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 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.

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 is the difference between the bill NYSCHP supports (A1036) and the Governor's proposal?

The Governor's executive budget proposal included some important scope extensions. The expansion to include non-Article 28 areas is important, as practitioners cannot currently participate if working in a faculty practice clinic, private doctors' office, or as part of an accountable care organization or clinically integrated network. The scope would also be extended to include nurse practitioners as collaborative partners with pharmacists. Also included in the proposal was the removal of the sunset provision, making the law permanent. The sunset provision is a barrier to developing and growing programs, as hospital administration may not support program expansion if the law is set to expire. 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 2020-2021 session) would add Nurse Practitioners and eliminate the sunset, but would not modify the geographic restrictions or the consent process.

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.

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.