**Position Statements for Review**

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| **Year** | **No.** | **Position Statement** | | **Recommendation** | |
| 2015 | (1-15) | The New York State Council Of Health-system Pharmacists Supports The Implementation Of Geriatric Medication Therapy Management And Individualized Patient Counseling To Optimize Outcomes By Pharmacists, In Ambulatory Settings. | **Readopt.** | |
| 2015 | (2-15) | The New York State Council of Health-System Pharmacists supports that patient safety information listed within patient history information shall include the patient's fall risk status on all pharmacy patient profiles in both the inpatient and outpatient settings, for patients in New York State. | | **Readopt.** | |
| 2015 | (3-15) | The New York State Council of Health-System Pharmacists supports the inclusion of pharmacists in the screening, documentation, and clarification of drug allergies in electronic medical records. Thereby, pharmacists have a larger role in shaping appropriate pharmacotherapy and documentation of the allergy label. | | **Readopt.** | |
| 2015 | (4-15) | The New York State Council of Health-System pharmacists advocate that pharmacy leaders throughout the state advocate for adoption of regional health information organizations (RHIOS) within their institutions and for pharmacists to have access and become involved in how the RHIO is utilized. | | **Readopt.** | |
| 2015 | (5-15) | The New York State Council of Health-System Pharmacists supports the inclusion of pharmacists as core healthcare providers in accountable care organizations all reimbursement models in New York State. Moreover, that the council advocates that pharmacist-provided care is appropriately recognized in reimbursement models and that effectiveness research for pharmacist services is conducted. | | **Sunset.** | |
| 2015 | (6-15) | The New York State Council of Health-System Pharmacists encourages The New York State Board of Pharmacy to publish an online newsletter regularly to promote voluntary compliance of pharmacy and drug law. | | **Sunset.** | |
| 2015 | (7-15) | The New York State Council of Health-System Pharmacists Encourages the FDA to expedite the process of outsourcing medically necessary drugs from outside the U.S. to temporarily alleviate the critical drug shortage. Drug shortages pose a serious threat to patients until the resolution of shortage by the U.S. manufacturers, especially when the shortage is expected to be long term. | | **Adopt.** | |
| 2015 | (8-15) | The New York State Council of Health-System Pharmacists supports the expansion of billing for CDTM services in New York State by instituting a payment structure guided by the level of cognitive services provided. | | **Adopt.** | |
| 2015 | (9-15) | The New York State Council Of Health-System Pharmacists encourages the New York State Board of Pharmacy to create a provision within the rules and regulations applying to the practice of pharmacy to allow pharmacists to dispense a limited supply of medication to patients who are unable to obtain a prescription or access their usual source of supply for the purpose of prescription medication therapy continuity. | | **Adopt.** | |
| 2015 | (10-15) | The New York State Council of Health-System Pharmacists petitions that The American Society of Health-System Pharmacists (ASHP) publish a guidance document for governing bodies in the healthcare setting (e.g., TJC, CMS) to recognizes pharmacists as their own separate entity ~~and not as a heterogeneous group, such as mid-level providers, allied health providers, or similar designations.~~ | | **Amend as written.** | |
| 2015 | (11-15) | The New York State Council of Health-System Pharmacists supports the utilization of pharmacists to the fullest extent of the scope of practice in public emergencies in accord with any executive order created during the public emergency. ~~The scope of practice includes but is limited to prescribing, dispensing, and administration of certain medications.~~ | | **Amend as written.** | |
| 2015 | (12-15) | The New York State Council of Health-System Pharmacists will focus on enhancing professional knowledge, promoting contribution to the medical and quality improvement literature, as well as influence system designs and decision support to address specific needs. NYSCHP supports recommendations from federal, state, and local regulatory agencies, professional associations such as the American Society of Health System Pharmacists, health care regulatory agencies such as Joint Commission on the Accreditation of Healthcare Organizations, as well as professional patient advocacy organizations such as the Institute for Healthcare Improvement, who’s missions’ include promoting overall patient safety. NYSCHP will strive to positively influence laws and regulations independently, as well as in collaboration with other organizations and or regulatory authorities to promote safer medication practices as well as advocating for overall improvements in patient care. | | **Sunset.** | |
| 2015 | (13-15) | The New York State Council of Health-System Pharmacists supports the pharmacists’’ active participation in the design, implementation and monitoring of the medication reconciliation process. | | **Readopt.** | |
| 2015 | (14-15) | NYSCHP Will Focus On Enhancing Professional Knowledge, Promoting Contribution To The Medical And Quality Improvement Literature, As Well As Influence System Designs And Decision Support To Address Specific Needs. NYSCHP Supports Recommendations From Federal, State, And Local Regulatory Agencies, Professional Associations Such As The American Society Of Health System Pharmacists, Health Care Regulatory Agencies Such As Joint Commission On The Accreditation Of Healthcare Organizations, As Well As Professional Patient Advocacy Organizations Such As The Institute For Health Improvement, Who’s Missions’ Include Promoting Overall Patient Safety. NYSCHP Will Strive To Positively Influence Laws And Regulations Independently, As Well As In Collaboration With Other Organizations and Or Regulatory Authorities To Promote Safer Medication Practices As Well As Advocating For Overall Improvements In Patient Care. | | **Sunset.** | |
