

Use of Medication Aides in Nursing Homes - HB 377

Exhibit No. _____
Date 4/6/2011
Bill No. HB 377

MEDICATION AIDES are used in about 30 states and are specially trained individuals who are allowed to administer medications in nursing homes and other settings specified by the individual states.

In Montana, medication aides are allowed to administer medications in assisted living facilities.

THIS LEGISLATION authorizes the use of medication aides in nursing homes and establishes the qualifications, training, testing, scope of practice, limitations and supervision required. These individuals will be licensed by the Board of Nursing.

KEY PROVISIONS INCLUDE:

- must be a certified nursing assistant (CNA) with at least 2 years experience
- must successfully complete 100 hours of education related to basic pharmacology and principles of safe medication administration and pass a board-approved examination
- must practice under the supervision of a licensed nurse

RESTRICTIONS INCLUDE:

- may not administer "as needed" medications
- may not administer parenteral or subcutaneous medications except for pre-labeled, pre-drawn insulin; and may not administer medications through nasogastric routes or by gastrostomy or jejunostomy tubes
- may not calculate dosages or take verbal orders related to changes in medications and dosages

HJ 17 passed by the 2009 legislature requested DPHHS and the Department of Commerce to conduct a study to examine the use of medication aides in nursing homes and to develop a report for the 2011 legislature that would discuss all provisions necessary for the safe and effective use of medication aides in nursing homes. This legislation embodies the recommendation of the study group.

Our nursing homes are experiencing a shortage of licensed nursing staff, particularly in our most rural communities. Facilities are forced to use agencies who supply traveling nurses to staff uncovered shifts. This is not only expensive but affects the quality of care because residents are being cared for by nurses who are not familiar with them. The shortage will only worsen as the baby boomers continue to age and seek health care services.

We believe the use of medication aides in nursing homes will be beneficial in Montana by taking pressure off licensed nurses to allow more time for assessment and other complex nursing functions, by having medication aides who know the residents administer medications instead of traveling nurses who are not familiar with residents, and by improving retention and recruitment of CNA's through a career ladder approach.

WE URGE YOU TO SUPPORT THIS LEGISLATION.

ROSE M. HUGHES

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GARY L. SPAETH

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Use of Medication Aides in Nursing Homes - HB 377

Questions and Answers

Q: Who served on the HJR 17 work group that studied medication aides and made the recommendations found in HB 377?

A: The work group included:
Rep. Julie French (D-Scobey), sponsor of HJR 17
Montana Health Care Association - Rose Hughes, Executive Director
Montana Hospital Association - Casey Blumenthal, MHSA, RN, CAE
Montana Board of Nursing - Ms. Kathy Hayden, LPN, President
Montana Nurses Association - Mr. Robert Allen
St. John's Lutheran Ministries, Billings - Libby Markus, RN
Valley View Home, Glasgow - Lori Collins, RN
Madison Valley Manor, Ennis - Judy Melin, RN, LNHA

Q: Who supported HB 377 when it was heard in the House Human Services Committee?

A: The following individuals testified or had statements put into the record:
Montana Health Care Association - Rose Hughes, Executive Director
Montana Nurses Association - Barbara Swehla, RN
Montana Hospital Association - Casey Blumenthal, RN
Sage Company, Missoula - Denise Licata, RN
Benefis Health System, Great Falls - Frank Soltys, LNHA
Billings Clinic / Aspen Meadows, Billings - Amy Grmoliez
St. John's Lutheran Ministries, Billings - Libby Markus, RN
Valley View Home, Glasgow - Lori Collins, RN
Northern Montana Care Center, Havre - Lori Henderson, RN, LNHA
Eagle Cliff Manor, Billings - Brian Huso, LNHA

Q: Who opposed HB 377 when it was heard in the House Human Services Committee?

A: There were no opponents

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We believe the use of medication aides in nursing homes will be beneficial in Montana by taking pressure off licensed nurses to allow more time for assessment and other complex nursing functions, by having medication aides who know the residents administer medications instead of traveling nurses who are not familiar with residents, and by improving retention and recruitment of CNA's through a career ladder approach.

WHAT ARE MEDICATION AIDES?

Medication aides are specially trained individuals who are allowed to administer medications in nursing homes or other settings specified by the individual states. About 30 states authorize the use of medication aides.

WHAT DOES THIS LEGISLATION DO?

It authorizes the use of medication aides in nursing homes and establishes the qualifications, training, testing, scope of practice, limitations and supervision required. These individuals will be licensed by the Board of Nursing.

WHAT ARE THE KEY PROVISIONS?

- must be a certified nursing assistant (CNA) with at least 2 years experience
- must successfully complete 100 hours of education related to basic pharmacology and principles of safe medication administration and pass a board-approved examination
- must practice under the supervision of a licensed nurse
- must have 12 hours CE annually

WHAT RESTRICTIONS ARE INCLUDED?

