***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 S5277 (May)/A6511 (Paulin), and

(2) Pharmacist Collaborative Drug Therapy Management – Expansion and Elimination of Sunset A3048 (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 five diseases with vaccines (influenza, pneumococcal, shingles, meningococcal, and tetanus/diphtheria/pertussis), 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.