



Grassroots Toolkit to Advocate For NYSCHP's 2026 Priorities

February 2026

Introduction

The 2026 NYS Legislative session is in full swing. It began on January 7th and is scheduled to run through June 4th. While state budget negotiations will dominate lawmakers' attention through March (final budget due April 1st), now is a good time for local, grassroots outreach to your own Senate and Assembly representatives to discuss the budget and legislative priorities of importance to health-system pharmacists and the patients you serve.

Outreach can include scheduling meetings with your legislators on the days they are home in their [district offices](#) (typically Thursdays and Fridays). Also calling their offices and asking to speak with their Legislative Directors provides a good opportunity to discuss NYSCHP's priorities and follow up with an email sharing our Advocacy Materials, as included in this packet.

At the links below we have included the Senate and Assembly websites. If needed, we have also included the links to identify your representatives by entering your home address.

Senate: www.nysenate.gov

- Senator Search: <https://www.nysenate.gov/find-my-senator>

Assembly: www.nyassembly.gov

- Assemblymember Search: <https://nyassembly.gov/mem/search/>

Below we have provided Talking Points and important background information on each priority. We have also included the following memos which can be used to learn more about the legislation and NYSCHP's position. The memos are also for "leave behinds" following your local meetings or to email in follow up to phone calls to legislators' offices:

- NYSCHP Memorandum in Support of CDTM proposal in SFY 2026-27 Executive Budget
- NYSCHP Memorandum in Support of legislation to expand CLIA-waived Testing by Pharmacists
- NYSCHP Memorandum in Support of legislation to authorize Pharmacists to Initiate Treatment following a positive test result for certain conditions
- NYSCHP Memorandum in Support of legislation to authorize Registered Pharmacy Technicians to administer Immunizations in State law
- NYSCHP Memorandum in Support of legislation to protect 340B Funding for Hospitals, Clinics and Patient Care

***These memos are embedded below the Talking Points section of this toolkit, and can also be found in this Google Drive: [NYSCHP 2026 Advocacy Toolkit](#)**

Talking Points/Background on Priorities

I. SUPPORT Executive Budget Proposal to make Collaborative Drug Therapy Management (CDTM) law permanent.

Status: Proposed by Governor Hochul in her SFY 2026-27 Executive budget, [Health/Mental Hygiene Article VII bill](#), Part B (S9007/A10007) released on January 20th.

Talking Points:

- New York first authorized CDTM as a pilot in 2011. The program has been extended every other year and was expanded to authorize pharmacists in all Article 28 healthcare facilities (hospitals, clinics and nursing homes with a pharmacy) to participate if they meet rigorous qualifications. The law is set to expire 7/1/26.
- CDTM enables pharmacists to provide additional clinical services to patients with serious and chronic conditions like cancer, diabetes, heart disease, anticoagulation management and others to better manage their complex medication regimes.
- CDTM has been highly successful by improving patient health and outcomes and reducing costs. CDTM is widely offered at Article 28 hospitals, nursing home and clinic facilities around the state.
- CDTM program should be made permanent as the Executive budget proposed.

Ask: Please support the inclusion of this proposal to make CDTM permanent in your “one-house” budget bills and the final State Budget. At minimum, the proposal should be extended for a longer period of at least 4 or 5 years.

II. SUPPORT Legislation to Expand Pharmacist CLIA-Waived Testing ([S1619, Rivera/A3285, McDonald](#))

Status: Passed Senate; Assembly Higher Education committee

Talking Points:

- During the COVID-19 pandemic, licensed 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 greatly expands patient access to point of care testing in their communities to quickly identify infections and begin treatment.
- This legislation would build on this success by adding 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.
- The bill also extends the effective date of the authorizing statute to July 1, 2028 (current sunset date is this year on July 1, 2026). **Note, The SFY 2026-27 Executive budget proposes to make pharmacist authority for COVID and Flu Testing permanent which NYSCHP supports, while urging its expansion*
- Licensed pharmacists are highly trained and among the most trusted and accessible healthcare providers in communities across our State. By expanding access points for needed testing, this bill will be especially important for underserved communities which already struggle with many disparities and challenges in accessing providers and the healthcare system.

