MEMORANDUM IN SUPPORT
A5805 McDonald

An ACT to amend the education law, in relation to authorizing pharmacists to perform collaborative drug therapy management

In 2011, the Pharmacy Practice section of Education Law was amended to permit teaching hospitals to authorize their clinical pharmacist employees to enter into written agreements with physicians affiliated with the hospitals to manage drug therapy for selected patients within clearly defined parameters. The law was to sunset in three years, at which time the Education Department was to issue a comprehensive report to the legislature assessing programs in the hospitals that agreed to participate in the CDTM demonstration program. In May, 2014, the Department issued its report entitled The Impact of Pharmacist-Physician Collaboration on Medication-related Outcomes, rigorously documenting the clinical results, impact on patients, attitudes of collaborating physicians and extrapolating the potential for system-wide cost savings. The 280-page document makes a compelling case for expanding Collaborative Drug Therapy Management (CDTM) authority for pharmacists who are qualified for advanced clinical practice. The current law sunsets September 15, 2015.

The above-captioned bill retains the core elements in present law. Collaboration is voluntary for physicians, pharmacists and patients. Only qualified pharmacists will be authorized to collaborate – a standard that would be enhanced by this bill. Physicians/nurse practitioners/physician assistants remain fully responsible for their patients’ care and diagnoses, delegating only the management of patients’ medication therapy to the collaborating pharmacist within parameters that are specified in the written agreement. It is important to note here that current law reflects the thoughtful concepts that Senator LaValle who sponsored the original legislation that was enacted into law and required a report to the legislature.

This legislation also makes important changes to current statute. The bill assigns responsibility to the Education Department to review pharmacists’ credentials and experience and determine whether the pharmacist meets the criteria for advanced practice that are specified in the bill. A SED-certified CDTM pharmacist could then enter into collaborative practice agreements with physicians/nurse practitioners/physician assistants in any setting and across all settings. This approach is consistent with additional certification that a pharmacist may earn as an immunizer, as well as opportunities for certification in other licensed professions.
The qualifications for CDTM certification in the bill are rigorous and include documented extensive evidence of clinical services and additional coursework either through nationally accredited clinical residency programs, board certifications or other programs approved by the Board of Pharmacy. This level of CDTM qualification goes beyond what is required in most other states, but it is consistent with other policies in New York with regard to scope of practice expansions.

What makes passage of CDTM legislation more compelling at this time is that healthcare delivery is changing dramatically, documented by two recent reports. The 2011 Report to the Surgeon General entitled Improving Patient and Health System Outcomes through Advanced Pharmacy Practice is a 95-page extensively footnoted national report that describes pharmacist collaboration with primary care providers as a new paradigm of care. This entire report is included in the SED report to the NYS legislature cited earlier. More recently, a report entitled The Expanding Role of Pharmacists in a Transformed Health Care System released in 2014 by the National Governor’s Association comments in the introduction that “The healthcare system is undergoing a significant transformation in both the finance and delivery of health services” and recommends that states develop policies that permit pharmacists to practice within the full scope of their professional training across the health care continuum.

Today Medicaid and Medicare payment policies are increasingly being driven by clinical outcomes data, established treatment guidelines for chronic diseases, and value-based payment methodologies. Integrating pharmacists into clinical teams is a well documented strategy for improving care and managing costs along these lines. Pharmacists practicing both within institutions such as hospitals and nursing homes as well as in community settings can meaningfully affect the total cost of care as well as the quality of care. Building on the overwhelmingly positive experience and successful outcome of pharmacist-physician collaborations in New York’s teaching hospitals, in our view the Legislature can confidently pass this bill into law.