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Photo by Annie Lu

President's Column



Audrey Hoover, FNP-BC, WHNP

President, Nurse Practitioners of New York (NPNY)

The past year demonstrated the strength and discipline of NPNY's advocacy locally and nationally. Through coordinated testimony, district engagement across the NYC metro area, and a consistent presence with legislators, nurse practitioners made clear how modern NP practice contributes to New York. The work of NPNY in concert with other NP organizations helped secure a major milestone: the **Executive Chamber's approval of a four-year extension of the Nurse Practitioner Modernization Act (NPMA)**. This extension is the strongest signal to date that New York State recognizes that health care services delivered by NPs are essential. In addition, this four-year extension provides stability and positions us to continue advancing toward **NPMA permanence**.

NPNY member voices shape our future endeavors. NPNY surveyed our members in 2026 and the results offered a clear roadmap for NPNY priorities. Across the state, members identified four top priorities:

- **CE programming** to strengthen practice readiness
- **Entrepreneurship support** to expand NP-led access points
- **Advocacy training** to build confidence and consistency in legislative engagement
- **Mentorship and networking** to support early-career and emerging NP leaders

These priorities will guide NPNY's CE programming and advocacy mobilization throughout 2026–2027. They will also steer our efforts to build on the NPMA extension and pursue future legislation on **NP-to-NP written practice agreement authority, Medicaid alignment, and sustained workforce investment**.

This year is about **strategic acceleration.** We will expand CE offerings, strengthen entrepreneurship pathways, deepen



Patrick and Audrey Hoover with Dr. Mary Beth Koslap-Petraco, the first NP appointed to the New York State Immunization Advisory Council (NYS IAC).



Audrey and Patrick Hoover with Julie Menin, Speaker of the New York City Council

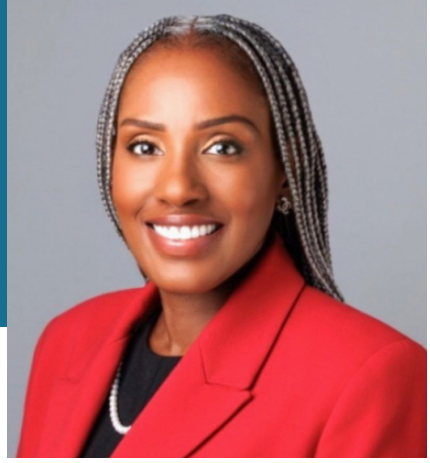
advocacy readiness, and build statewide mentorship networks. These investments reflect what members asked for and what our profession needs to move the next phase of the modernization act forward.

As president of NPNY, I would like to thank our members for their continued engagement, leadership, and commitment to the communities we serve. The progress of the past year belongs to all of us, and the year ahead will be defined by how we use this moment. NPNY is ready. Our members are ready. The New York State Executive Chamber has signaled trust in NP practice. **Guided by your priorities, we will continue this shared work and build the future of NP practice in New York together.**



New York City Joint Adult & Childhood Immunization Coalition Meeting 6-5-2026

Safe Practice in the Age of AI: Three Things Nurse Practitioners Should Know



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What Is Artificial Intelligence

If artificial intelligence (AI) could help you consider a diagnosis you might otherwise miss, but could also recommend the wrong diagnosis with confidence, would you trust it? For nurse practitioners (NPs), that question is becoming increasingly relevant as AI moves from a disruptive innovation to a potential component of clinical decision-making. This article focuses on what NPs should know about AI, why institutions are adopting AI, and the potential risks of AI.

Trust in AI begins with understanding what AI is, how it works, and more importantly, where it can fail. Although AI is often discussed as a single technology, it encompasses a broad field of technologies that perform tasks typically requiring aspects of human intelligence (learning, pattern recognition, decision-making), including subfields such as machine learning (ML) and deep learning (Graham-Perel, 2026).

