of technical support personnel ("pharmacy technician") in various pharmacy practice settings in the state of New York. In view of the variability in technician training, the NYSCHP supports voluntary certification of pharmacy technicians as a
- 1992 (1-92) Nurses Acting on Written Clarification of Drug Orders. verification by the nurse prior to action. (Sunset at 2006 HOD)
- 1985 (1-85)