



New York State Council of  
Health-system Pharmacists

## **Testimony**

### Joint Legislative Hearing on 2026-2027 Budget *Health/Medicaid*

February 10, 2026  
Legislative Office Building  
Albany, NY

Honorable Chairs and Members of the Committees, thank you for the opportunity for the New York State Council of Health-system Pharmacists (NYSCHP) to submit testimony related to the SFY 2026-27 Budget. NYSCHP represents pharmacy professionals practicing in health care facilities throughout New York State. Our approximately 2,000 members include pharmacists, pharmacy technicians, and pharmacy students. For over fifty years, NYSCHP has been at the forefront of efforts to improve medication use, enhance patient safety, and support practicing health-system pharmacists and pharmacy technicians.

Following review of the SFY 2026-27 Executive Budget, provide below is our feedback and recommendations related to a number of provisions.

### ***Collaborative Drug Therapy Management***

The [\*\*Health/Mental Hygiene Article VII Executive Budget Bill\*\*](#) (S9007/A10007), Part B proposes to make the laws that relate to the state's Collaborative Drug Therapy Management (CDTM) program permanent. Without action this would expire on July 1, 2026. Given the strong success of this program which has been in place since 2011, **NYSCHP is very supportive of this proposal to remove the current sunset every two-years and make it permanent.**

Fifteen years ago, the CDTM program was created in New York as a pilot program in certain health facilities. Under the program, licensed pharmacists have collaborative agreements with physicians to be able to provide expanded clinical services for patients with chronic diseases. Through the program, pharmacists utilize their extensive clinical training to assess the drug therapies used by patients and help to better manage and adjust drug regimens to improve patient adherence, health and outcomes. Since its initial enactment the program has been extended multiple times and expanded to include all Article 28 health facilities, which includes hospitals, nursing homes with pharmacies and diagnostic and treatment centers.

A [report](#) conducted by the State Education Department which looked at the initial CDTM demonstration project found that the CDTM services had improved patient health and outcomes, enhanced patient satisfaction and demonstrated opportunities for substantial financial savings by better managing patients with chronic conditions like diabetes, heart disease and control of anticoagulation, among others. This includes preventing adverse drug reactions and other adverse drug events, and preventing hospitalizations, ED visits and other costly care.

As CDTM has been implemented across the state, there are countless examples of its success and the important role that the program is playing in improving patient care. In 2025, a CDTM program implemented in Saranac Lake was profiled in an [article](#) in the Adirondack Daily Enterprise. The clinical pharmacist who established the program shared that "*their (patient's) HbA1c came down to 7.2%. We continued to refine their meds further and now their HbA1c has been below 6.5% for months. They are proud of what they accomplished, and I am happy to have helped them get below their goal HbA1c after years of uncontrolled diabetes.*"

New York's highly successful CDTM program is over 15 years old and is no longer a pilot or experiment. It has been proven to achieve several important goals in improving the care and outcomes for patients with chronic conditions. The need to revisit and renew the program every other year is inefficient and unnecessary. **New York's law governing the CDTM program should be made permanent, as proposed. Ultimately if there is a reluctance to do so we would at minimum ask that it be extended for a longer period such as 4-5 years to support its continued use and expansion by health systems across the state.**

### ***Pharmacist Point-of-Care Testing***

The [\*\*Health/Mental Hygiene Article VII Executive Budget Bill\*\*](#) (S9007/A10007), 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. **NYSCHP is supportive of this proposal and would urge that it be expanded to other needed CLIA-waived tests that can safely and conveniently be provided by licensed pharmacists, in the final budget.**

NYSCHP is supportive of S1619, sponsored by Senator Rivera and A3285, sponsored by Assemblymember McDonald to add tests for respiratory syncytial virus (RSV), Pharyngitis resulting from a Group A Streptococcal infection, HbA1c to test blood sugar levels for individuals with diabetes, Hepatitis C and Human Immunodeficiency Virus (HIV) that may be ordered and administered by licensed pharmacists.

CLIA- waived tests are defined as simple laboratory examinations and procedures that have an insignificant risk of an erroneous result. During the COVID-19 pandemic, pharmacists played a critical role responding to the public health crisis, including providing very convenient access to high quality COVID-19 testing pursuant to an Executive Order. In 2022, New York State codified the authority for licensed pharmacists to serve as Limited Services Lab (LSL) Directors to order and administer two CLIA-waived tests for patients: COVID-19 and Influenza. This expanded patient access to point of care testing in their communities to quickly identify infections to patients can begin treatment sooner.

Licensed pharmacists are highly trained and among the most trusted and accessible healthcare providers in our communities across the State. Expanding access points for needed testing is especially important for underserved communities which already struggle with many disparities and challenges in accessing providers and the healthcare system. If individuals with symptoms of RSV or Strep, for example, are able to be tested by their local pharmacist, they can begin treatment more quickly. This would be particularly helpful during evenings and weekends when other providers are unavailable.