- may not administer "as needed" medications
- may not administer parenteral or subcutaneous medications except for pre-labeled, predrawn insulin; and may not administer medications through nasogastric routes or by gastrostomy or jejunostomy tubes
- may not calculate dosages or take verbal orders related to changes in medications and dosages

WORK GROUP RECOMMENDATIONS:

The 2009 legislature, in HJ 17, requested DPHHS and the Dept. of Labor to examine the use of medication aides in other states and determine what would be required for the safe and effective use of medication aides in nursing homes. This legislation embodies all of the recommendations of the study group. Members of the study group were:

- Rep. Julie French (D-Scobey), sponsor of HJR 17
- MHCA - Rose Hughes, Executive Director
- Montana Hospital Association - Casey Blumenthal, MHSA, RN, CAE
- Montana Board of Nursing - Kathy Hayden, LPN, President
- Montana Nurses Association - Mr. Robert Allen
- St. John's Lutheran Home, Billings - Libby Markus, RN
- Valley View Home, Glasgow - Lori Collins, RN
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Questions and Answers

Q: Who supported HB 377 when it was heard in the House Human Services Committee?

A: The following individuals testified or had statements put into the record:

Montana Health Care Association - Rose Hughes, Executive Director
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Northern Montana Care Center, Havre - Lori Henderson, RN, LNHA
Eagle Cliff Manor, Billings - Brian Huso, LNHA

Q: Who opposed HB 377 when it was heard in the House Human Services Committee?

A: There were no opponents

Q: What was the vote in the House of Representatives?

A: Third reading vote was 91 to 6.

Q: Are there objective studies available related to the use of medication aides in nursing homes?

A: The state of Arizona conducted a pilot study related to the use of medication aides in nursing homes. It was a controlled study with data collected before and after implementation of the medication aide program.

The Arizona State Board of Nursing in its Report dated November 24, 2008, to the Arizona Legislature relating to the Arizona Medication Technician Pilot Project, concluded:

"Although the study included only a small number of participants, the results do suggest that when facilities have properly integrated medication technicians into the care delivery system, resident care improves because the work of the medication technicians frees up nurses to perform higher level tasks." (p. 3)

"Findings suggest that the introduction of medication technicians to the medication team in a long term care facility will not negatively alter the rate or pattern of medication error. Significantly, an AHRQ funded medication safety study (Scott- Cawiezell et al., 2007) reached similar conclusions. In addition to the safety data presented, health care personnel consistently reported positive results with the addition of the medication technician to the health care team. In addition the study found no evidence that facilities replaced licensed nurses with medication technicians and no incidents of drug diversion by medication technicians." (p. 16)

Q: What pharmacology courses are required in LPN training?

A: One three-credit - 45 hour - pharmacology course is the statewide requirement for the LPN curriculum for all of the colleges of technology in the Montana university system. In addition, during the clinical part of their training they pass medications to a small number of patients to which they are assigned.

Q: Is it safe for medication aides to administer narcotics?

A: Medication aides will not administer "as needed" medications - they will only administer "scheduled" medications. The administration of scheduled medications, even narcotics, is a routine task, because the prescription is for a specific medication to be given in a specific amount at specific times. Giving medications at specific times as prescribed is precisely the type of task that can be taught to and carried out by medication aides.

Q: What safeguards are in place related to the handling of narcotics?

A: Nursing homes have many safeguards in place related to handling of narcotics, including:

- narcotics are counted by two nurses at the beginning and end of each shift
- narcotics are kept under a double lock system and must be "signed out"
- if a narcotic is administered via "patch", the patch is signed and dated and the placement of the patch is noted in the record
- a medication administration record is kept with respect to all medications administered
- nursing homes are required to have a pharmacist involved in all aspects of medications handled in the facility- including procedures for handling the receipt, storage, administration and disposition of medications and also being involved in resolving any issues related to medications

ST. JOHN'S

LUTHERAN MINISTRIES

3940 RIMROCK RD. • BILLINGS, MT 59102
(406) 655-5600 • (406) 655-5656 FAX • WWW.SJLM.ORG

Monday, April 04, 2011

Senate Public Health Committee

Re: HB 377 Med Aides

Dear Senate Public Health Committee,

I am the VP of Health Services for a 186 bed Nursing Home Facility in Billings, MT. I was one of the representatives chosen for the workgroup for HB377. This workgroup has worked feverishly since November of 2009 with the goal of using Medication Aides in MT nursing homes. Nursing Homes in MT are experiencing a shortage of licensed nursing staff especially in the rural setting. This shortage will likely worsen as the baby boomers continue to age and seek health care. Facilities are using more and more travelling nurses to staff uncovered shifts in a practice which leads to added dollars for facilities and possibly poorer quality in the delivery of care.

We, as Montanans, need to develop a program of education, training and certification to allow unlicensed assistive personnel to become Med Aides who are able to administer meds in the nursing home setting. This is not meant to replace the nurse at all, but to allow the licensed nurse to do the tasks that she/he was specifically trained to do i.e. critical skilled assessments, skilled procedures, development of plans of care, and to give more personal time and attention to the individual elders and their families.

