Legislative Update

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New York's 2026 legislative session concluded on Friday, June 5th, with the Senate adjourning early in the morning and the Assembly adjourning that evening.

The legislative session in Albany is normally measured in two phases: budget time, which runs until sometime around the April 1 budget deadline, and post-budget, which runs from when the budget is done until the end of session. Traditionally, the post-budget phase lasts about eight weeks. That was upended this year because of the late State budget. The budget was not finalized until May 27, making it the latest State budget since 2010. This meant that there was only one week of session left post-budget, making it challenging for the Legislature to address a myriad of policy priorities. In years past, when the budget was late, the Legislature extended its session. That did not happen this year as it is an election year. Many of the elected officials faced primary challenges, with the Primary Elections happening on Tuesday, June 23.

There were two provisions of interest included in the final enacted State budget. First, the final budget imposed a tax on nicotine pouches, like ZYNs. These products will be taxed under the existing 75% wholesale tobacco tax starting in fiscal year 2028. This tax is expected to bring in an additional $50 million in annual tobacco tax revenues. ANA-NY supported the passage of this tax. The second budgetary provision of interest relates to reining in spending surrounding temporary healthcare staffing agencies. This budget provision grants the Department of Health (DOH) the ability to cap the profits of temporary staffing agencies through regulations. The new language also expands the definition of "temporary healthcare services agency" to include those that indirectly engage individuals to perform healthcare services. Further, the bill prohibits temporary healthcare services agencies from requiring the payment of fees or other compensation from individual workers for placement at a healthcare entity. This provision will take effect on May 28, 2027.

For non-budget issues, there were several bills that ANA-NY supported. Our main legislative priority for ANA-NY is the nurses on hospital board bill (S2278/A5208, Senator Webb, Assemblymember Reyes). This bill, which ANA-NY drafted and secured sponsors for in both houses, would require hospitals to have a registered professional nurse as a sitting and voting member of the governing entity responsible for developing a hospital's strategic plan, structure, systems, policies and programs. We have put together a coalition of support for the proposal, which now includes the New York State Nurses Association, Greater NYC Black Nurses Association, NY Organization for Nursing Leadership, NYS Association of Nurse Anesthetists, NYS Council of Perioperative Nurses, and NY League for Nursing. The Senate once again passed the bill in March. While we had very good conversations in the Assembly, the bill did not pass that house. We are hopeful we will see movement in the Assembly next session.

While the board bill did not pass both houses, there were several bills that were supported by ANA-NY that did pass. The first is the New York Dignity in Pregnancy and Childbirth Act, (S6983-A/A4018-A, Senator Brisport, Assemblymember Souffrant Forrest) which would require hospitals and other facilities that provide perinatal care to implement an evidence-based implicit bias program for all health care providers involved in the perinatal care of patients within those facilities. ANA-NY supported this legislation as part of our legislative priority to engage patients in shared decision-making practices. Now that this bill has passed both houses, it will be sent to the Governor for her review in the coming months. If signed by the Governor, it would take effect 180 days later.

Two other bills that passed both houses were related to immunizations in New York. Working as part of the Let's Get Immunized Coalition, ANA-NY supported S9599 (Senator Bailey)/A10710 (Assemblymember Dilan) and S9598 (Senator Stavisky)/A10711 (Assemblymember Paulin). These bills were part of a package of legislation and was part of an effort by the State to combat immunization changes being contemplated and made at the Federal level. The first bill included the recommendations of American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, the American College of Physicians and/or other similar nationally or internationally recognized scientific organizations in the establishment of immunization administration regulations by the New York State Department of Health. Previously, State law governing health insurance coverage requirements for immunizations was tied solely to the recommendations made by the Advisory Committee on Immunization Practices. The second bill expanded what sources the Department of Health may consider when developing lists regarding what pediatric immunizations must be covered by insurance in the State. It also removes requirements for vaccinations to be administered under federal guidance. Both bills were signed by the Governor on May 15 and went into effect immediately.

