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Memorandum in Support

TO: New York State Senate and Assembly Members

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RE: **S.6334 (Fahy)/A.7284 (McMahon)**

Cerebral Palsy Associations of New York State (CP State) was founded in 1946 by parents of children with cerebral palsy looking for services. Today it is a broad-based, multi-service organization with 30 Affiliates across the state and 19,000 employees providing support, services, and programs across the lifespan for over 100,000 individuals with developmental disabilities and their families. CP State was founded and has worked for the past eighty years to enhance the rights of and services for individuals with disabilities and their families

CP State strongly supports S.6334 (Fahy)/A.7284 (McMahon) which amends the Education Law, to authorize direct support staff in non-certified Office for People With Developmental Disabilities (OPWDD) programs to provide nursing services under the instruction of a service recipient, family, or household member as determined by a registered professional nurse. **CP State strongly supports S.6334 (Fahy)/A.7284 (McMahon) and urges that it be enacted into law.**

Currently, the NYS OPWDD Approved Medication Administration Personnel (AMAP) program trains non-licensed direct support staff to safely administer medication in certified residential and day programs. The curriculum covers medication rights, side effects, documentation, and safety procedures. Participants must pass a written exam with a score of 80% or higher and pass a clinical practicum (skills check) supervised by a Registered Nurse.

The AMAP program was established when most everyone lived or received supports from certified programs. However, over the past fifteen plus years, the goal has been for individuals to live as independently as possible and to participate in non-certified day and employment programs. This creates a problem when an individual needs a medication, that they cannot self-administer or be administered by their DSPs usually means that they can not live in or participate in non-certified programs.

As an example, “Billy” lives in a house with three friends who are all in the OPWDD self-direction program and whose house is funded by OPWDD but is not certified. Billy needed prescription ear drops before and after ear surgery, that he could not self-administer. Because his staff were not allowed to administer the prescription ear drops, even though they were AMAP certified, Billy had to leave his home and his friends to live with his parents so they could administer the ear drops for the three weeks. Billy was lucky that he had parents who were able to bring him home for the three weeks but it was very disruptive for Billy, his housemates and his parents and sent the signal that Billy was “less than” others who could self-administer medication, or who lived in certified settings or did not need medication.

S.6334 (Fahy) / A.7284 (McMahon) is critically important to ensure that individuals with intellectual and developmental disabilities (IDD), who rely on prescription medications of all types, can live as independently as possible and fully participate in their communities. There is no logical justification for not extending AMAP certification to non-certified settings.

In fact, there are strong policy, fiscal, and self-determination reasons to enact S.6334 (Fahy) / A.7284 (McMahon) into law. This legislation would authorize AMAP-certified Direct Support Professionals (DSPs) to administer medications—including Billy’s ear drops—in non-certified settings, with appropriate oversight and safeguards as outlined in the bill.

These safeguards include:

- Tasks must be performed under the instruction of the individual with IDD, a family member, or a household member, and in accordance with an authorized practitioner’s orders.
- A registered professional nurse must determine, using professional judgment, which tasks may be performed based on:
 - The complexity of the tasks;
 - The skill and experience of the DSP;
 - The health status and specific care needs of the individual; and
 - Whether the individual, family member, or household member can effectively train and instruct the DSP.
- Only DSPs who have completed AMAP training and are currently certified may perform these tasks.
- DSPs are not permitted to assess the medication needs of the individual.

For all of the above reasons, CP State strongly supports S.6334 (Fahy)/A.7284 (McMahon) and urges that it be enacted into law.