Studies show in other states a decrease in medication errors, especially omission errors that occur when the nurse is trying to give medication and has several tasks going on at one time. Having Med Aides who are familiar with the elders, instead of travelling nurses, administer the medications will also decrease errors and increase quality of care. The Med Aide would be focused on only one task—the person-centered medication pass. The Med Aide would be able to honor the elders wishes regarding times – which would include the elders not having their meals, or social times being interrupted for a med pass. This is not often possible with a nurse passing medication while being responsible for the other critical nursing assessments/tasks that the elders need. Med Aides would abide by the elder's schedule not their own schedule. The elder would have more contact—more eyes and ears to determine any issues of pain or discomfort or just the assessment of the general well being of the elder.

...nurturing environments of hope, dignity and love

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Supportive Services*

ST. JOHN'S LUTHERAN HOME
*Intermediate /Skilled Nursing
Dementia Care*

THE CROSSINGS
Laurel

HELEN JORGENSON
Rehabilitation Center

SENIOR DAY SERVICES
Adult Day Care

CENTER FOR GENERATIONS
Child Day Care

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MISSION RIDGE
Independent Living

THE VISTA AT MISSION RIDGE
Assisted Living

SAPPHIRE LUTHERAN HOMES
of Hamilton

LUTHERAN SOCIAL SERVICES
of Montana

04/09/2011 15:30 APR 04 2011 15:30 406 655 5639 95% P.03

In nursing homes across the state, medications are unit dose packaged often by a pharmacy tech and then must be verified by the pharmacist. These unit doses are what are administered to the elder. The Med Aide would go through extensive training and education re: Medication Fundamentals, Safety, Communication and Documentation, and Medication Administration. **The Med Aide would always be working under the supervision of a licensed nurse.**

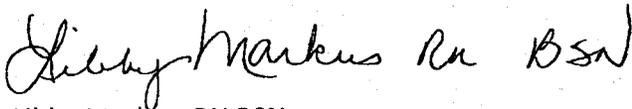
As far as the regularly scheduled insulin, a licensed nurse would ALWAYS prefill the syringes in this setting. These can be pre-filled a week in advance and can easily be properly labeled with the elder's name and the date to be given. This is done safely in many other settings all the time. When the insulin ordered is based on a sliding scale...depending on what the blood glucose was, then the BG will be received and the insulin will be drawn up by a nurse, following MD orders, every time. Many people have been taught to administer insulin. Pharmacies draw it up for home use all the time. Home health nurses draw and pre-label for the home setting without onsite supervision for its administration.

Narcotics are often scheduled like any other medication, around the clock for many elders as per the physician order. Most all non-narcotic medications are given on a scheduled regime around the clock, as well. Narcotics are no different. If there is a sudden change in pain control or in condition, the assessment of those changes will be made by the nurse on site. It will not be the duty of the Med Aide to make the assessment to give the non-scheduled dose of a narcotic. If the elder is deemed by the nurse to have a need for a non-scheduled narcotic, she/he will make that decision and the narcotic will be given. All narcotics in the nursing home setting are counted by two licensed staff before coming on shift and at the closure of their shift. All narcotics are accounted for at that time. While narcotics are administered during that shift, they are accounted for on a narcotic sign out sheet. There are several checks by two licensed staff members throughout the day and narcotics are kept under a double lock system.

Physicians change the medication regime in the elders very frequently. The first dose of any medication can be given safely in the LTC setting by a Med Aide, as there will always be a licensed nurse on the floor. Often times a side effect of any medication—be it a vitamin, a blood pressure medication, or an antibiotic may not manifest itself for 24-48 hours. By using good communication skills of all parties, the Med Aides would be safely able to administer the first dose of a drug and the nurse would be able to use her critical nursing assessment skills to observe for any untoward affects and report to the MD immediately.

I whole-heartedly pray for your support of HB-377 for the future of quality of care to our aging Seniors of MT and for the increased staff retention for both CNAs and Nurses.

Sincerely,

A handwritten signature in black ink that reads "Libby Markus RN BSN". The signature is written in a cursive, flowing style.

Libby Markus, RN BSN
Vice President Health Services
St John's Lutheran Ministries
Billings, MT 59102
406-655-4753
libbym@sjlm.org

Rose M. Hughes

Subject: FW: med aides

From: scott & diane moothart [mailto:mootndi@bresnan.net]
Sent: Sunday, April 03, 2011 9:16 PM
To: Tammy Talley
Subject: med aides

TO: Senate Public Health Committee
FROM: Diane Moothart, RPh
DATE: March 31, 2011
SUBJ: HB 377 - Medication Aides in Nursing Homes

I am a pharmacist in Missoula, and I have worked with a number of the nursing homes in this area for over 20 years.

I have reviewed HB 377, particularly the qualifications required to be licensed as a medication aide and the scope of practice, including limitations on scope of practice.