Our legislative work this session was bolstered by the support of the Board and the Legislative Committee members who participated in our 2026 ANA-NY Lobby Day efforts. Held on April 28, just ahead of National Nurses Week, we held meetings with dozens of legislators and staff to talk about the ANA-NY legislative agenda

and our legislative priorities. In addition to those who came to Albany for the Lobby Day, we also had several hundred virtual contacts made with legislators through our Voter Voice platform. Thank you to all who participated in our 2026 Lobby Day!

Now that the session has concluded, the Legislative Committee will be reviewing the legislative agenda for 2027 – 2028 and preparing to present this to the membership for review and vote at the annual meeting in November. Be on the lookout for these materials in the Annual Meeting information.

As noted above, this is an election year in New York. The Primary Elections took place on Tuesday, June 23, and we now shift attention to the General Election on Tuesday, November 3, when all 213 seats of the State Legislature, the statewide offices for Governor, Lieutenant Governor, Attorney General and Comptroller, and all 26 New York seats in the U.S. House of Representatives will be on the ballot. There were changes as a result of the Primary Elections, and we know that there will be further changes after the General Election. Further, since many legislators will not be returning to their current positions because of retirements or seeking other elected offices, there will be many new members in both houses for the next legislative session. In addition, many of those leaving are chairs of key committees or members of leadership, so we will see many new committee chairs next year.

While always important, given that this is an election year, we would like to remind you that ANA-NY has a Political Action Committee (PAC). The ANA-NY PAC is supporting candidates that support the profession and issues of importance to our members. The ANA-NY PAC would love to see as much member participation as possible, and we urge you to visit the ANA-NY PAC website and make a donation today.

If you have any questions about the legislative process or the priorities of ANA-NY, please contact a member of the Legislative Committee. As always, we welcome your questions, thoughts, ideas or comments on legislation. ■

Evidence You Can Use

Enhancing CIWA-Ar Scoring Consistency with an Educational Intervention for Nurses in Orthopedic Acute Care

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Background

Alcohol Use Disorder (AUD) is a medical condition that is classified as mild, moderate, or severe. According to the National Institute on Alcohol Abuse and Alcoholism (2025), AUD is defined as the reduced ability to stop alcohol consumption despite its negative consequences. According to Tanner and colleagues (2022), the lifetime prevalence of AUD in the United States is 29.1%, with half of cases classified as severe. The incidence and prevalence of AUD increased nationwide during COVID-19 and remains elevated post-pandemic (Ayyala-Somayajula et al., 2025).

AUD presents a significant challenge in healthcare, particularly in hospital settings where comorbidities and critical illness complicate diagnostic accuracy and clinical management.

Individuals with AUD are at risk for developing alcohol withdrawal symptoms (AWS), which can occur after the rapid reduction or cessation of alcohol consumption. AWS typically starts within 6 -24 hours after a person's last drink (Pribek et al., 2021). If AWS are not identified in a timely manner and managed appropriately, this can negatively impact patient safety and clinical outcomes. Sullivan and colleagues (1989) developed the Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar) to categorize AWS and their severity. Nurses commonly use the CIWA-Ar to assess and score patients' risk for experiencing AWS. The total score of the CIWA-Ar informs clinical protocols to safely support and care for the patient. The primary objectives in managing AWS are to alleviate and prevent serious complications, such as withdrawal seizures or delirium tremens (DT) (Pribek et al., 2021).

In orthopedics, AUD can negatively impact a patient's postoperative recovery trajectory in both elective and traumatic cases (Gold et al., 2020; Ng et al., 2021, Petr et al., 2025). In elective surgical cases, patients with AUD can be identified early and individualized plans of care can be developed to support patients in the preoperative, intraoperative and postoperative phases. However, if an individual finds themselves unexpectedly admitted for orthopedic surgery because of a traumatic event such as a fall or accident, or an elective surgical patient is not entirely forthcoming about the extent of their alcohol use, the nurse's admission and ongoing assessments are critical to identifying patients who may experience AWS.

AWS are assessed at discrete points in time using CIWA-Ar, which relies in part by patient-self report and nurse judgement.