Artificial intelligence systems are shaped by two critical components that generate outputs: data and algorithms. Garcia-Dia (2026) describes data as the lifeblood of most modern AI systems that leverage ML techniques. She further likens data to the fuel that powers AI systems, while algorithms function as the engines that process that data. In other words, the quality of an AI system's output hinges on the information it learns from and the methods it uses to analyze that information. Indeed, this relationship has critical implications in healthcare, where inaccurate, incomplete, or biased data could contribute to unreliable information.

In clinical practice, ML has already been used in precision medicine to predict treatment protocols (Davenport & Kalakota, 2019). For example, ML can analyze patient characteristics, laboratory results, imaging findings, and other clinical data to identify patterns associated with particular diagnoses or treatment responses. While these capabilities may enhance a clinician's ability to recognize patterns that could otherwise be overlooked, they do not eliminate the need for clinician oversight and clinical judgment. Instead, they introduce new challenges for NPs: learning when AI can appropriately inform a clinical decision and how to analyze/integrate AI recommendations.

Why Institutions Adopt Artificial Intelligence

Medical errors remain a critical concern in healthcare, with devastating consequences for patients, clinicians, and healthcare institutions. It has been estimated that more than 200,000 patients die annually from preventable medical errors (Rodziewicz et

al., 2024). Among the factors contributing to these alarming statistics are diagnostic errors, which can occur when clinicians overlook, misinterpret, or fail to recognize important clinical information.

Clinician decision-making is influenced by factors that extend beyond a clinician's knowledge, beliefs, or attitudes. External factors, including organizational culture, workload and pace, professional hierarchy and communication practices, can also influence how clinical decisions are made. To what extent can AI mitigate clinical errors while contributing to greater efficiency and improving patient safety?

Healthcare institutions are increasingly turning to AI as a potential tool for improving patient safety, supporting clinical decision-making, and increasing care efficiency. For example, electronic health record (EHR) systems can incorporate rule-based clinical decision support systems that alert clinicians to potential medication interactions, abnormal findings, or other clinically relevant concerns. Nevertheless, these systems have limitations. Maintaining rule-based decision support can prove to be challenging given the rapid pace at which medical knowledge, clinical guidelines, and treatment recommendations change (Davenport & Kalakota, 2019). The inability to rely on static rules limits the effectiveness of this system and could even introduce new sources of error.

The growing use of AI introduces another layer of complexity. Unlike traditional rule-based systems, newer AI technologies can identify patterns across vast amounts of data and generate recommendations without relying exclusively on explicitly programmed rules. This capability creates significant opportunities for healthcare institutions, but it also raises important concerns regarding accuracy, bias, transparency, accountability, and clinician reliance. As institutions increasingly integrate AI into clinical workflows, the goal should not simply be to determine whether AI can improve efficiency, but whether it can do so without undermining clinical judgment or compromising patient safety.

Mitigating Potential Risks of AI

The question is no longer whether healthcare institutions will adopt AI, but whether NPs can integrate it without allowing its limitations to become new sources of clinical harm. Indeed, the promising potential of AI cannot be fully realized without illuminating and mitigating its potential risks. The risks of AI include amplified health inequities, fabricated clinical content, automation bias, health information privacy and security threats, as well as implementation failure (Almagharbeh et al., 2025; Cary et al., 2026; Roustan & Bastadort, 2025). These risks can be amplified when nurses and advanced practice nurses lack training about proper integration of AI and if end users are not in a position of influence to choose, implement and integrate AI systems (Cary et al., 2026). NPs must be prepared to respond when an AI platform disagrees with their clinical judgment. Conversely, what should an NP do when AI confidently recommends an incorrect course of action? Navigating these situations requires more than technological proficiency, it requires clinical reasoning and professional accountability. A degree of confidence tempered by humility should be part of what it means to be a nurse practitioner. NPs must remain ultimately accountable for clinical decisions, even when AI becomes part of the decision-making process.

In conclusion, understanding AI requires more than recognizing what the technology is or why healthcare institutions are adopting it. NPs must also be cognizant of the risks associated with AI and develop ways to

mitigate potential harm. As healthcare continues to seek ways to improve patient safety and clinical outcomes, NPs should consider how AI can support decision-making and advance clinical excellence while remaining vigilant about errors, bias, and overreliance on AI-generated recommendations.