I believe that experienced CNAs with an additional 100 hours of training specific to pharmacology and the safe administration of medications, supervision by a licensed nurse, and continuing education can be successfully integrated into the health care team serving nursing home residents. Working together, nurses, pharmacists and medication aides can develop appropriate policies and procedures to ensure the safe and effective use of these practitioners.

I also believe that the use of med aides will free up valuable nursing time. Nurses will be more available for direct patient care, whereas they currently spend hours passing medications.

It is notable that med aides are being used successfully in over 20 states. I have no reason to believe that Montana cannot also incorporate this level of practitioner.

Please feel free to contact me if you have any questions regarding this matter.

I support HB 377.

Sincerely,
Diane Moothart, RPh.
Village Health Care Pharmacy
2651 South Avenue West
Missoula, MT 59804
406-728-1962

Rose M. Hughes

Subject: FW: Medication Aide

From: Brett Dorwart [mailto:brett.dorwart@fmdh.org]

Sent: Monday, April 04, 2011 11:48 AM

To: rhughs@rmsmanagement.com

Subject: Medication Aide

Rose,

My name is Brett Dorwart and I am the consultant pharmacist for valley view Nursing Home in Glasgow, Montana. Lori Collins wanted me to write you a quick note with my thoughts on "medication aides". I think that the use of medication aides to pass meds in long term facilities is a good idea. Many states have used them for many years without any problems. Proper initial and continuing education is probably a key component to making the program work.

I don't think that insulin doses that come as "insulin pens" or scheduled narcotics are an issue. The insulin pens are very safe and would be very difficult to make an error. As for narcotics, I don't see that passing a scheduled narcotic is any different than the passing any other scheduled dose of medication.

Brett Dorwart R.Ph.



House Joint Resolution 17

Utilizing medication aides in long term care
Nursing Homes

June 2010



Governor Brian Schweitzer

Montana
Department of Labor and Industry
Business Standards Division

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HOUSE JOINT RESOLUTION NO. 17
INTRODUCED BY FRENCH, WINDY BOY, MURPHY, R. BROWN, DE. BARRETT,
BRENDEN, LEWIS, JUNEAU, GILLAN, COHENOUR, MALEK, HAMILTON, STAHL,
POMNICHOWSKI, BECKER, SANDS, ARNTZEN, WARBURTON, MCGILLVRAY,
MENDENHALL, HUNTER, GLASER, BOLAND, P. NOONAN, TAYLOR

A JOINT RESOLUTION OF THE SENATE AND THE HOUSE OF REPRESENTATIVES
OF THE STATE OF MONTANA REQUESTING THE DEPARTMENT OF PUBLIC
HEALTH AND HUMAN SERVICES TO EXAMINE THE USE OF MEDICATION AIDES
IN NURSING HOMES AND TO PROVIDE A REPORT TO THE 62ND LEGISLATURE.

WHEREAS, nursing homes in Montana are experiencing a shortage of licensed
nursing staff, particularly in the state's most rural communities; and

WHEREAS, the shortage is likely to only worsen as the baby boom generation
continues to age and to seek health care services; and

WHEREAS, facilities are turning to agencies that supply traveling nurses to staff
uncovered shifts in a practice that is not only expensive but also affects the delivery of
care because the nurses are not familiar with the residents for whom they are caring;
and

WHEREAS, to ensure availability of staff to provide care, there is a need to revise
the service delivery in nursing homes to use resources that are available in Montana;
and

WHEREAS, many states have developed a program of education, training, and
certification to allow unlicensed assistive personnel, including certified nursing
assistants, to become medication aides who are able to administer medications in
nursing homes; and

WHEREAS, the establishment of this level of health care worker may help relieve the
nursing shortage and improve the quality of care for nursing home residents by taking
pressure off licensed nurses and providing them with more time for assessment and
other complex nursing functions, by having medication aides who know the residents
administer medications instead of traveling nurses who are not familiar with the

residents, and by improving retention and recruitment of certified nursing assistants through a career ladder approach; and

WHEREAS, establishing a nursing home medication aide program in Montana is a complex situation that requires study to obtain information from and cooperation among multiple agencies and organizations; and

WHEREAS, a study of this nature is best accomplished with the assistance of parties that will be involved in regulating nursing homes, nursing services, and medication aides and with the assistance of service providers, professionals, consumers, and advocacy groups who hold vital information.

NOW, THEREFORE, BE IT RESOLVED BY THE SENATE AND THE HOUSE OF REPRESENTATIVES OF THE STATE OF MONTANA:

That the Department of Public Health and Human Services work in cooperation with the Department of Labor and Industry, the Board of Nursing, and other stakeholders to examine the use of medication aides in nursing homes and to develop a report for the 2011 Legislature that would discuss all provisions necessary for the safe and effective use of medication aides in nursing homes.