| 2010 | (4-10) | The New York State Council of Health-system Pharmacists supports health-system pharmacists use of the medical record as a means to communicate with other health care professionals and to document specific pharmaco-therapeutic recommendations to optimize patient outcomes. | | **Readopt.** | |
| 2010 | (5-10) | The New York State Council of Health-system Pharmacists (NYSCHP) supports the authorization of pharmacy interns who have completed immunizer training and other requirements to participate in immunization activities as per NYS legislation under the direct supervision of a licensed pharmacist and certified immunizer. | | **Sunset.** | |
| 2010 | (8-10) | The New York State Council of Health-system pharmacists supports the use of 28 days for expiration/ beyond use dating (with the exception of vaccines), for commercial sterile multi-dose products, once entered by the puncture of a needle or other injection devise. Regarding vaccines, for multi-dose vials that do not require reconstitution, doses may be withdrawn and administered until the expiration on the vial, unless otherwise specified by the manufacturer. | | **Sunset.**  In lieu of: being covered under the USP 797/800 standards | |
| 2005 | (1-05) | Penalties for Drug Counterfeiters: The NYSCHP proposes: 1. An increased Pharmacist and public awareness of drug product counterfeiting; 2. That Pharmacists be encouraged to learn how to identify instances of counterfeiting; 3. That the patient and prescriber be notified of appropriate treatment and monitoring subsequent to identification of a counterfeiting incident; 4. That appropriate local and state regulatory bodies be notified when counterfeit drugs are encountered or suspected; 5. That Pharmacists should implement appropriate security measures in the procurement process to avoid counterfeit drugs; and 6. That drug counterfeiters should be subjected to the severest penalties and their enforcement. | | **Sunset.**  In lieu of: being covered as part of DSCA requirements | |
| 2005 | (2-05) | New York State Council of Health-system Pharmacists Statement on the Comprehensive Role of the Health-system Pharmacist. The NYSCHP recognizes and supports the various multidimensional roles of the health-system pharmacist necessary to meet and exceed the demands and expectations of patients and healthcare providers in all types of health-system pharmacy practice settings in the 21st century. Further, the NYSCHP advocates that pharmacists with a wide range of education, skill sets, and competencies be required to work collaboratively to provide the full range of services necessary to the provision of direct and indirect patient care services. | | **Readopt.** | |
| 2005 | (3-05) | New York State Council of Health-system Pharmacists Statement on the Role of the Healthsystem Pharmacist in Pain Management. The New York State Council of Health-system Pharmacists (NYSCHP) strongly believes that pharmacists should assume accountability for professional competency in pain management concepts and therapy options. Further the (NYSCHP) recommends that hospital and health-system pharmacists, in collaboration with other health care providers, perform pain assessments and implement rational and individualized approaches to pain management for their patients. Further, pharmacists are strongly encouraged to be proactive in disseminating pain management information to patients and other health professionals. | | **Readopt.** | |
| 2005 | (4-05) | New York State Council of Health-system Pharmacists Statement on the Role of the Healthsystem Pharmacist in Emergency Preparedness. The New York State Council of Health-system Pharmacists (NYSCHP) believes that health-system pharmacists must assertively exercise their leadership role and responsibilities in preparing for and responding to large-scale disasters~~. These include, but are not limited to industrial accidents, airplane or train crashes, explosions, fires, terrorist attacks with weapons of mass destruction, including biological and chemical agents and radiological, nuclear, and explosive devices. Further, health-system leaders must communicate the needs of state and local emergency planning leaders with health-system pharmacists and proactively involve them in establishing policies and procedures for responding to large scale emergency situations.~~ Further, leaders of emergency planning at the state and local levels must call upon pharmacists to participate in the full range of issues related to pharmaceuticals used in large scale emergency situations. | | **Amend as written.** | |
| 2005 | (5-05) | New York State Council of Health-system Pharmacists Statement on the Role of the Healthsystem Pharmacist in Drug Product Selection. The New York State Council of Health-system Pharmacists (NYSCHP) advocates that decisions on the management of a medication formulary system, including but not limited to therapeutic interchange and generic substitution; (1) should be based on clinical, ethical, legal, social, philosophical, quality-of-life, safety, and pharmacoeconomic factors that result in optimal patient care, and (2) must include the active and direct involvement of physicians, pharmacists, and other appropriate health care professionals. Further, the NYSCHP advocates that decisions on the management of a medication formulary system should not be based solely on economic factors." | | **Readopt.** | |
| 2000 | (1-00) | Pharmacist Role in Fail Safe Medication Use. The New York State Council of Health-system Pharmacists supports and encourages the establishment of a standardized system of reporting medication errors. The New York State Council of Health-system Pharmacists promotes voluntary reporting of medication errors which is non-punitive, stressing quality improvement and future prevention. | | **Readopt.** | |
| 1995 | (2-95) | ASHP Standards of Practice. The New York State Council of Health-system Pharmacists accepts and promotes the use of ASHP Standards of Practice as written. | | **Sunset.** | |