Thank you Representative Vaupel and committee members for considering House Bill 4098 today. I’m Richie Farran, V.P. of Government Services for the Health Care Association of Michigan (HCAM). I would also like to thank the bill sponsor, Rep. Frederick, and the department and stakeholders for working with us on this bill.

HCAM asks for the committee’s support of House Bill 4098, which will establish a medication aide registry in Michigan, allowing CNAs to obtain further education and certification to pass regularly scheduled medications in nursing facilities.

Under the bill, to be eligible to work as a medication aide, an individual must be in good standing in the CNA registry, work as a CNA for 2000 hours over the previous two years, and complete training and pass an exam approved by the department of licensing and regulatory affairs. A medication aide will only be able to pass regularly scheduled medications, and will be precluded from administering controlled substances, IVs, or PRN medications.

This bill serves the dual purpose of enhancing resident safety and addressing workforce issues experienced by Michigan’s nursing facilities. Including medication aides as part of the staff in a nursing facility will free nurses to focus on resident care. Nurses are currently responsible for the administration of medication – often times they are interrupted when performing these duties. The use of medication aides will enable staff to focus on the med pass duties, and can reduce the chance of med pass errors. 22 other states allow for the use of medication aides in nursing facilities, and Studies have shown that the use of medication aides leads to less med pass errors, increased staff satisfaction, reduced rehospitalization, and improved call light response and fall rates – resulting in improved resident safety and quality care.

Establishing a medication aide registry will also allow for eligible CNAs to advance their careers, offering providers with another tool in the tool box to attract a strong workforce and retain employees. In a full employment economy, Michigan nursing facilities face a workforce shortage, competing with retail and food service industry for employees. Rewarding CNAs with a
step up in responsibility and compensation benefits both the staff and the residents they care for. The workforce shortage includes nurses as well – as I said before, the use of medication aides will free nurses to do what nurses do – provide skilled care to residents, helping to attract and retain quality staff.

We have assembled numerous stakeholder workgroups, which included nursing associations and LARA, in an effort to make the best piece of legislation possible. As a result of these discussions, a number of changes to the bill as introduced have been agreed to. Among these changes:

- The training of med aides will take place at an educational institution. A benefit of this is CNAs can earn credits, allowing them to advance in their careers and get one step closer to a nursing degree.
- The bill establishes a strong standard for the curriculum for med aide training, which must reflect at a minimum the National Council of State Boards of Nursing Model Curriculum for medication aides.
- We have also agreed that medication aides should be supervised by an RN, and cannot be supervised by an LPN, to remain consistent with the public health code.
- The new substitute will make is clear the initial administration of a medication, and PRN medications, cannot be administered by a medication aide.
- The new draft will also limit reciprocity to our border states – Wisconsin, Indiana, and Ohio.

These improvements ensure resident safety is paramount under the medication aide program. Many of the details, including establishing the curriculum and continuing education requirements, will be determined during the rule promulgation process, and we look forward to working with LARA once the bill is passed to ensure a strong medication aide program that protects residents and adequately trains CNAs to pass medications.

Thank you for your consideration, and we hope you can support HB 4098. I will now pass it over to Sue to offer a provider perspective of the bill -- we would be happy to answer any questions once she has concluded her remarks.