BE IT FURTHER RESOLVED, that the study should include but is not limited to:

(1) identifying other states where the use of medication aides is allowed in nursing homes in order to obtain and review information from those states about:

(a) the qualifications of medication aides, including the level and type of education and training required;

(b) the level of supervision by licensed nurses that may be required for medication aides;

(c) the restrictions on the types of medications or routes of medication administration for medication aides;

(d) the liability and licensure issues related to supervision by licensed nurses;

(e) any study, evaluation, or analysis completed by other states related to the use of medication aides;

(f) the problems encountered and successes achieved in the use of medication aides;

(g) the structure for the regulation and licensure or certification of medication aides;
and

(h) other information considered pertinent to the study; and

(2) obtaining and reviewing information from appropriate state or national organizations related to the use of medication aides, including but not limited to the National Council of State Boards of Nursing and the American Society of Consultant Pharmacists.

BE IT FURTHER RESOLVED, that the Department of Public Health and Human Services in cooperation with the Department of Labor and Industry and the Board of Nursing identify and include in the study and in the development of any report the affected parties and stakeholders, including individuals or associations representing nursing homes, nurses, and medication aides, as well as other service providers and professionals, consumers, and advocacy groups.

BE IT FURTHER RESOLVED, that the Department of Public Health and Human Services report at least quarterly to the Children, Families, Health, and Human Services Interim Committee on the status of the study and that the Department prepare a final report, including any findings, conclusions, comments, or recommendations for the 62nd Legislature.

- END -

Use of Medication Aides in Long-Term Care Setting A Final Report on HJ 17

Report to the 62nd Montana State Legislature

Introduction:

Report Note: *HJ 17 references the term, "Nursing Home" which is not defined in Montana state statute but skilled nursing care and intermediate nursing care are defined in MCA 50-5-101(32) and (54) respectively. The term "nursing home" when used in this report refers to a "...facility that provides skilled or intermediate nursing care for 2 or more individuals..."*

The question whether Medication Aides should be utilized in nursing homes has been debated for several years. House Joint Resolution 17 assigns the Department of Public Health and Human Services (DPHHS), in conjunction with the Department of Labor & Industry (DLI), the Board of Nursing, and other stakeholders, to study the issue and present the results in a report to the Children Families, Health and Human Services Interim Committee.

Workgroup Formation

In August 2009, Director Anna Whiting Sorrell, Department of Public Health and Human Services (DPHHS) and Commissioner Keith Kelly, Department of Labor and Industry (DLI) sent a letter to various individuals and groups who were considered an interested party to this House Joint Resolution. Director Whiting Sorrell and Commissioner Kelly asked those interested in participating in the workgroup to respond in writing expressing their interest and willingness to participate. Of the responses, a group of 8 was chosen including representatives from the Montana Nurses Association, the Montana Hospital Association, the Montana Health Care Association, the Montana Board of Nursing, representatives from three long term care facilities and a legislative representative. The committee included the following:

- Montana House of Representatives – Ms. Julie French
- Montana Health Care Association – Ms. Rose Hughes
- Montana Hospital Association – Ms. Casey Blumenthal, MHSA, RN, CAE

- Montana Board of Nursing – Ms. Kathy Hayden, LPN, president
- Montana Nurses Association – Mr. Robert Allen
- St. John’s Lutheran Ministries – Ms. Libby Markus, RN
- Valley View Home – Glasgow – Ms. Lori Collins, RN
- Madison Valley Manor – Ms. Judy Melin, RN, LNHA

Administrative assistance was provided by:

- DPHHS – Mr. Roy Kemp, Administrator Quality Assurance Division
- DPHHS – Ms. Becky Fleming-Siebenaler, Bureau Chief, Licensure Bureau, Quality Assurance Division
- DOLI – Ms. Maggie Connor, Bureau Chief, Health Care Licensing Bureau, Business Standards Division.

Meeting Process

The first work group convened in November 19, 2009. Subsequent meetings were convened on January 8, 2010, February 3, 2010 and March 4, 2010.

The meetings were publically noticed and placed on the State electronic calendar. Minutes from the meetings are found on pages 39-58.

Background Discussion

The issue of using medication aides in nursing homes has surfaced due to the shortage of licensed nursing staff, particularly in Montana’s most rural communities. As a result of this shortage, these facilities are finding it difficult to recruit sufficient nursing staff to meet the needs of their residents and are turning to agencies that supply traveling nurses to staff uncovered shifts. This practice is not only expensive but also affects the delivery of care because these nurses are not familiar with the residents for whom they are caring.

In 2003, the legislature authorized the use of medication aides in assisted living facilities and established their scope of practice (MCA 37-8-422). The Montana Board of Nursing adopted regulations pursuant to the legislation (ARM 24.159.910). The workgroup reviewed the statute and regulations related to standards of practice, general requirements for medication aide training programs and instructors, general requirements for licensure and standards related to the medication aide’s responsibilities as a member of a health care team.

The existing rules and regulations provide for the BON approval of a facility specific training program followed by a testing requirement. The test itself is administered by Head Master, a company that is involved in training and testing of certified nursing assistants (CNAs) in Montana. Because the med aide training differs from facility to facility, the test may assume knowledge of material that has not been taught. This has been problematic and as a result Montana has only 6 people licensed as medication aides.

