



**Focus of Community Pharmacy:  
Access. Trust. Wellness.**

**Testimony for the  
Joint Legislative Budget Hearing on Health/Medicaid**

**February 10, 2026  
9:30AM  
Hearing Room, LOB**

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Senate Finance Committee Chair Krueger, Assembly Ways & Means Chair Pretlow, Senate and Assembly Health Chairs Rivera and Paulin and other members of the Committees, the Community Pharmacy Association of New York State (CPANYYS) would like to thank you for your strong past support of local, community pharmacies in New York and for the opportunity to testify today related to the State Fiscal Year (SFY) 2026-27 State Budget.

CPANYYS represents community pharmacies of all types and sizes, and in every county across the State. Together, we are focused on protecting patient access to pharmacy care and strengthening the role that pharmacists can play as part of the health care team to improve patient health outcomes while reducing costs.

Below please find an outline of our budget and related priorities for SFY 2026-27.

***Health/ Mental Hygiene Article VII Budget Bill (S9007/A10007)***

**Protect and Expand Access to Vaccine Care**

The Health/Mental Hygiene Article VII Executive Budget Bill (S9007/A10007), Part N, Subpart A includes a proposal to authorize medical assistants to administer immunizations. Consistent with this proposal, CPANYYS and many other partners strongly support S7025A sponsored by Senator Cooney and A5152A, sponsored by Assemblymember Solages to codify the ability of registered pharmacy technicians to administer vaccinations under the direct supervision of licensed pharmacists. **Given its importance and urgency, we ask that this measure be added to the one-house and final budget.**

- **Codifying Registered Pharmacy Technician Vaccinations in NYS:**

In 2019, New York State enacted a law which created the profession of “registered pharmacy technician.” It established in law the tasks and duties that such individuals may perform under the supervision of licensed pharmacists and established the training and competency requirements of registered pharmacy technicians including completion of a nationally accredited pharmacy technician certification program. Importantly, the law brought registered pharmacy technicians under the oversight of the State Education Department. However, the law limited the practice settings where registered pharmacy technicians may practice to Article 28 (hospital) facilities or pharmacies owned and operated by such facilities. In 2025, a law was enacted to address this by enabling registered pharmacy technicians to practice in all pharmacy settings including community pharmacy.

Building on these actions, New York must also codify in state law the ability of registered pharmacy technicians to administer immunizations under the direct supervision of licensed pharmacists if they meet the same training and other requirements of licensed pharmacists who have been giving immunizations in New York since a law was passed in 2008. In October 2020, early in the COVID-19 pandemic, federal rules authorized trained pharmacy technicians to administer COVID-19 and Influenza vaccinations to those aged three and older (federal PREP Act) under the supervision of pharmacists. This authorization has been critical to enable pharmacies to respond to the significant needs for vaccinations throughout the

pandemic- serving as the leading source of vaccine care in this country.

Pharmacy technicians continue to play a vital role in assisting pharmacist in offering vaccines in community pharmacies, hospitals, vaccine clinics and other settings under the direct supervision of pharmacists. This includes giving pharmacies the ability to offer flu clinics and other off-site opportunities to bring flu and COVID-19 directly to members of their community with additional pharmacy personnel available to assist with vaccinations.

Late in 2024, the federal PREP Act was extended by President Biden through 2029, however we are concerned that this could be rescinded at any point by the new federal Administration. In response, every other state except New York, Texas and Mississippi has taken action to codify the ability of pharmacy technicians to assist with vaccinations under the supervision of pharmacists. New York must do the same. Please included this proposal in the one-house and final state budget for SFY 2026-27.

- **Include Vaccine Integrity Act in Budget:**

CPANYS also supports legislation (S8496-B, Hinchey/ A9060-B, Paulin) to create in statute an alternative to the CDC's Advisory Committee on Immunization Practices (ACIP) for recommended vaccination through the Commissioner of Health based on national medical guidelines. The bill also ensures that state-regulated insurers will cover vaccines administered pursuant to Department of Health guidelines.

With the recent turbulence of the federal vaccine landscape, including the weakening of ACIP, ACIP's actions to limit recommendations for Covid-19 and downgrade of the childhood vaccination schedule, as well as disinformation being spread about vaccines by the federal administration, vaccine uncertainty is at an all-time high. New York's leadership has been crucial and CPANYS commends Governor Hochul and the NYS Department of Health (DOH) for issuing Executive Order 52 this fall, ensuring New Yorkers can continue to conveniently receive Covid-19 vaccines at pharmacies, as well as making clear that NYS' Hepatitis B vaccination practices and existing childhood vaccination policies remain unchanged.

However, a long-term solution is needed to protect immunization access in our state as currently, pharmacists in NYS can only provide vaccinations pursuant to a standing order for vaccines as recommended by ACIP. Given this, CPANYS supports this legislation which would create a permanent alternative to ACIP.