Artificial intelligence may be considered a superpower that healthcare providers should embrace, but NPs already possess a superpower that no algorithm can replicate: the ability to connect with another human being. The capacity to recognize suffering, apply clinical reasoning within the context of an individual patient, communicate compassionately, and demonstrate empathy and caring are human qualities that distinguish human care from machine-generated recommendations. These qualities contribute to the power of nurses and when combined with the analytical capabilities of AI, the result could yield a safer and more human-centered healthcare system.

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GLP-1 Receptor Agonists: A Novel Frontier in Alcohol Use Disorder Treatment

Nancy Lee, MSN, RN, PMHNP-BC



The clinical landscape for glucagon-like peptide-1 receptor agonists (GLP-1 RA) is undergoing a significant paradigm shift, expanding beyond its primary applications in metabolic health to a novel frontier in neurobiology. While GLP-1 RA is primarily use for the management of type 2 diabetes and obesity, emerging evidence indicates that these medications (such as semaglutide and tirzepatide) effectively modulate reward processing and anticipation within the central nervous system as the natural GLP-1 hormone produced in the gut regulates appetite, blood sugar and digestion. Beyond diabetes and weight management, this class of medications can also lower the risk of cardiovascular events, improve kidney health, and manage fatty liver disease (Rehm et al., 2025).

Research has demonstrated that GLP-1 receptors are highly active within the mesolimbic dopamine system-the brain's "reward pathway" (Klausen et al., 2026). This suggests that their efficacy in reducing binge drinking and compulsive behaviors is driven by neurological regulation rather than mere gastric effects as previously believed. Therefore, GLP-1 RA can also help reduce alcohol consumption or cravings in those diagnosed with alcohol use disorder (AUD).

Providers are excited to gain another treatment modality for alcohol use disorder. AUD affects nearly 29.5 million Americans ages 12 years and older (NIH, 2025). Despite the widespread prevalence, it is difficult to gauge how many individuals are receiving treatment. Diagnosis of AUD is based on a problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by at least two of the following eleven criteria, occurring within a 12-month period and further specified by severity (American Psychiatric Association [APA], 2022).

DSM-5 Criteria for Alcohol Use Disorder
1. Larger/longer use than intended
2. Persistent desire or unsuccessful cut-downs
3. Time spent (procuring, drinking/ recovering)
4. Craving
5. Role failures
6. Social/interpersonal problems (use despite conflicts or harm)
7. Activities given up (hobbies, social or occupational activities)
8. Physically hazardous use
9. Use despite health problems
10. Tolerance
11. Withdrawal

Severity: 2–3 symptoms = Mild; 4–5 = Moderate; 6+ = Severe

Current non-pharmacological interventions for AUD include cognitive behavioral therapy (CBT) while there are only three pharmacological approaches currently approved by the U.S. Food and Drug Administration (FDA). These three oral medications require daily dosing: naltrexone, acamprosate, and or disulfiram (Rehm et al., 2025). They typically aim to reduce cravings or trigger adverse reactions

to alcohol when consumed. GLP-1 RA's investigational use in alcohol use disorder would be a weekly subcutaneous injection, faring a more convenient and sustainable option for some patients. This novel intervention, when approved, would provide a sustained therapeutic treatment level over time, optimizing adherence and symptom management while reducing risk of missed doses and relapse.

Mechanism of Action

GLP-1 receptor agonists mitigate AUD through a multi-faceted modulation of both central and peripheral pathways. In the brain, these medications blunt the sharp dopamine spike in the nucleus accumbens typically triggered by alcohol consumption, effectively dampening the reward signal and neutralizing the associated euphoria. Simultaneously, they act on the central nervous system to quiet "alcohol noise," described by many as intrusive thoughts, compulsive urges, and intense anticipation that drive the cycle of addiction, thereby restoring cognitive control to the patient. Peripherally, GLP-1 RA alters gut-brain feedback by slowing gastric emptying, which modifies the rate of alcohol absorption and alters physical tolerance. The GLP-1 RA is a favorable pharmaceutical option with a safe drug profile including low risk for hypoglycemia due to glucose-dependent mechanisms (Lyseng-Williamson KA, 2019). Together, this combination of diminished neurological reward, reduced psychological anticipation, and uncomfortable physiological feedback shifts alcohol consumption from reinforcing behavior to an unappealing one, drastically reducing the motivation to drink.

