



## State FY 2026-2027 Budget Priorities

### **Invest \$300M (\$150M State Share) in Community Health Centers.**

- CHCs serve 1 in 8 New Yorkers, yet that care is threatened due to an outdated Medicaid payment system that is anchored to costs established over 25 years ago.
- HR1 is projected to cause 1.5 million New Yorkers to lose insurance, and an estimated one in three of them will turn to CHCs for care. This will result in \$300M+ losses at CHCs, 1700+ staff layoffs, and service reductions in areas like school-based health, dental care, and OB/GYN services.
- An investment can be made by providing a **direct rate increase**, reforming CHCs' rate methodology (**A.67 Paulin/S.4589 Rivera**), and/or investing in the **D&TC Uncompensated Care Safety Net Pool**.

### **Safeguard 340B Savings from Erosion by Third Parties. (See A.6222 Paulin/S.1913 Rivera)**

- 340B is a federal program whereby CHCs can purchase discounted drugs from pharmaceutical manufacturers and, in turn, are required to reinvest savings into care for the needy.
- CHCs use 340B dollars to fund critical mission-oriented activities, e.g., provide free/low-cost drugs to the uninsured & underinsured, fund school-based health centers, and conduct street outreach.
- Pharmaceutical manufacturers and PBMs are undermining the program and lining their pockets with profits that are not reinvested into New York's communities. **In 2025, pharmaceutical manufacturers' actions cost health centers in New York as much as \$80 million.**
- A.6222/S.1913 will protect the integrity of the 340B program and ensure CHCs and their patients retain access to these critical savings at no additional cost to New York State.

### **Ensure CHCs receive their full Medicaid payment when they deliver care via telehealth, regardless of patient or provider location. (See A.1691 Paulin/S.3359 Rivera)**

- The Governor's budget proposes to extend current telehealth law, continuing disparities inherent in the law causing CHCs to be paid just 1/3 of their in-person rate for remote care when patients & providers are offsite.
- A.1691/S.3359 will ensure CHCs receive their standard bundled reimbursement rate for services provided via telehealth in alignment with other similarly situated providers that are not subject to such a pay disparity.

### **Allow medical assistants (MAs) to administer vaccinations under supervision.**

- Support Governor Hochul's HMH budget Part N, Subpart A to allow licensed physicians, physician assistants, and nurse practitioners to assign and supervise MAs' tasks related to immunizations.

### **Support Governor Hochul's proposals to bolster the healthcare workforce.**

- Maintain workforce investments: DANY, NANY, AHECs
- Support healthcare workforce initiatives: revisions to Physician Assistant supervisory requirements; make the Nurse Practitioner Modernization Act Permanent; pharmacist provisions.
- Support extension of DSRIP 3ai waiver to allow for continued behavioral health integration into primary care.

### **Keep School-Based Health Centers permanently carved out of Medicaid Managed Care.**

### **Sustain and enhance existing investments in key health initiatives.**

- Support full or increased funding for essential programs: NYRx reinvestment funds; D&TC Uncompensated Care Pool; Patient-Centered Medical Homes; Health Homes; School Based Health Centers; Migrant & Seasonal Farm Workers; Rural Health Access Networks
- Invest \$30M state funding into WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)