Further, pharmacists in all pharmacy settings should be able to work closely with patients who have diabetes to help them to test for and manage their blood sugar if needed. Finally, the state has prioritized early detection of Hepatitis C and HIV to help individuals to seek care and treatment and prevent further incidence of disease. Pharmacists can and should play a

greater role in achieving these important goals.

**NYSCHP urges the inclusion of these additional CLIA-waived tests that pharmacist may order and administer in the one-house and final budget** to address patient access barriers to point of care testing, enable early detection of illness and expedite treatment, especially in underserved communities. Doing so will improve patient outcomes and prevent the spread of disease leading to significant savings to the healthcare system.

### ***Expanding Vaccine Access***

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. NYSCHP recommends that the one-house and final budget bills codify in state law the ability of registered pharmacy technicians to administer vaccinations under the supervision of licensed pharmacists, consistent with S7025A, sponsored by Senator Cooney and A5152A, sponsored by Assemblymember Solages.

In October 2020, the federal PREP Act was put in place in response to the COVID-19 pandemic. Under the PREP Act, trained pharmacy technicians are authorized to administer COVID-19 and Influenza vaccinations to individuals ages three and older. This authorization was critical to enable community and facility-based pharmacies to respond to the significant needs for vaccinations- serving as the leading source of vaccine care in this country.

Having additional, trained personnel to provide vaccines has given pharmacies the ability to offer flu clinics and other off-site opportunities to bring flu and COVID-19 vaccines directly to patients where they are. Unfortunately, this federal authorization for pharmacy technicians to administer vaccinations is temporary. President Biden acted at the end of 2024 to extend allowances for pharmacy technicians to administer vaccines until 2029. However, there is no guarantee that these temporary allowances will remain in place for the next three years since the new Administration could rescind the Act at any point, similar to many other vaccine policies that have been changed or reversed in recent months.

All but three states – Mississippi, Texas and New York - have taken action to codify the ability of pharmacy technicians to administer vaccinations. New York must do the same to protect access to vaccinations. Registered pharmacy technicians are licensed by the State Education Department (SED) and work under the supervision of licensed pharmacists. Consistent with S7025A/A5152A, registered pharmacy technicians meet additional requirements to ensure that they receive the same training in vaccine administration and certification in CPR and First Aid as licensed pharmacists. To give vaccines, registered pharmacy technicians also need to obtain an immunization certificate from SED, after receiving all required training and demonstrating competence.

New York must not rely on the federal government and its temporary authorization to enable pharmacy technicians to continue to assist local pharmacists in ensuring that their communities

have access to disease preventing, and lifesaving vaccinations. **We urge the inclusion of a proposal to codify in state law the ability of registered pharmacy technicians to administer vaccinations under the supervision of licensed pharmacists in the one-house and final budget bills**, consistent with S7025A, sponsored by Senator Cooney and A5152A, sponsored by Assemblymember Solages.

## Insurance Reforms

NYSCHP support the insurance reforms proposed in the [Transportation, Economic Development & Environmental Conservation \(TED\) Article VII Bill](#) (S9008/A10008), Part HH of the Executive Budget.

The proposal includes the following requirements for state-regulated commercial insurers:

- **Utilization Review Reporting:** To annually provide utilization review information to the Department of Financial Services (DFS) including: the number of pre-authorization requests received, the number of requests which were authorized, the number of requests for which an adverse determination was issued, the number of requests for which an adverse determination was appealed, the number of requests for which an adverse determination was reversed on appeal, the number of requests for which an adverse determination was upheld, the 25 current procedural terminology codes with the highest number of pre-authorization requests and the percentage of authorizations for each of these, the 25 current codes with the highest number of pre-authorization requests for which an authorization was issued, the 25 current codes with the highest number of pre-authorization requests for which an adverse determination was issued and the 25 current codes with the highest number of pre-authorization requests for which an adverse determination was issued. This information would be used to produce an annual health insurance consumer guide.
- **Limiting Utilization Reviews:** To limit the number of utilization reviews that can be conducted against an insured individual when experiencing a chronic health condition to no more than once per year for a course of treatment starting from the date of a pre-authorization approval.
- **Expand Out-of-Network Coverage:** To expand “continuity of care” - the period insurers must cover out-of-network treatment - for individuals enrolling in a new health insurance company from 60 to 90 days for people with a life-threatening disease or condition or a regenerative and disabling disease or condition. For individuals that are pregnant at the time of enrollment, care shall be covered for the duration of the pregnancy and postpartum care.
- **Posting Drug Formularies:** To require insurers to publish formulary prescription drug lists on their public websites to ensure ease of accessibility for health care providers and other interested parties in determining the medications that each insurance plan covers.

We support this proposal to bring greater transparency on insurer drug formularies, and their use of utilization review and prior authorization, and related denials and appeals. The proposal also expands patient access to out-of-network treatment while limiting the use of utilization review for individuals with chronic conditions. **We urge inclusion of this proposal in the one-house and final budget bills.**

Thank you for the opportunity to submit testimony related to the SFY 2026-27 Budget. We appreciate your consideration of our comments and recommendations.

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