

Legislative Analysis



MEDICATION AIDE PERMIT PROGRAM

Phone: (517) 373-8080
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House Bill 4316 as introduced
Sponsor: Rep. Ben Frederick
Committee: Health Policy
Complete to 6-23-21

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

SUMMARY:

House Bill 4316 would amend Part 219 (Nurse Aide Training and Registration Program) of the Public Health Code to allow for the training and permitting of medication aides, with conditions running parallel to those that govern 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 (which regulates CNAs and would regulate medication aides).

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

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

Additionally, the following requirements would apply:

- A medication aide applicant would have to demonstrate to LARA that he or she has a current nurse aide registration and required work experience as a nurse aide as well as successful completion of a medication aide training program and a LARA-approved competency examination. The applicant also would have to meet the requirements for registration as described in rules to be promulgated under the bill.
- A medication aide trainer applicant would have to be a registered professional nurse licensed under Article 15 who meets requirements promulgated in the new rules.

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

- A medication aide training program applicant would have to meet requirements promulgated in the new rules and demonstrate to LARA that the program is 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 which it applied. A person could not engage in the applicable activities without first obtaining a registration or permit to do so.

Registration for an applicant from another state

LARA could grant registration to practice as a medication aide to an applicant from another state if the applicant demonstrated to LARA completion of a medication aide training program from Indiana, Ohio, or Wisconsin and passed a competency examination approved by LARA.

Renewal of registration and permits

A registration or permit would be effective for up to two years after the date it was granted. Persons who did not renew their registration or permit could not practice as a medication aide or provide training or instruction to a medication aide candidate until the registration or permit 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

In addition, an applicant for registration would have 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 were 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,

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

upon appropriation, only to implement the registration and training programs for nurse aides and medication aides.

Rules

The bill would provide that, notwithstanding any rule-promulgation authority provided in Article 17, LARA could promulgate rules only as provided in Part 219 and to establish the following:

- Requirements for surveying a nurse aide training program or medication aide training program.
- Requirements for investigating allegations against a nurse aide or medication aide in a nursing home or skilled nursing facility where a nurse aide engages in the practice as a nurse aide or a medication aide engages in the practice of a medication aide and taking action against that nurse aide or medication aide.
- Requirements for investigating allegations and taking action against a nurse aide trainer, nurse aide training program, medication aide trainer, or medication aide training program.
- Requirements for enforcing Part 219.
- Eligibility requirements to grant and renew a registration or permit under Part 219.
- Competency requirements.
- Examination requirements for registration.
- Requirements for renewal.

The bill would take effect 90 days after its enactment.

MCL 333.21903 et seq.

BACKGROUND:

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 IMPACT:

House Bill 4316 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.

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>

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 Registration 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.

Legislative Analyst: Jenny McInerney
Fiscal Analyst: Marcus Coffin

■ 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.