Ask: Focus on Assemblymembers since the Senate has passed the bill. Ask Assemblymembers to co-sponsor the bill if they have not already done so and ask for their help and support to advance the bill through the Assembly this session.

Current Cosponsors:

Senate: RIVERA, ADDABBO, BORRELLO, FERNANDEZ, GALLIVAN, GOUNARDES, HELMING, JACKSON, KRUEGER, MAY, MURRAY, SALAZAR, SEPULVEDA, SKOUFIS, WEBB, WEIK

Assembly: MCDONALD, SAYEGH, SEAWRIGHT, MEEKS, JONES, JENSEN, LUPARDO, STIRPE, BUTTENSCHON, LUNSFORD, SIMON, SIMONE, LEVENBERG, BLUMENCRANZ, HEVESI, RAMOS, LAVINE, MILLER, BRONSON, ZACCARO, COLTON, DAVILA, ANGELINO, BENDETT, BOLOGNA, GRAY, MCMAHON, WIEDER, STECK, KAY, K. BROWN, CRUZ, CLARK, MCDONOUGH, MANKTELOW, MIKULIN, MAHER, WOERNER; M-S: Tague

III. SUPPORT Legislation to Authorize Pharmacist Treatment Initiation ([S4501, Rivera/A2534, McDonald](#))

Status: Senate & Assembly Higher Education committee

Talking Points:

- This legislation would authorize a licensed pharmacist to initiate treatment for COVID-19, influenza, and pharyngitis resulting from group a streptococcal infection upon a positive test result. This authority would be pursuant to a protocol developed by the State Commissioner of Health which would, at a minimum, include patient safety, record keeping, referral for treatment and continuity of care. The protocol would also include requirements to report the care provided to a patient's primary care provider and if a patient does not have a primary care provider, the pharmacist would help to connect the patient to local providers in the area.
- This legislation builds on existing law authorizing licensed pharmacists to order and administer COVID-19 and Influenza testing by enabling a pharmacist to provide the initial treatment for these illnesses to prevent disease progression and risk of infecting others. The bill also includes Group A Streptococcal infection which a pharmacist could initiate treatment for if a patient has a positive test result.
- Pharmacists have extensive clinical training in pharmacology, medication management, adherence and contraindications. They are very well-positioned to initiate treatment for patients who have Group A Strep, COVID-19 and Influenza.
- By expanding access points for needed testing and treatment, especially in underserved communities licensed pharmacists can greatly improve patient health and outcomes, while preventing the spread of infectious disease and ultimately reduce costs to the healthcare system.

Ask: Urge Senators and Assemblymembers to co-sponsor the bill if they have not already done so and ask for their help and support to advance the bill through their house this session.

Current Cosponsors:

Senate: RIVERA, ADDABBO, BORRELLO, CHAN, GALLIVAN, MAY, ROLISON, SALAZAR, SEPULVEDA, WEBB, WEIK

Assembly: MCDONALD, BLUMENCRANZ, SIMONE, SEAWRIGHT, RAMOS, LAVINE, LUNSFORD, BRONSON, ZACCARO, COLTON, MEEKS, DAVILA, ANGELINO, BENDETT, LEVENBERG, BOLOGNA, GRAY, MCMAHON, WIEDER, STECK, KAY, JACOBSON, K. BROWN, BUTTENSCHON, ROMERO, SHIMSKY, SMULLEN, MORINELLO, REYES,

BRABENEC, SANTABARBARA, MANKTELOW, PALMESANO, MCDONOUGH, NOVAKHOV, MAHER, WOERNER, STIRPE

IV. SUPPORT Legislation to Codify in State Law the Ability of Registered Pharmacy Technician to Administer Vaccination ([S7025A, Cooney/ A5152A Solages](#))

