

MEDICATION AIDE PERMIT PROGRAM

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House Bill 4098 (H-2) as reported from committee

Sponsor: Rep. Ben Frederick

1st Committee: Health Policy

2nd Committee: Ways and Means

Complete to 9-11-20

Analysis available at
<http://www.legislature.mi.gov>

BRIEF SUMMARY: House Bill 4098 would amend the Public Health Code to allow for the training and permitting of medication aides, with conditions running parallel to those governing the training and permitting of certified nurse aides (CNAs), which were adopted in 2017.¹ The bill would require the Department of Licensing and Regulatory Affairs (LARA) to administer a medication aide training and registration program in Michigan in conformance with Part 219 of the code (which regulates CNAs and would regulate medication aides).

FISCAL IMPACT: House Bill 4098 would have an indeterminate net fiscal impact on LARA. (See **Fiscal Information**, below, for a detailed analysis.)

THE APPARENT PROBLEM:

According to the bill sponsor, an aging population in Michigan as well as increasing health care costs have led to increased strain on the nursing profession. The bill would allow CNAs with specialized training in administering routine medication to do so under the supervision of a nurse.

THE CONTENT OF THE BILL:

The *scope of practice for a medication aide* would be defined as administering regularly scheduled medications to residents of a nursing home or skilled nursing facility while under the supervision of a registered professional nurse or licensed practical nurse licensed under Article 15.

Medication aide would mean a nurse aide who holds a registration to engage in practice as a medication aide. A medication aide would not be a health professional licensed under Article 15, a registered dietitian, or someone who volunteered to provide nursing or nursing-related services without pay.

Practice as a medication aide would not include the practice of nursing as defined in the code and would not include administering controlled substances, administering medications in injectable forms, the initial administration of medications, or the

¹ House Fiscal Agency analysis of PA 172 of 2017 (SB 286): <http://www.legislature.mi.gov/documents/2017-2018/billanalysis/House/pdf/2017-HLA-0286-34DD3392.pdf>

administration of as needed medications including pro re nata (as the circumstance arises) medications.

Registration and permits

Under the bill, LARA could grant registration to medication aides, permits to medication aide trainers, and permits as training programs to applicants who submit an application according to LARA's requirements and pay the fee described below.

Additionally, the following requirements would apply:

- A medication aide applicant would be required to demonstrate to LARA that he or she had an applicable registration and required work experience as well as successful completion of a medication aide training program and LARA-approved competency examination. The applicant would also need to meet the requirements for registration as described in rules to be promulgated under this section.
- A medication aide trainer applicant would be required to be a registered professional nurse licensed under Article 15 of the code who met requirements promulgated in the new rules.
- A medication aide training program applicant would need to meet requirements promulgated in the new rules and demonstrate to LARA that the program was consistent with other medication aide training programs as provided by rules promulgated by LARA. A medication aide training program would have to incorporate the Medication Assistant-Certified (MA-C) model curriculum adopted by the National Council of State Boards of Nursing (NCSBN) in 2007.²

Finally, a registration or permit would not be transferable and would have to state the persons to whom or which it applied.

Registration for an applicant from another state

LARA could grant registration to an applicant from another state in any of the following instances:

- For an applicant seeking registration to practice as a nurse aide, if the applicant passed a training program that was equivalent to or exceeded that offered in Michigan and passed the LARA-approved competency examination.
- For an applicant seeking registration to practice as a nurse aide, if the applicant was in good standing, according to his or her home state's nurse aide registry, and LARA determined that state's training program was equivalent to or exceeded that offered in Michigan.
- For an applicant seeking registration to practice as a medication aide, if the applicant demonstrated to LARA completion of a medication aide training program from Indiana, Ohio, or Wisconsin and the applicant passed a competency examination approved by LARA.

² MA-C model curriculum, adopted by NCSBN in 2007: https://www.ncsbn.org/07_Final_MAC.pdf

Renewal of registration and permits

A registration or permit would be effective for no longer than two years after the date it was granted. If a registration or permit was not renewed, no practice as a medication aide, training by a trainer, or instruction to a candidate could occur until it was renewed.

A registration or permit would be renewable if the applicant paid the required fees, submitted an application to LARA, and demonstrated that the applicant had met the requirements for renewal according to the rules to be promulgated by LARA.

Medication aide fees

The following fees would be assessed every year, upon initial application and subsequent renewals:

Type of Fee	Fee Amount
Medication aide	\$64
Medication aide trainer	\$80
Medication aide training program	\$500 per site

The fees for registration as a nurse aide would also be raised from \$20 to \$30, and the permit to conduct training or instruction of a nurse aide candidate would be raised from \$40 to \$50.