Clinical Evidence

Recent observational studies and clinical trials have provided robust evidence for the efficacy of GLP-1 RA therapies in treating addiction. A landmark study published in The Lancet (May 2026) found that once-weekly semaglutide (2.4 mg) significantly reduced heavy drinking days by approximately 40% over 26 weeks compared to placebo. This study included 108 participants, divided into two arms (semaglutide and placebo). Once enrolled in the trial, participants were provided medication and cognitive behavioral therapy- up to ten CBT sessions consistent with current recommendations for AUD treatment. These sessions focused on motivation, craving, strategies, permissive cognition, and relapse prevention regarding alcohol use (Klausen et al., 2026). The goals were to monitor changes in heavy drinking days and provide screenings to evaluate alcohol use at intervals from baseline to the 26 weeks study endpoint (Klausen et al., 2026). The results showed that participants treated with semaglutide had greater reductions in the number of heavy drinking days compared with the placebo group. The emerging data is promising, and investigators recommended further high-quality clinical studies to support the widespread use of GLP-1 RA in the treatment of AUD (Klausen et al., 2026).

Despite its therapeutic use, GLP-1 RA is known to cause gastrointestinal side effects such as nausea, vomiting, diarrhea, and constipation. GLP-1 receptors are located in multiple regions of the body including the brain, thus can alter gut-brain feedback. The gastrointestinal side effects reported in the above study were mostly transient and rated mild to moderate. Notably, there was one adverse event in the semaglutide group leading to hospitalization due to abdominal pain. However, the subject was later cleared to resume GLP-1 RA and continued the trial (Klausen et al., 2026). Although GLP-1 RA

are considered overall safe, safety data for use in AUD remains limited. Furthermore, concurrent CBT sessions in the above study may have mitigated GLP-1 RA associated adverse events.

More recently, research has shifted into large-scale late-stage studies. There are a few phase 3 trials across the United States looking to seek formal regulatory approval for GLP-1 RA in the management of AUD. Some active studies to date focus on confirming craving suppression across broader populations:

- Veteran Population Trials: Targeting moderate-to-severe AUD in veterans who have higher rates of risky drinking, utilizing titrated semaglutide doses to evaluate real-world efficacy (VA Office of Research and Development, 2026).
- National Multi-Center Studies: Double-blind placebo-controlled study testing novel agonists like brenipatide (a once-a-month dual agonist of GLP-1 and GIP receptors, which is similar to tirzepitide/ Mounjaro) across thirty sites to assess changes in drinking patterns and craving scores (Eli Lilly and Company, 2026).

Outlook

The transition of GLP-1 RA into "reward-regulation drugs" marks a significant evolution in addiction medicine. While currently used off-label, formal FDA approval for an AUD indication is anticipated on the horizon. This novel mechanism gives providers, and their patients hope for new and effective options in treating AUD. Future research can explore their role as adjunct therapies alongside traditional psychosocial interventions to fundamentally improve long-term recovery outcomes for individuals with AUD.

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Find Your Own Mahjongg



Rachael Lerner, MSN, WHNP-BC

I remember one of my first undergraduate lectures where Dr. Donna Howard explained health and wellness. The concept that wellness is not just the absence of disease still resonates with me over 25 years later. Through my undergraduate studies in Wellness Advocacy, I eventually learned about Maslov's hierarchy of needs, sociological impacts of health, health disparities, health policy, and Dr. Martin Seligman's positive psychology. Eventually, as a Nurse Practitioner, the Tyrer-Cusick breast cancer risk model and additional aspects of health, wellness, and disease, became the focus.