Status: Moved from Senate Higher Education committee to Senate Floor 2/10/26; Assembly Higher Education committee

Talking Points:

- This legislation would authorize in state law the ability of registered pharmacy technicians to give immunizations. Pharmacy technicians may currently provide vaccines to prevent COVID-19 and Influenza under federal rules signed by President Biden (PREP Act) which is set to expire 2029 but could be rescinded anytime by the new federal Administration.
- “Registered pharmacy technicians” are licensed by the State Education Department (SED). They may perform specific tasks under the supervision of licensed pharmacists after meeting training and competency requirements including national certification.
- In authorizing registered pharmacy technicians to give vaccines, this legislation establishes additional requirements to ensure that they first receive the same training in vaccine administration and certification in CPR and First Aid as licensed pharmacists who are certified immunizers.
- Pharmacy technicians have played an important role in assisting pharmacists in hospitals, other healthcare facilities and community pharmacies with meeting the needs of their communities by assisting with vaccine care, under the federal authorization. Having additional, trained personnel to provide vaccines has given pharmacies the ability to hold flu clinics and off-site events as community and senior centers, among other locations to bring disease- preventing vaccines directly to patients.
- Since the federal authorization is temporary, all but three states (New York, Texas and Mississippi) have codified the ability for pharmacy technicians to administer vaccinations. New York must act this year to do so.

Ask: Urge Senators and Assemblymembers to co-sponsor the bill if they have not already done so and ask for their help and support to advance the bill through their house this session.

Current Cosponsors:

Senate: COONEY, ADDABBO, BORRELLO, FERNANDEZ, GALLIVAN, HINCHEY, MAY, ROLISON, C. RYAN, SALAZAR, WEBB, WEIK

Assembly: SOLAGES, BRONSON, COLTON, ANGELINO, SIMONE, LEVENBERG, SHRESTHA, STIRPE, P. CARROLL, MCMAHON, KAY, LUPARDO, CHLUDZINSKI, LUNSFORD, BOLOGNA, MCDONALD, REYES

V. SUPPORT Legislation to Protect 340B Funding for Hospitals, Clinics & Patient Care ([S1913, Rivera/ A6222, Paulin](#))

Status: Senate Finance and Assembly Health committees

Talking Points:

- The legislation would prohibit a pharmaceutical manufacturer, pharmacy benefit manager (PBM), or other entity from directly or indirectly imposing additional requirements or restrictions on the use of contract pharmacies by covered entities under the 340B program.

- The 340B is a federal program which provides additional financial support to providers serving vulnerable populations in underserved communities. The 340B program requires drug manufacturers to provide discounts on outpatient drugs to hospitals, clinics and other eligible healthcare providers located in low-income, rural or urban areas, in medically underserved communities. Providers are able to utilize these discounts to provide additional services, programs and resources for high-need patients.
- Recently, some drug manufacturers and PBMs have been imposing restrictions on providers covered under the 340B program (covered entities) which has resulted in fewer drug discounts and in turn, less resources to assist safety net providers in caring for underserved New Yorkers.
- This legislation ensures that drug manufacturers, PBMs and other entities comply with the federal program's intent and requirements. It also preserves the essential resources that this program provides to safety net providers and facilities to support the care and services for their patients.

Ask: Urge Senators and Assemblymembers to co-sponsor the bill if they have not already done so and ask for their help and support to advance the bill through their house this session.

