

MEDICAL SOCIETY
of the
STATE OF NEW YORK

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Division of Governmental Affairs
MEMORANDUM IN OPPOSITION

IN SENATE FINANCE COMMITTEE

S.2507 (BUDGET)

**IN ASSEMBLY WAYS & MEANS
COMMITTEE**

A.3007 (BUDGET)

**MSSNY STATEMENT OF OPPOSITION TO HEALTH/MENTAL HYGIENE ARTICLE VII PROPOSALS TO
INAPPROPRIATELY EXPAND THE SCOPE OF PRACTICE OF PHARMACISTS**

We are writing to you to express our **strong objection** to several proposals contained in the Governor's proposed State Budget (Part P of the Health/Mental Hygiene Article 7 bill) that may jeopardize patient care by greatly expanding the scope of services provided by pharmacists. We are very concerned that these proposals would greatly enhance the power of corporate giants such as CVS and Walmart to control various aspects of patient care delivery not in coordination with but to exclusion of community-based primary care and specialty care physicians who typically manage a patient's care. **Therefore, we urge that these provisions be rejected from the State Budget for Fiscal Year 2021-22.**

Specifically, these Budget proposals would 1) permit pharmacists to order various lab tests without oversight and without any requirement to coordinate with the patient's physician for follow-up care; 2) exponentially expand the existing physician-pharmacist Collaborative Drug Therapy Program to enable pharmacists adjust and prescribe the medications provided to entire classes of patients rather than individual patients and 3) eliminate the State Legislature discretion to decide which additional immunizations can be provided by pharmacists by permitting pharmacists the power to administer any vaccination approved by the federal Advisory Commission on Immunization Practices (ACIP), including those that may be added in the future.

The proposal to permit pharmacists to independently administer lab tests is completely at odds with the patient centered medical home model that New York State has sought to promote and would lead to siloed patient care rather than integrated care. The present system recognizes that CLIA-waived testing of patients by pharmacists must be under an established protocol and supervision of a physician, or other primary care provider, who can help the patient to interpret the test results, provide needed context and most importantly set forth a care plan for the patient should the results require further medical intervention. This Budget proposal does not provide for coordination with a patient care physician which would completely upend the existing model for coordinated diagnostic testing and lead to disjointed, uncoordinated care.

The proposal to change the collaborative drug therapy program would endanger patient care by removing the existing statutory requirement that the patient drug management protocols be specific to each patient, and instead enable practitioners to enter arrangements with pharmacists to manage medications for large numbers of patients on a non-individualized patient basis. It also appears to even remove the requirement for patients to have to consent to have their medications be adjusted by pharmacists under these collaborative models after an initial prescription by a physician. Even more alarming is proposed language that would change state law to define the adjustment of a prescription written by a physician as a "prescription" by the pharmacist –

an enormous precedential change. We also object to the inclusion of nurse practitioners as a professional who can enter into such an arrangement without any specification as to the types of conditions that could be subject to such a protocol.

While we support the current existing program that has been in effect for several years that recognizes the uniqueness of each patient in establishing the collaborative drug management protocol, the Budget proposal would give pharmacists enormous new powers to adjust a physician's prescription. Recognizing that the existing program between physician and pharmacists has been successful, MSSNY has suggested that it could be expanded in a more narrowly tailored manner to enable physicians and pharmacists to enter into these protocols for managing the care of patients outside of a hospital or other Article 28 setting. However, we are very concerned that the current proposal jeopardizes patient care in expanding this program in such an enormous manner.

We are also very concerned with the proposal to eliminate the discretion of the State Legislature to add additional vaccinations to the list of those that can be administered by a pharmacist, and rely instead upon a federal workgroup to make such determinations. This would have the effect of immediately increasing from 8 to 17 the number of vaccinations pharmacists can administer, a number which could increase even further based upon future vaccinations approved by this federal workgroup. Again, this proposal removes the discretion of the Legislature to add additional immunizations as circumstances and patient safety considerations warrant. Moreover, we are very concerned that this proposal would cause further fragmentation of care delivery and is not conducive with the concept of creating a patient "medical home". As more and more patient care is relegated to pharmacists and other non-physician providers, the concept of a patient medical home is eroding and will ultimately be destroyed.

All of these programs together have the great potential to threaten patient safety, and would incentivize the development of health care silos at the expense of the patient centered medical home model we have worked so hard to develop in New York. It would also marginalize community based primary care and specialty care physicians' ongoing ability to manage their patients' care needs.

For all of the reasons stated above, we urge that these proposals be rejected from the final Budget adopted for FY 2021-22.

2/2/21
MMA - oppose

Respectfully Submitted,

MSSNY DIVISION OF GOVERNMENTAL AFFAIRS