

MODERNIZING MEDICATION ADMINISTRATION FOR PEOPLE IN NYS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

CURRENT CHALLENGES

- Current NY nurse practice laws restrict who can administer medication in non-certified settings.
- Direct Support Professionals (DSPs) are often prohibited from giving routine medications.
- People living independently or in community-based housing face unnecessary barriers to safe medication support.
- Families must choose between independence and medical safety, leading to crisis placements and unnecessary institutionalization.
- Outdated regulations limit choice and innovation.



PROPOSAL: SUPPORT BILL A7284

- Modernizes medication administration policy by allowing trained DSPs to assist with routine medications in non-facility settings.
- Provides nursing oversight without requiring on-site presence, using telehealth and consultation.

PROPOSAL: EXPANDED ACCESS (# PENDING)

- Expands access to medication assistance for non-certified services, including self-direction.
- Removes barriers that previously forced people into institutional care or unsafe workarounds.
- Aligns New York policy with person-centered, community-based care models, giving people the freedom to live safely and independently.

EXPECTED OUTCOME

- Greater independence and quality of life.
- Increased housing development option flexibility.
- Reduced reliance on institutional placements.
- Improved health outcomes and medication adherence.
- Fewer emergency visits and crisis interventions.

HOW THIS PROPOSAL WORKS

- DSPs must complete standardized medication administration training.
- Nurses provide clinical oversight via consultation and telehealth.
- Technology ensures proper monitoring.

HOW THIS PROPOSAL WORKS

- More flexibility, allowing DSPs to administer medications when trained by the person or their chosen representative.
- Consistent with consumer-directed principles.

Individuals with intellectual and developmental disabilities deserve better.

Their families deserve better.

It's time to invest in dignity, equity, and the future of community-based care.