Current Cosponsors:

Senate: RIVERA, ADDABBO, BASKIN, BROUK, CLEARE, COMRIE, COONEY, FAHY, FERNANDEZ, HARCKHAM, HINCHEY, JACKSON, KRUEGER, RAMOS, SALAZAR, SANDERS, SERRANO

Assembly: PAULIN, SIMONE, ROSENTHAL, SIMPSON, TAYLOR, SIMON, GONZALEZ-ROJAS, SHIMSKY, SANTABARBARA, LUNSFORD, LEMONDES, ZACCARO, BRONSON, GRIFFIN, MEEKS, WOERNER, SAYEGH, HEVESI, WEPRIN, LUPARDO, KELLES, BURROUGHS, FORREST, KASSAY, GIBBS, LEVENBERG, WRIGHT, SHRESTHA



New York State Council of
Health-system Pharmacists #

MEMORANDUM IN SUPPORT
**S4501, Senator Gustavo Rivera/
A2534, Assemblymember John McDonald**
Enable Treatment Initiation following Point-of-Care Testing

AN ACT to amend the education law, in relation to the definition of practice of pharmacy; and providing for the repeal of such provisions upon expiration thereof

The New York State Council of Health-system Pharmacists (NYSCHP) represents thousands of pharmacists practicing in health care facilities throughout New York State. NYSCHP supports this legislation to authorize pharmacists to begin treatment for certain ailments following a positive result through point-of-care testing.

In particular, this legislation would authorize a licensed pharmacist to initiate treatment for COVID-19, influenza, and pharyngitis resulting from group A streptococcal infection upon a positive test result. This authority would be pursuant to a protocol developed by the State Commissioner of Health which would, at a minimum, include patient safety, record keeping, referral for treatment and continuity of care. The protocol would also include requirements to report the care provided to a patient's primary care provider and others who provide healthcare treatment to the patient. Where a patient does not have a primary care provider, the pharmacist would help to connect the patient to local providers in the area.

The bill requires the Department of Health to create and regularly update a list of primary care providers on its website, including patient-centered medical homes, federally qualified health centers and other providers who serve Medicaid, low-income and uninsured patients, and people with disabilities.

Licensed pharmacists have been authorized to serve as Limited Service Lab directors and to order and administer CLIA-waived tests to identify COVID-19 and Influenza infection since 2022. This greatly expands patient access to point-of-care testing in communities across the state and provide additional, convenient access points to quickly identify infection. This legislation builds on the existing law by enabling a pharmacist to provide the initial treatment for these illnesses pursuant to the protocol established by the Commissioner of Health when there is a positive test result in order to enable the patient to more quickly begin treatment and prevent disease progression as well as the risk of infecting others.

The bill also includes Group A Streptococcal infection which a pharmacist could initiate treatment for if a patient has a positive test result. Pharmacists have extensive clinical training in pharmacology, medication management, adherence and contraindications. They are very well-positioned to initiate treatment for patients who have Group A Strep, COVID-19 and Influenza.

By expanding access points for needed testing and treatment, especially in underserved communities licensed pharmacists can greatly improve patient health and outcomes, while preventing the spread of infectious disease and ultimately reduce costs to the healthcare system.

NYSCHP supports and urges enactment of this bill to address patient access barriers to needed healthcare services included expedited treatment for COVID-19, Influenza and Group A Strep. For more information, please contact Shaun Flynn at sflynn@nyschp.org.



New York State Council of
Health-system Pharmacists

MEMORANDUM IN SUPPORT
**S7025A, Senator Jeremy Cooney/
A5152A, Assemblymember Michaelle Solages**
Registered Pharmacy Technician Vaccination
Authority

AN ACT to amend the education law, in relation to registered pharmacy technicians

The New York State Council of Health-system Pharmacists (NYSCHP) represents thousands of pharmacists practicing in health care facilities throughout the State. NYSCHP supports this legislation to authorize in state law the authority of registered pharmacy technicians to administer immunizations.

“Registered pharmacy technicians” are licensed by the State Education Department (SED). They may perform specific tasks and functions under the supervision of licensed pharmacists after meeting training and competency requirements including the completion of a nationally accredited pharmacy technician certification program/exam. In authorizing registered pharmacy technicians to give vaccines, this legislation establishes additional requirements to ensure that they first receive the same training in vaccine administration and certification in CPR and First Aid as licensed pharmacists who are certified immunizers. Registered pharmacy technicians would also need to obtain an immunization certificate from SED, after receiving all required training and demonstrating competence.