The work group agreed it would not make recommendations regarding the medication aide program for ALFs but wanted to be sure that this process didn't repeat the difficulties found in ALFs. As such, the group agreed that any training had to be standardized (vs. facility-specific). Testing should follow the standardized training accordingly.

Study Process, Concerns and Findings:

The goal was to discuss all provisions necessary for the safe and effective use of medication aides in nursing homes. This was achieved by determining all workgroup members' expectations and concerns, reviewing all states and identifying those with medication aide programs, selecting six states for a more detailed review, comparing national and association sample models and other available information.

In responding to the charges in HJ17 the workgroup addressed the 2 provisions of the resolution as follows:

(1) identifying other states where the use of medication aides is allowed in nursing homes in order to obtain and review information from those states about:

(a) the qualifications of medication aides, including the level and type of education and training required;

(b) the level of supervision by licensed nurses that may be required for medication aides;

(c) the restrictions on the types of medications or routes of medication administration for medication aides;

(d) the liability and licensure issues related to supervision by licensed nurses;

(e) any study, evaluation, or analysis completed by other states related to the use of medication aides;

- (f) the problems encountered and successes achieved in the use of medication aides;
- (g) the structure for the regulation and licensure or certification of medication aides; and
- (h) other information considered pertinent to the study; and
- (2) **obtaining and reviewing information from appropriate state or national organizations related to the use of medication aides, including but not limited to the National Council of State Boards of Nursing and the American Society of Consultant Pharmacists.**

Additionally, as part of its deliberation, the HJ17 workgroup relied on a variety of data and input from the following sources:

- American Nurses Association - Talking Points
- State of Arizona - Medication Technician Pilot Report
- National Council of State Boards of Nursing – Effects of Medication Aides on Job Losses
- National Council of State Boards of Nursing and the ANA - Joint Statement on Delegation
- National Council of State Boards of Nursing – Model curriculum for medication aides
- Medication Aides in Long-Term Care Survey Results
- DPHHS/DLI - Six State Review Study of Medication Aides
- University of North Dakota School of Medicine and Health Sciences – Utilization of Medication Assistants in North Dakota

This information is located in the appendix labeled **Attachments A through L**.

Resolution Points Addressed:

- (1) Identifying other states where the use of medication aides is allowed in nursing homes in order to obtain and review information from those states.

A review of other states (where the use of medication aides is allowed) was conducted. This review revealed that thirty-six (36) states use medication aides in some capacity, and (20) of them use medication aides in nursing homes.

Attachment A shows the specific information required by HJ17 as indicated.

The work group explored the programs in those twenty states for more in-depth study. After considerable discussion, focusing on length of experience with the program and resemblance to Montana issues, the list was narrowed to the following states: Arizona, Iowa, Maryland, Minnesota, North Dakota, and South Dakota. **Attachment B** shows the specific information for these states.

The workgroup saw great value in the Arizona and the NCSBN models; however, there was one key difference: these programs were designed under a “delegation” model. Current BON rules [(ARM24.159.1902(9))] define “delegation” as, “...the act of authorizing and directing a UAP to perform a specific nursing task in a specific situation in accordance with these rules.” A UAP (unlicensed assistive personnel) is not equivalent to a licensed medication aide. The delegation model also exposes the delegating nurse to more liability than the assignment model. The work group wanted to limit the licensed nurse’s liability as much as possible.

The workgroup agreed an “assignment model” is more appropriate for Montana; ARM 24.159.1602(4) defines “assignment” as “...giving to a UAP or licensee a specific task that the UAP or licensee is competent to perform and which is within the UAP’s area of responsibility or a licensee’s areas of accountability or scope of practice.” Although the nurse provides overall supervision to a medication aide, a licensed person has a defined scope of practice under which s/he functions and to which s/he is accountable. Assigning work to a licensed medication aide relieves the nurse of liability, provided the assignment is within the medication aide’s scope of practice.

The workgroup discussed whether error rates would increase as a result of utilizing medication aides. The group specifically reviewed the Arizona pilot project document with this in mind. The Arizona pilot project provided data showing no significant difference in medication error rates among medication aides, LPNs or RNs. In addition to the Arizona results, the committee agreed that a carefully designed program including proper training encompassing the NCSBN recommended curriculum, and instituting certain restrictions for medication aides, would address concerns about the potential for errors.

- (2) Obtaining and reviewing information from appropriate state or national organizations related to the use of medication aides, including but not limited to the National Council of State Boards of Nursing and the American Society of Consultant Pharmacists.

As mentioned above, the workgroup spent a significant time over two meetings researching information about medication aides from the perspective of the National Council of State Boards of Nursing (NCSBN) and found value in the information gathered. The workgroup sought information from the American Society of Consultant Pharmacists as recommended in the resolution; however, according to the research and to discussions with the Montana Board of Pharmacy's Executive Director, the American Society of Consultant Pharmacists has no official position on the use of medication aides in nursing home settings.

