[Date]

The Honorable [Assemblymember/Senator]

Assemblymember/Senator Address

Dear [Legislator]:

My name is [Member], and I am a [position] at [workplace]. I am writing to you on behalf of the New York State Council of Health-System Pharmacists and am urging you to support Collaborative Drug Therapy Management – Expansion and Elimination of Sunset A3048 (Seawright).

Collaborative Drug Therapy Management (CDTM) is a written protocol between a physician and a pharmacist which allows the physician to delegate to the pharmacist the ability to adjust or manage a drug regimen for a patient’s chronic disease state such as diabetes, hypertension, asthma, heart failure, etc. CDTM exists in 48 out of 50 states and has existed in New York State since 2011. New York State seemingly stands alone among states in having a sunset for CDTM – currently set for July, 2022f.

I would strongly urge your support for elimination of sunset. The sunset has significantly restricted physicians and pharmacists from being able to establish practices throughout New York State. The New York State Education Department detailed successes of CDTM in improving health, enhancing satisfaction, and outlining opportunities for substantial financial savings in a report several years ago:

**Diabetes**: Patients managed by collaborating pharmacists in four clinics showed 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 New York State adults with diabetes could result in an annual savings of as much as $1.5 to $5.3 billion.

**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 rehospitalizations. 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.

**Anticoagulation**: Control of anticoagulation is needed for optimal therapeutic outcomes. Studies have shown that increases in the therapeutic range as little as 5% impact hospitalizations, ED visits and mortality. Pharmacist anticoagulation management achieved higher therapeutic range 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.

I strongly urge you to cosponsor support this legislation as it will reauthorize CDTM in New York State and ensure physicians and pharmacists can robustly collaborate to meet the needs of our patients.

Sincerely,

[name and contact information]