In addition, an applicant for registration would be required to pay a medication aide competency examination fee of \$125, per examination. All fees would be payable to LARA or LARA's contractor at the time of application or renewal. If the application was denied or the permit or registration revoked before expiration, the fees would not be refunded.

Nurse Aide and Medication Aide Registration Fund

The bill would rename the current Nurse Aide Registration Fund in the state treasury as the Nurse Aide and Medication Aide Registration Fund, and the fees collected above would be credited to the fund. The state treasurer would direct investment of the fund and credit interest and earnings from fund investments to the fund. Money in the fund at the close of the fiscal year would remain in the fund and not lapse to the general fund. LARA would be the fund's administrator for auditing purposes, and would be required to expend money from the fund, upon appropriation, only to implement the registration and training programs for nurse aides and medication aides.

Rules to be promulgated

The bill would allow LARA to promulgate and enforce rules to implement the actions described above. These rules could include: requirements for surveying a medication aide training program; investigating allegations against a medication aide in a nursing home or skilled nursing facility where a medication aide practiced; investigating allegations and taking action against a medication aide trainer or training program; and requirements for enforcing the part of the code regulating medication aides. The rules could also establish eligibility requirements to renew a registration or permit, competency requirements,

examination requirements for registration, and requirements for renewal. As they apply to health facilities or agencies, these rules would have to maintain uniformity with existing rules to the extent reasonable.

The bill would take effect 90 days after its enactment.

MCL 333.21903 et al.

BACKGROUND INFORMATION:

Medication aides (also called medication technicians or medication assistive persons, among other names) are recognized in a number of other states and constitute another tier of care between CNAs and nurses. A 2011 study³ by the National Council of State Boards of Nursing reports 26 states allowing medication aides, while a 2015 list⁴ by the American Nurses Association reports 36 states.

FISCAL INFORMATION:

House Bill 4098 would have an indeterminate net fiscal impact on LARA. Under the bill, LARA would be required to administer a medication aide training and permit program, which would largely mirror the existing regulatory structure for nurse aides.

The bill would regulate medication aides, medication aide trainers, and medication aide training programs. The bill would establish annual fees for registrations and permits in each of these categories of \$64, \$80, and \$500, respectively. Medication aides would also be liable for a \$125 application examination fee.

Revenues from these fees—in addition to existing revenues from nurse aide regulation—would be deposited into the Nurse Aide and Medication Aide Registration Fund, which would be the amended name of the existent Nurse Aide Registry Fund. The amount of revenue would depend on application volumes related to the regulation of medication aides, which is currently indeterminate.

LARA would have expanded responsibilities related to licensing and investigations of, and enforcement actions against, medication aides. It is unclear whether revenues under the bill would be sufficient to offset the department's regulatory costs.

The bill would also increase the biennial registration fee for nurse aides from \$20 to \$30, and the biennial permit fee for nurse aide trainers from \$40 to \$50. Based on current levels of regulated nurse aides and nurse aide trainers (50,498 and 503, respectively), the fee increases would be expected to yield approximately \$510,000 in additional revenue to the Nurse Aide and Medication Aide Registration Fund in the biennial renewal cycle.

³ https://www.ncsbn.org/11_MedAides_Vol51.pdf

⁴ <https://www.nursingworld.org/~4af4e6/globalassets/docs/ana/ethics/state-chart-medication-aide-status-09-15.pdf>

ARGUMENTS:

For:

Proponents supported the bill as a creative way to address the problem of an aging population and the increasing need for medical care. The bill would offer another level of care, which would allow less specialized health care professionals to dispense routine medication and free nurses up to practice at the top of their certification. Allowing medication aides to work in Michigan would also lower health care costs and provide for greater efficiency.

Against:

Critics argued that the current scopes of practice for the various nursing specialties are appropriate and limit the authorization to give more specialized care to those best trained to administer it. They argued that those limits are important to maintain the health and safety of patients and that the bill would put that safety at risk by allowing less qualified nurses to administer medications and participate in other tasks.

POSITIONS:

The following organizations indicated support for the bill:

Tri County Medical Care Facilities Council (9-5-19)

Health Care Association of Michigan (9-9-20)

Michigan National Association of Directors of Nursing Administration in Long
Term Care (9-5-19)

Leading Age Michigan (9-9-20)

Michigan County Medical Care Facilities Council (9-9-20)

The following organizations indicated opposition to the bill:

Michigan Nurses Association (9-9-20)

AFSCME Council 25 (9-5-19)

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.