Pursuant to federal authorizations in place since 2020 (the PREP Act), trained pharmacy technicians have been administering vaccines to prevent influenza and COVID-19 in New York. Pharmacy technicians have played an important role in assisting pharmacists in hospitals, other healthcare facilities and community pharmacies with meeting the needs of their communities by assisting with vaccine care. Having additional, trained personnel to provide vaccines has given pharmacies the ability to hold flu clinics and off-site events as community and senior centers, among other locations to bring disease- preventing vaccines directly to patients.

The federal authorization for pharmacy technicians to administer vaccinations is temporary. President Biden acted at the end of 2024 to extend the ability for pharmacy technicians to administer COVID-19 and Influenza vaccines to individuals three years and older until 2029. However, 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.

New York is one of just three states (others are Texas and Mississippi) which have not yet codified the ability for pharmacy technicians to administer vaccinations. NYSCHP supports and urges enactment of this important bill so pharmacies may continue to meet the vaccine needs of their communities. For more information, contact Shaun Flynn at sflynn@nyschp.org.



New York State Council of
Health-system Pharmacists #

**MEMORANDUM IN SUPPORT
S1619, Senator Gustavo Rivera/
A3285, Assemblymember John McDonald
Expanding Access to CLIA-Waived Testing**

AN ACT to amend the education law, in relation to allowing a licensed pharmacist to order and administer certain tests; and to amend part C of chapter 57 of the laws of 2022 amending the public health law and the education law relating to allowing pharmacists to direct limited service laboratories and order and administer COVID-19 and influenza tests and modernizing nurse practitioners, in relation to the effectiveness thereof

The New York State Council of Health-system Pharmacists (NYSCHP) represents thousands of pharmacists practicing in health care facilities throughout New York State. NYSCHP supports this legislation to build on existing law and expand the CLIA-waived tests 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 greatly expands patient access to point of care testing in their communities to quickly identify infections and begin treatment.

This legislation would build on this success by adding 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. The bill also extends the effective date of the authorizing statute to July 1, 2028 (current sunset date is this year on July 1, 2026).

Licensed pharmacists are highly trained and among the most trusted and accessible healthcare providers in our communities across the State. By expanding access points for needed testing, this bill will be 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, under this legislation a pharmacist would 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 supports and urges enactment of this important bill 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, prevent the spread of disease and result in a significant savings to the healthcare system. For more information, please contact Shaun Flynn at sflynn@nyschp.org.



New York State Council of
Health-system Pharmacists #

MEMORANDUM IN SUPPORT
Part B of Health and Mental Hygiene Article VII Bill
In Executive Budget (S9007/A10007)

Making the Collaborative Drug Therapy Management Program Permanent

The New York State Council of Health-system Pharmacists (NYSCHP) represents thousands of pharmacists practicing in health care facilities throughout New York State. NYSCHP is very supportive of Part B of the Health/Mental Hygiene Article VII Executive Budget Bill which proposes to make the laws that relate to the state's Collaborative Drug Therapy Management (CDTM) program permanent. Otherwise scheduled to expire on July 1, 2026, this critical program has demonstrated success since establishment in 2011 and we strongly support eliminating the biennial sunset and permanently authorizing the CDTM program.

In 2011, the Collaborative Drug Therapy Management (CDTM) program was launched in New York as a three-year pilot initiative in teaching hospitals. Under the program, licensed pharmacists are authorized to enter into collaborative practice agreements with physicians, enabling them to provide expanded clinical services to patients with chronic conditions. Through CDTM, pharmacists apply their advanced clinical training to evaluate medication therapies, manage and adjust treatment regimens, and support improved medication adherence, health, and patient outcomes. Since its initial enactment, the program has been extended multiple times and expanded to include all Article 28 health facilities, including hospitals, nursing homes with pharmacies, and diagnostic and treatment centers.