Conclusions and Recommendations:

Medication aides are a means to help the nursing shortage in Montana. Their use in other states has shown improved job satisfaction for nurses, better patient care, no increase in medication error rates, and no nursing job losses. The use of medication aides may have the added benefits of reducing the use of outside agency staff that are unfamiliar with the individuals receiving care and of providing a career ladder for nursing assistants.

This report summarizes the outcome of the workgroup's efforts and its recommendations to the legislature. There was agreement on all recommendations with the exception of the extent to which medication aides should be allowed to administer PRN (as needed) medications. Ultimately, the workgroup agreed to recommend PRN administration with appropriate restrictions to be determined by the Board of Nursing through its rulemaking process. The workgroup concluded that the use of medication aides is a viable health care service delivery option if the recommended training, testing, supervision and restrictions on scope of practice are implemented. The group also agreed that an evaluation of any implementation will be vital to the success of this effort.

This report does not include proposed legislation to implement the recommendations; it does however, provide information and processes that are important in developing such a public policy for Montana. Critical issues surrounding the qualifications including education and training, the restrictions to medication aides scope of practice, and the amount of supervision needed were addressed. These issues and the recommendations concerning these issues should be strongly considered in developing public policy around this issue.

In order for any model to be successful for Montana, the workgroup was steadfast in its determination that proper education and training was the key. The workgroup spent significant time discussing and studying the curriculum models from Arizona, North Dakota, Iowa, Maryland, Minnesota and South Dakota (See **Attachments F and K**) and the curriculum established by the National Council of State Boards of Nursing (NCSBN—**Attachment I**). Ultimately, the group reached general consensus that the NCSBN curriculum—with a few adaptations--fit the needs for a successful medication aide program in Montana.

Therefore, after careful consideration the workgroup agreed the following is necessary to create a successful medication aide program in Montana:

1. Model and Structure: The Board of Nursing should have oversight of medication aides. The model to be created should follow an “assignment model” allowing medication aides to work within their own scope of practice, thus alleviating nurse liability as a result of delegation.
2. Qualifications
 - a. Must be 18 years of age, have a GED or high school diploma
 - b. Must be a certified nurse aide (CNA) with at least two years experience in a nursing home.
 - c. Must be CPR certified
 - d. Must complete Montana Board of Nursing approved training program or be currently licensed as a medication aide in another state.
 - e. Must pass a Montana Board of Nursing medication aide test with 80% proficiency.
 - f. Must complete 4 hours of continuing education annually specific to pharmacology.
3. Restrictions on scope of Practice. Even though medication aides would have their own scope of practice, they would be subject to the following restrictions:
 - (a) Can administer PRN medication with appropriate restrictions to be determined by the Board of Nursing through rulemaking under the Montana Administrative Act (MAPA).
 - (b) Cannot administer parenteral or subcutaneous medications except for pre-labeled, pre-drawn insulin;

- (c) Cannot administer medications through nasogastric routes or by gastrostomy or jejunostomy tubes;
 - (d) Cannot take verbal orders as they relate to changes in medications or issuance of new medications,
 - (e) Cannot convert or calculate dosages.
3. Training and competency examination. The BON will create a curriculum that closely resembles the NCSBN curriculum which involves:
- (a) 100 hours of education—of those 100 hours, 45 must be didactic instruction, 15 hours must involve skills lab, and 40 hours of supervised medication administration to residents;
 - (b) curriculum must consist of basic pharmacology and safe medication administration principles;
 - (c) a state administered competency exam.
4. Supervision. The medication aide must work under the direct supervision of a Montana nurse with an unencumbered license. Direct supervision means that the supervisor is on the premises and is quickly and easily available (ARM 24.159.301(12)). A “nurse” means either an LPN or an RN; and
5. The supervising nurse must be on-site.

Attachment D specifically outlines recommendations as listed above.

The HJ17 workgroup has completed the tasks as outlined in the resolution and after careful consideration provides recommendations that meet the intent of the resolution.

Acknowledgments:

The Department of Public Health and Human Services and the Department of Labor and Industry acknowledges and thanks those contributing to this study including the distinguished members of the workgroup, staff members from both DPHHS and DLI, meeting attendees and the various representatives and contacts from other states and organizations that provided information for this study.

Rose M. Hughes

Subject: FW: Use of Medication Aides

From: Carla McSpadden [<mailto:cmcspadden@ascp.com>]

Sent: Tuesday, March 16, 2010 12:13 PM

To: rhughes@rmsmanagement.com

Subject: Re: Use of Medication Aides

We do have a policy statement on the use of unlicensed personnel to administer medications in long-term care settings:

<http://www.ascp.com/resources/policy/upload/Sta01-Unlicensed%20personnel.pdf>

When we've had discussions with AL communities in the past about this topic, we have also used and referred to the National Council of State Boards of Nursing Model Curriculum for Medication Administration by Unlicensed Personnel...perhaps it might be of help to you:

[https://www.ncsbn.org/ICN_Poster\(16_UAP\).pdf](https://www.ncsbn.org/ICN_Poster(16_UAP).pdf)

We also have a variety of training tools and resources for medication administration, some of which can be used by med aides. That's not directly related to what you're asking for, but I thought I should mention it.