Doing so would ensure that physicians, pharmacists, and other healthcare professionals in New York can order and administer vaccines based on state guidance developed by DOH which will utilize recommendations of the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American College of Physicians. Critically, the bill leaves intact New York's ability to rely on ACIP's guidance if and when the body is reliable again and requires insurance coverage for the recommended vaccines. We urge inclusion of this proposal in the one-house budget bills and final state budget.

### **Expand Access to Point-of-Care Testing & Treatment**

The Health/Mental Hygiene Article VII Executive Budget Bill Part B also includes a proposal to make permanent the ability of licensed pharmacists to serve as Limited-Service Lab directors to order and administer COVID-19 and Influenza tests. CPANYS is very supportive of this and encourages the Legislature to expand this proposal to include other important point-of-care tests that can be administered by licensed pharmacists as well as treatment initiation for certain conditions, upon a positive test result.

- **Expand Point-of-Care Testing in Budget:**

CPANYS is very supportive of legislation (S1619, Rivera/ A3285, McDonald) to authorize pharmacists to serve as Limited-Service Laboratory (LSL) directors to order and administer additional CLIA-waived tests.

Pharmacists in New York are currently authorized to serve as Limited Services Lab (LSL) Directors and to order and administer COVID-19 and Influenza testing. This has resulted in expanded access to such point-of-care tests and patients have had a highly positive experience receiving these important tests by highly qualified pharmacists.

We would encourage lawmakers to broaden the list of tests pharmacist can order and administer as included in this legislation to add tests for respiratory syncytial virus (RSV), Group A Streptococcal, HbA1c, Hepatitis C and HIV. Doing so, will make such tests more accessible to patients and ultimately lead to more expedient diagnoses so patients may commence treatment regimens more quickly.

CLIA- waived tests are defined as simple laboratory examinations and procedures that have an insignificant risk of an erroneous result. Pharmacists are well qualified to order and administer CLIA-waived tests, given their extensive training and expertise. Further, the very convenient locations and accessible hours of pharmacies have enabled them to provide tests very effectively in their communities. New Yorkers continue to respond very positively to accessing these screening tests, similar to vaccines, from their pharmacists.

In most states, members of the public can walk into any pharmacy, ask the pharmacist to perform a simple test and receive the results quickly. Improving accessibility to CLIA- waived tests such as the rapid HIV test, tests for strep and helping individuals better manage their diabetes through A1c testing will improve public health. A positive test result will prompt an individual to seek care, thereby reducing the number of untreated individuals who will inevitably become sicker and require higher, costlier levels of care. Untreated infections lead to greater incidence of disease.

As New York continues to grapple with the need to increase access to healthcare, expand coverage and address increasing costs, it is important to recognize the value that pharmacists bring to patient care. Expanding the role that pharmacists can play as part of the healthcare delivery team makes the system more efficient, improves therapeutic outcomes and is well received by patients. We urge inclusion of this measure in the one-house budget bills and final state budget to break down access barriers to essential testing, especially in underserved communities.

- **Expand Access to Treatment in Budget:**

CPANYS also supports S4501, Rivera/ A2534, McDonald to enable pharmacists to begin the initial stages of care following a positive test result for COVID-19, Streptococcal A and Flu patients in accordance with State Department of Health Protocols. Further, the bill calls for the establishment of procedures between pharmacists and other healthcare practitioners, including but not limited to required communications from pharmacists to a patients' clinician(s) regarding test or care results from such point-of-care testing to ensure continuity of care.

During the COVID-19 pandemic, licensed pharmacists were given the authority by Executive Order to serve as LSL Directors to order and administer COVID-19 and Influenza tests. Pharmacists are well qualified to order and administer CLIA-waived tests, given their extensive training and expertise. They are also well suited to provide initial care upon receiving a positive test result. Under the federal PREP Act, pharmacists have been given authorization to provide the recommended treatment to patients for a positive COVID-19 test. This should be extended and expanded to other common respiratory diseases.

The very convenient locations and accessible hours of pharmacies have enabled them to provide CLIA-waived tests very effectively in their communities. New Yorkers continue to respond positively to accessing these screening tests, similar to vaccines, through their pharmacies. As important, is providing direct care at the outset of diagnosis for Strep, Covid and the Flu which will help to mitigate the spread of disease and improve patient outcomes. Untreated infections lead to greater incidence of disease and can impact overall health.

As New York continues to grapple with the need to increase access to healthcare, expand coverage and address increasing costs, it is important to recognize the value that pharmacists bring to patient care. Expanding the role that pharmacists can play as part of the healthcare delivery team makes the system more efficient and cost-effective, improves therapeutic outcomes and is well received by patients.

We urge inclusion of this proposal in the one-house budget bills and final state budget.

Both of these measures to increase access to point-of-care testing through community pharmacies and enable a patient to initiate treatment following a positive test will have a positive fiscal impact as lack of access to care and testing drives patients into emergency departments and far more costly care settings. This drives up costs for the patients and the healthcare system as a whole. In addition to providing this authorization for licensed pharmacists, the state must also ensure insurance coverage so patients are able to utilize these convenient, trusted access points and not have to pay out of pocket. Without coverage, they will continue to use the higher cost settings or forego testing and treatment altogether.