A 2014 [report](#) developed by the State Education Department evaluating the initial CDTM demonstration project found that CDTM services improved patient health outcomes, increased patient satisfaction, and identified significant opportunities for cost savings. These savings were achieved through more effective management of chronic conditions such as diabetes, heart disease, and anticoagulation therapy, including the prevention of adverse drug reactions, emergency department visits, hospitalizations, and other costly forms of care. Beyond NYS, CDTM programs are permitted in 48 states and have [consistently demonstrated](#) improvements in medication therapy quality as well as higher satisfaction for patients, physicians, and pharmacists – **however, New York is the only state of those to sunset CDTM authorization every two years.**

As CDTM has expanded statewide, numerous examples have demonstrated its effectiveness and critical role in enhancing patient care. In 2025, a CDTM program implemented in Saranac Lake was highlighted in the *Adirondack Daily Enterprise*. The clinical pharmacist who established the program [described](#) one patient's progress, noting that the patient's HbA1c level decreased to 7.2%. Further, after continued refining of their medications their HbA1c remained below 6.5% for several months - marking a significant improvement after years of uncontrolled diabetes.

NYSCHP strongly supports and urges the inclusion of this proposal in the one-house budget bills and the final State Budget for SFY 2026-27. Revisiting and renewing this critical program every other year is ineffective and unnecessary as it been proven successful in improving the care and outcomes for patients with chronic conditions. **However, ultimately if there is hesitancy to make the program permanent, NYSCHP proposes that at a minimum, renewal be extended for a longer period such as four to five years.** Doing so would ensure that the program continues to be used and expanded by health systems across the state. For more information, please contact Shaun Flynn at sflynn@nyschp.org.



New York State Council of
Health-system Pharmacists #

**MEMORANDUM IN SUPPORT
S1913, Senator Gustavo Rivera/
A6222, Assemblymember Amy Paulin
340B Prescription Drug Anti-Discrimination Act**

AN ACT to amend the public health law, in relation to establishing the 340B prescription drug anti-discrimination act

The New York State Council of Health-system Pharmacists (NYSCHP) represents thousands of pharmacists practicing in health care facilities throughout New York State. NYSCHP supports this legislation to establish the 340B Prescription Drug Anti-Discrimination Act.

The legislation would prohibit a pharmaceutical manufacturer, pharmacy benefit manager (PBM), outsourcing facility, or third-party logistics provider from directly or indirectly imposing additional requirements or restricting the utilization of contract pharmacies by covered entities under the 340B program. The prohibitions would be enforced by the Commissioner of Health who would have the authority to impose civil monetary penalties on any entity found in violation. DOH would also refer any matters resulting in civil penalties to the State Education Department and the Office of the Attorney General for review.

The 340B is a federal program which provides additional financial support to providers serving vulnerable populations in underserved communities. The 340B program requires drug manufacturers to provide discounts on outpatient drugs to hospitals, clinics and other eligible healthcare providers located in low-income, rural or urban areas, in medically underserved communities. Providers are able to utilize these discounts to provide additional services, programs and resources for high-need patients.

Recently, some drug manufacturers and pharmacy benefit managers (PBMs) have been imposing restrictions on providers covered under the 340B program (covered entities) which has resulted in fewer drug discounts and in turn, less resources to assist safety net providers in caring for underserved New Yorkers.

Critically, this legislation would prohibit such restrictive, discriminatory practices targeting healthcare providers in New York who participate in the federal 340B program and those they serve. This ensures that drug manufacturers, PBMs and other entities comply with the federal program's intent and requirements. It also preserves the essential resources that this program provides to safety net healthcare providers and facilities to support the care and services for their patients.

NYSCHP supports and urges enactment of this important bill to put an end to the discriminatory practices of drug manufacturers and PBMs which harm our already under-resourced hospitals, clinics and other providers and inhibit their ability to care for our most vulnerable, low-income residents. For more information, please contact Shaun Flynn at sflynn@nyschp.org.