For example, our "Medication Administration Pocket Guide for AL and NH Medication Technicians":

<http://www.med-pass.com/shopping/shopexd.asp?id=8267&Marketid=1000000>

Hope that helps.... Good luck! And, thanks for contacting ASCP!

Carla McSpadden, RPh, CGP
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Begin forwarded message:

From: "Rose M. Hughes" <rhughes@rmsmanagement.com>

Date: March 12, 2010 8:50:08 PM EST

To: <info@ascp.com>

Subject: Use of Medication Aides

Montana is considering legislation to allow for the use of specially trained medication aides to administer medications in nursing homes. I am serving on a work group that is researching the issue. We have determined that the use of medication aides appears to be fairly widespread throughout the country with some 25 or 30 states allowing this.

We are wondering if ASCP has a position on whether medication aides / assistants can be safely used in long term care and whether you have any information about necessary restrictions, training, etc., to assure the safety of long term care residents. Our organization (MHCA) supports the use of medication aides but wants to be sure that if legislation is pursued we do it right and assure all necessary safeguards are in place.

Thank you for any help you may be able to provide.

Rose M. Hughes, Executive Director
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POLICY STATEMENT

STATEMENT ON ADMINISTRATION OF MEDICATIONS IN LONG-TERM CARE BY UNLICENSED PERSONNEL

Preamble

The health care industry is having increasing difficulty attracting adequate numbers of licensed nursing personnel. As the number of older adults in the United States increases over the next ten to twenty years, this problem is expected to worsen. In fact, a general shortage of nurses in the United States is expected to occur in the next few years.

Administration of medications in long-term care and other institutional settings has long been a duty performed by nurses. In the recent past, a number of states have changed their laws to permit administration of medications in long-term care settings by unlicensed personnel, or medication aides. However, the amount of training required, the scope of duties permitted, and the degree of supervision required vary considerably from state to state. Little or no research has been published on the quality or accuracy of medication administration by unlicensed personnel.

The purpose of this statement is to address the issue of medication administration by unlicensed personnel, and recommend safeguards when this practice occurs. Protection of the safety of the residents of these facilities should be the primary consideration.

Position

The American Society of Consultant Pharmacists offers the following recommendations regarding the administration of medications in long-term care settings by unlicensed personnel.

ASCP Statement
Medication Administration by Unlicensed Personnel

1. ASCP supports the need for additional research to provide support for policy and legal decisions on issues surrounding medication administration by unlicensed personnel.
2. States that permit unlicensed personnel to administer medications, or assist with self-administration of medications, should:
 - Define and distinguish between “medication administration” and “assistance with self-administration”
 - Define the scope of duties permitted by unlicensed personnel (e.g. administration of oral medications, inhalers, injections, etc.)
 - Require that unlicensed personnel receive adequate training to encompass the entire scope of duties permitted
 - Describe the extent and method for supervision of unlicensed personnel who administer medications
 - Require that quality assurance procedures be followed to ensure that the quality and accuracy of medication administration is not compromised by the use of unlicensed personnel
3. Unlicensed personnel should receive adequate training in medication administration prior to becoming responsible for this activity. The training should encompass the entire scope of duties for which the person will be responsible.
4. Organizations that employ unlicensed personnel to administer medications, or assist residents with self-administration, should have explicit job descriptions for these personnel and policies and procedures for the entire medication use process in the organization.
5. In organizations where a licensed nurse is employed on a regular basis, the unlicensed personnel who administer medications should function under the supervision of a licensed nurse.
6. In organizations where a licensed nurse is not employed (e.g. some assisted living communities), the organization should arrange for a qualified registered pharmacist or registered nurse to:
 - Ensure that facility policies and procedures on medication administration are established and implemented by the facility
 - Provide regular inservice education of personnel involved with medication administration or assistance
 - Periodically monitor medication administration, or staff assistance of residents with self-administration, to ensure that the quality and accuracy of medication administration is adequate and in compliance with applicable state laws or regulations
 - Assist the organization with policies and procedures, staff training, and quality assurance programs to ensure security and prevent diversion

ASCP Statement
Medication Administration by Unlicensed Personnel

of controlled substances used by residents of the organization (e.g.
morphine)

*Approved by the ASCP Board of Directors, July 29, 2001. Developed by the ASCP
Professional Affairs Council.*

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CEAL-UNC releases study data on medication administration in assisted living

1. The Center for Excellence in Assisted Living (CEAL) at the University of North Carolina Collaborative Studies of Long-Term Care (UNC) recently completed a community based research study on medication administration in assisted living facilities. The study monitored 4403 medication administrations to 320 patients to determine administration error rates between medication aides/technicians and licensed nurses. Overall, less than 3% of total medications passed had errors of moderate to significant potential to harm. Medication aides/technicians were no more likely to have moderate to significant administration errors than were licensed nurses.

[Access results from the CEAL-UNC project study.](#) (member login required)