**Protect Patient Access to Pharmacy Care**

CPANYS has been strongly supporting and advocating for the advancement of legislation, entitled the Patient Access to Pharmacy Act (S5939B, Skoufis/ A5882B, McDonald) to provide a

minimum reimbursement level that pharmacy benefit managers (PBMs) must pay participating pharmacies in state-regulated commercial insurance plans.

New York State has been a leader in enacting a number of requirements and reforms to regulate PBM practices in order to protect patient access to essential medication and other pharmacy care provided by community pharmacies. This includes PBM licensure requirements, state oversight with the creation of a new PBM Bureau at the Department of Financial Services and a series of regulations related to PBM practices including most recently the adoption of Market Conduct regulations. Also, the state removed managed care plans from Medicaid to be directly administered through fee-for-service which has not only saved the state over \$500 million but also has brought some stability to pharmacies caring for patients with Medicaid. We greatly applaud these efforts.

However serious concerns remain related to the inadequate payments that PBMs provide to community pharmacies, which are often below their costs to actually procure and dispense prescription drugs for New Yorkers.

This legislation builds on the actions taken by the State Medicaid program which now reimburses pharmacies using a cost-based methodology both for medication costs and pharmacy costs to dispense drugs to patients. CMS federally has a national cost survey, entitled NADAC (National Average Drug Acquisition Cost) which states including New York use to set pharmacy ingredient or drug costs in Medicaid. Also, state and regional cost of dispensing surveys have been completed, and a fee has been identified for New York State. Using these surveys, the State Medicaid began in 2023 to pay pharmacies at NADAC plus the identified dispense fee of \$10.18 for covered outpatient drug reimbursement. What this bill would do is require that at a minimum, PBMs must pay pharmacies at this NADAC plus dispensing fee rate for state-regulated insurance plans.

Importantly this bill creates an appeals process right for pharmacies dispensing higher cost, specialty medications which may require special handling, increased delivery costs and other special services which increase pharmacy costs in order to ensure pharmacies receive an adequate dispensing fee to cover their costs in these instances.

Of note, we have heard arguments by PBMs and insurance plans that this bill will force them to increase premiums. This has not been the case in other states with similar laws and in New York when Medicaid move to a cost-based reimbursement model for pharmacies, it not only did not increase costs, they have saved over \$500 million.

The goal is to bring fairness and transparency to this process to ensure that community pharmacies are able to continue to meet the needs of their communities and stop PBMs practices of paying below-cost reimbursement rates. For these reasons, we urge the enactment of this proposal through the state budget.

### **Need NYS OMIG Audit Reform**

For over a decade, our Association has been actively engaged in an effort to seek reforms to the Office of the Medicaid Inspector General (OMIG) auditing processes, in partnership with providers and associations across the healthcare sector and continuum. OMIG's practices are threatening the financial viability of providers and programs serving those enrolled in Medicaid. These practices are not targeting fraud, waste and abuse, but rather clerical, technical or administrative errors by providers which are unintentional and correctible. Rather than allow

providers to correct errors and make improvements to prevent repeat errors, OMIG take punitive action utilizing extrapolation and taking a clerical error which may relate to a claim of a couple hundred dollars and demand a provider recoupment of hundreds or thousands or millions of dollars. This is untenable and unsustainable.

We commend the Legislature for hearing these concerns and passing legislation in 2022 to address these practices and inject fairness, transparency and guard rails into OMIG audits. However, Governor Hochul vetoed that bill. In her veto message the Governor directed OMIG to *“engage the healthcare provider community and Medicaid stakeholders to solicit input on the concerns... perform a comprehensive review of the agency’s program integrity process and identify areas for improvement... commit to conducting program integrity activities in a responsible manner that includes consideration of financial impacts on providers and assured continuity of care for Medicaid recipients.”*

We are unaware of any reforms being enacted since this veto and based on feedback from members and other providers, unfair auditing activities continue unabated. In the 2023 Annual Report of OMIG (latest available on its website), OMIG said it had completed nearly 3,000 audits and investigations that year, resulting in over \$4 billion in cost savings and recoveries. Now more than ever, we must ensure that OMIG is focusing on actual fraud, waste and abuse and not clerical errors by honest providers who are providing essential services for New Yorkers.

The OMIG Audit Reform legislation passed by the Legislature in 2022 has been amended to address concerns raised. We respectfully urge the inclusion of the 2026 legislation (A1069A, Paulin/S4955A, Harckham) in your one-house budget bills and in the final state budget to protect access to critical healthcare services for those enrolled in Medicaid.

Thank you for your consideration of our comments regarding the SFY 2026-27 budget. The shared goal of our members is to ensure patient access to high quality pharmacy care throughout the State. Please continue to see our Association and members as a resource on any pharmacy or health-related topic where we can be of assistance.