Years later, I started teaching Mahjongg to a neighbor and her friends. The conversations started around the game table regarding motherhood, balancing life and parenting, the sandwich generation and the recent significant health events. The conversation shifted to how lovely it is to be present, screen free, focusing on a game that required such presence. I am amazed by the feedback from fellow Mahjongg players on how good they feel while playing and how much better they slept the evening after. I would argue that a hobby requiring presence, much like meditation, can potentially enhance one's well-being. I encourage each of you, wherever you are in your career, to support your well-being with activities that bring you joy.

I initially planned to write about the mental benefits of mahjongg and encourage further research on its potential impact to working memory, dementia, depression and independent living for older adults. Considering the 2026 federal government budget cuts to scientific research, I am skeptical my call would be answered. Being a professional in the sciences, I look for evidenced based research, or scientific reasoning to justify an intervention: the weighted vest, the cardio versus weight strength work out. However, in the climate of 2026, I would suggest to find your own mahjongg. Choose the activity that brings presence, and joy, while freeing yourself from watching the clock.





Rachael is among many things, an instructor of mahjongg in the tri-state area. She can be found on instagram @lern2mahj or reached at rachael@lern2mahj.com.

2026-2027 NPNY CE Virtual Program Calendar

Monthly programs offer 2 continuing education credits (CEs):
6:45pm - 8:45pm CE program
8:45pm - 9:15pm NPNY updates, opportunity to discuss clinical cases, network and job opportunities. We welcome all NPNY members who cannot make the CE meeting.
Free for members, Nonmembers $20, NP students $5

Thursday September 17, 2026
Musculoskeletal Problems in Children
Kathy Keney-Riley, EdD, APRN-BC, FNAP

Thursday October 15, 2026
Building and Running a Successful Telemedicine Business: A Practical Guide for Nurse Practitioners
Julie Owen Putt, MSN, FNP-C

Thursday January 21, 2027
Pregnancy and Prenatal Care in Primary Care
Regina Cardaci, PhD, CNM

Thursday February 18, 2027
Bipolar Disorder
Francis Agyemang, MD, MBA

Friday March 12, 2027
Advocacy Day
Earn 6.5 CEs
Speakers: Audrey Hoover, FNP-BC, WHNP & Rachael Lerner, MSN, WHNP-BC
Free for members and students, Nonmembers $20

Thursday April 15, 2027
Breastfeeding
Lexie Bryan, DNP, MSN, APRN, FNP-C, CLC

Thursday May 13, 2027
Dermatology for Nurse Practitioners
Ezra Hoover, DO

Saturday November 21, 2026
(Virtual format)
NPNY Pharmacology Conference for Nurse Practitioners
8:00 am to 3:15 pm
Earn 6 Pharmacology CEs
Topics include Anti-hypertensive agents, Antipsychotic medications including long-acting injectables, ADHD pharmacotherapy, Neurocognitive disorders agents for the management of Parkinson's, Dementia & Alzheimer's diseases
Speakers: Thomas Grandville, PharmD, Sarah-Jean Leigh, PMHNP, Rebecca Thomason, MSN, APRN, FNP-C, Janny Rivera, DO
NPNY members $75.00
Nonmembers $100.00
Students $50.00

Note: The above schedule, topics and speakers are subject to change. Please refer to our website for the most up to date information: https://npny.enpnetwork.com

Thank you, members of NPNY for your support of our organization! Your NPNY membership provides access to many benefits including:

- **FREE CE credits** at our monthly meetings for participants - 2 CEs per month; earn up to 16 CEs per year!
- **Discount** registration for annual **Pharmacology Conference**; earn up to 6 CEs!
- **Leadership** opportunities (Officer, Board Member) that count toward NP recertification
- **Access job opportunities** and additional clinical and professional perks via social media
- **Network with NP colleagues** at our monthly programs and through social media
- **Join colleagues on Committee**s for professional growth and participate in building the organization
    - Advocacy and Policy
    - Education CE
    - Membership
    - Communication



- **NP Student and New Grad Mentorship** and for experienced professionals in search of support
- **Gain professional advocacy experience** for state and local legislation with the support of experienced colleagues
- Subscription to "**The Advocate**," the NPNY Publication
- We are always excited to welcome new members. Refer a colleague or friend to join today!
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