LONG ISLAND BUSINESS NEWS

Long Island Business News: JAVIS: ALBANY URGED TO PROTECT 340B PROGRAM FOR LONG ISLAND HEALTH CENTERS

John Javis
May 28, 2026

Long Island, and all of New York state, is facing an existential healthcare crisis for the very people who can least afford rising costs and need the attentive care. Big Pharma and pharmacy middlemen are tightening the vise on a program called 340B, and they'll keep doing it until community health centers and safety net providers are forced to scale back services — and patients on Long Island will pay the price. This is why Albany needs to act now and pass the 340B Prescription Drug Anti-Discrimination Act, A.6222 (Paulin) / S.1913 (Rivera).

If you walk into a typical primary care practice, you might see your doctor for 10 minutes — maybe less. For the people we serve at CEC Health Care, that model doesn't work. It can't.

Our patients include individuals with intellectual and developmental disabilities, people managing serious mental health conditions and people navigating substance use challenges. Some patients are nonverbal. Others need multilingual support, which can double the length of a visit. Add the reality that many of our patients are living with limited incomes and complex medical needs, and you begin to understand the challenge: High-quality care for medically underserved Long Islanders takes time, staffing, and a fully integrated team.

That is why community health centers are essential on Long Island — and why they are under strain right now. And it's not just my organization. David Nemiroff, president and CEO of Harmony Healthcare Long Island, has said community health centers are the backbone of health care access not only for Medicaid patients, but for uninsured people, working families, seniors, veterans and others who would otherwise go without care. Mary Ellen Diver, CEO of Advantage Care Health Services, has also emphasized that community health centers are critical for people who need mobility support, direct support staff, or other assistance just to participate in their visits.

This is the context in which 340B matters.

340B is a federal program created by Congress in the early 1990s to improve care for marginalized populations. It facilitates community health centers and other safety net providers to purchase certain medications at a discounted rate. The savings are then reinvested back into patient care — at no cost to taxpayers. That reinvestment is not an abstract accounting concept. It helps fund the wraparound supports that turn an appointment into real care: Care coordination, behavioral health services, outreach, assistance with transportation, and other supports that help patients keep appointments and stay on treatment.

But Big Pharma wants to choke off 340B because it cuts into their profits. Pharmacy middlemen are doing their part, too, using contracting tactics, added fees and administrative roadblocks that pull resources away from patient care.

One of the clearest examples is contract pharmacy restrictions. For many patients, contract pharmacies are how they get their medication — especially when traveling to an in-house pharmacy is not realistic. In New York, the majority of community health centers rely on contract pharmacies and partner with multiple locations to reach patients where they live. When drug companies restrict those arrangements, patients lose access and providers lose the savings they use to sustain services.

The impact is not theoretical. Aaron Clark, CEO of Long Island Select Healthcare, has said contract pharmacy restrictions cost his organization around $800,000 — resources that could have supported additional providers and expanded care for thousands more patients. On Long Island, where the cost of living is already high and transportation barriers are real, those losses translate directly into longer waits, fewer services and fewer options for medically underserved residents.

Albany can prevent that outcome. The 340B Prescription Drug Anti-Discrimination Act would stop drug companies and pharmacy benefit managers from singling out 340B providers with added restrictions or payment cuts. It would protect the ability of community health centers and hospitals to use contract pharmacies. And it would give the Department of Health the authority to enforce the law and hold violators accountable.

A healthcare system that works for medically underserved communities cannot be built on rushed visits and shrinking resources. The Legislature should pass this bill and Gov. Kathy Hochul should sign it — to protect access to care across Long Island and statewide.

John Javis is executive director of CEC Health Care, which has various locations throughout the Long Island region.