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NYSCHP Advocacy Week
Feb. 8-12, 2021:

• 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 10:10-10:30am
• Wed, 2/9 2:00-2:30pm
• Thurs, 2/4 3:30-3:30pm
• Thurs, 2/4 7-7:30pm
• Fri, 2/5 1:13-30pm
• Sun, 2/712:12-12:30pm
• Mon, 2/8 9-9:30am
• Tues, 2/9 5:30-5:30pm
• Tues, 2/9 6:30-6:30pm
• Wed, 2/10 5:5-5:30pm

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

Click “Visit Assemblymember’s Page” to go to their site; you will see “Contact” section with their email:

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](image1)

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

![Find My Senator](image2)

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

![Contact Senator](image3)

Use “Sample Email to Legislator” in the Advocacy Toolkit to email them to setup a meeting!
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.

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.

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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]
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:
  o 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.
  o 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.
  o 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, diptheria 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 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.

Updated 1-20-2021
Frequently Asked Questions

Collaborative Drug Therapy Management (CDTM) and Immunization Expansion

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.
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 CTDM 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.