



MONTANA PHARMACY ASSOCIATION

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PUBLIC HEALTH, SAFETY & ENVIRONMENT

Exhibit No. 3

Date 4/6/2011

Bill No. HB 377

Rough DRAFT

Proposed Amendments to HB 377
3rd Reading Copy

Requested & prepared by Montana Pharmacy Association

April 6, 2011 – Senate Public Health Committee

1. Page 4, line 9.
Following: "medications"
Strike: "except for prelabeled, predrawn"
Insert: "including"

2. Page 4, line 12.
Following: "dosages"
Strike: "."
Insert: ","

3. Page 4, line 13.
Insert: "(f) administer initial doses;"
Insert: "(g) administer controlled substances Schedules II-V;"
Insert: "(h) provide patient teaching or medication education;"
Insert: "(i) administer medications by intramuscular, intravenous, or subcutaneous routes."



4-6-11

Testimony for HB 377.

Mr./Madame Chairman/person and committee members, my name is Kerry Haney. K-E-R-R-Y H-A-N-E-Y. I am a pharmacist and a member of the board of directors for the Montana Pharmacy Association (MPA). This organization represents the profession of Pharmacy in Montana. Since the mid-nineties, I have worked with the elderly in various health care settings. Part of my work experience includes employment with four Montana nursing homes as either a dispensing pharmacist or as a hired consultant. I am also a fellow of the American Society of Consulting Pharmacy which is a national organization that serves pharmacists working with elderly patients.

Today, I ask that you to consider our proposed amendments for HB 377. The membership of MPA has concerns about the current language of the bill because it is lacking certain restrictions in the scope of practice which could lead to patient and public harm. Currently, the limitations outlined in this bill are less restrictive compared to many other states. The proposed amendments address these issues to improve patient safety.

This bill has been created to address a nursing shortage in long term care facilities in Montana. The addition of medication aides in the nursing home is a business model decision. The change has NOT been specifically proposed to improve patient care and may in fact have serious negative effects on this vulnerable patient population that are often unable to advocate from themselves. For these reasons, MPA is opposed to the use of medication aides in the nursing homes unless the proposed amendments are adopted.

The following four amendments are recommended to reduce potential harmful errors in frail elders and limit access to potentially abusable medications. These recommendations are based on similar restrictions outlined in other states utilizing medication aides in nursing home facilities.

The first proposed amendment

1. is that no initial doses of new medications will be administered by a medication aide.
 - a. In the medication use process, the nurse is last health care professional in the line of defense against medication errors.
 - b. There are several steps involved in the administration of a new medication to a patient.
 - c. Before a new drug is administered by a nurse, the order is checked against the original physician order to ensure the correct drug has been received. Also, specific patient information is reviewed such as the patient's allergies, other medications, and conditions to screen for any potential problems. The patient may also receive some education about the new medication at this time.
 - d. Once the medication is given, the nurse monitors the patient for anticipated side effects or allergic reactions due to the drug.
 - e. Some of these duties require patient assessment and are beyond the training or scope of practice of a medication aide. Therefore the administration of initial doses should not be a delegated responsibility.
 - f. (Two states have this restriction – Texas and Georgia)

The second proposed amendment has been suggested because of both patient and public safety concerns.

2. We recommend that medication aides cannot administer controlled substances.
 - a. To begin the explanation of this amendment, I'll provide a few definitions for sufficient background information:
 - i. Controlled substances are medications that have been deemed by the federal government to have a potential for abuse and dependence. Some familiar examples in this category are narcotics or opioid pain medications such as: Oxycontin, Morphine, Vicodin. Other categories of concern include Benzodiazepines such as Valium and Amphetamine-derivatives like Ritalin.
 - ii. Diversion is defined as obtaining medications illegally for the recreational use or sale. An example would include an employee stealing controlled substances from the workplace.
 - b. Currently 7 of the 20 states allowing medication aides in LTC have some restrictions on controlled substances access.
 - i. No cs – Arkansas, California, Connecticut, Utah
 - ii. No CII – Maine, Ohio
 - iii. No access to locked containers: Maryland
 - c. We recommend that controlled substances are not administered by medication aides due to the concern about drug diversion and negative impact on patient care.
 - i. Wherever controlled substances are stored, administered, or dispensed, there exists a potential for diversion and abuse of these medications.

- ii. Access should be limited to prevent diversion and reduce the potential for impaired workers caring for patients. In a nurse home setting, when medications are stolen, they would be stolen directly from the patient and the patient would not receive the dose of medication. This leads to undertreatment of conditions such as moderate to severe pain and could lead to physical withdrawal symptoms in the patient if they do not receive the drug.
 - iii. Additionally, patients taking medications for pain should be assessed daily by a nurse for appropriateness of their pain management regimen.
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- d. In the fall of 2010, the state of Virginia concluded a review on the use of medication aides in LTC. In their final report, they deemed that use of medication aides would not be advisable due to patient safety concerns. The following statement from that report addresses concerns about the administration of controlled substances by medication aides in the nursing homes.
 - e. The report states: The medical profile of residents in nursing homes requires a more significant presence of controlled substances (compared to assisted living facilities). Increased availability may make drug diversion by medication aides in nursing homes more likely to occur. Medication aides may also earn lower wages and have less invested in education and professional development than nurses. This reduces barriers to diversion and barriers to persons seeking to enter the profession for the purpose of drug diversion.
 - f. The following is an example of problems currently encountered in nursing home facilities regarding this issue. Recently, we spoke to a human resources manager and a medical director for two separate Montana facilities. They have concerns about this bill for several similar reasons. They both shared a problem that has been seen in their facilities. There have been several instances where CNAs have stolen strong narcotic pain patches off of patient's body at the beginning of the shift, wear the patch around during their shift, while they are taking care of patients, and replace the patch on the patient before they leave for the day. It goes undetected by nursing and the patient is unaware of what has happened.

Please consider these proposed amendments to HB 377 to strengthen the bill and reduce the potential for patient and public harm.

Thank you for your thoughtful consideration of my statements. I stand for questions.

Kerry Haney, PharmD, FASCP

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