

HB 4885/4923: Improving Nursing Facility Resident Care and Workforce Shortages



It's time for Michigan to join the 32 other states that are already experiencing the benefits of allowing trained medication aides to administer some medications to nursing facility residents under the supervision of a nurse.

What will HB 4885 and 4923 do?

This bipartisan bill package would allow certified nurse aides (CNAs) to be eligible to become registered medication aides in nursing facilities.

What training and education is required?

The bills require medication aide applicants to demonstrate to the Michigan Department of Licensing and Regulatory Affairs that they hold a current nurse aide registration, have worked as a nurse aide in a skilled nursing facility for at least 2,000 hours during the two-year period immediately preceding application, and have successfully completed a medication aide training program at an educational institution and a LARA-approved competency exam.

How is medication passed in a nursing facility?

Each resident's medication is prescribed by a physician and delivered to the nursing facility pre-packed by the pharmacy for each individual resident. The package includes the resident's name and the time each medication should be given (i.e. morning, evening). Each package is stored in a med cart, which includes a computer screen to access each resident's electronic medical record (EMR).

Currently, a Licensed Practical Nurse (LPN) or Registered Nurse (RN) opens each resident's medication package and notes in the medical record that it has been opened. Before administering medication, the staff follow the "Five rights of medication pass," checking that it is: (1) the right resident, (2) the right medication, (3) the right time, (4) the right dose, and (5) the right medication administration route. The employee then administers the medications to the resident and marks in the medical record that the medications were given.

How will medication aides be used?

Medication aides will be able to focus solely on passing medication, following the controlled procedure described above, allowing LPNs and RNs to spend more time assessing residents — including evaluating residents to see how medication is working and best support residents' health outcomes. Med aides will pass only regularly scheduled medications.

What won't medication aides do?

- Med aides will not provide the initial administration of any medication. Only a nurse will do that.
- Med aides will not administer PRN medications, which are those given as needed (not scheduled). A nurse will still make that determination.
- They will not administer any intravenous (IV) fluids or medications. Only a nurse will do that.
- They will not administer any controlled substances. Only a nurse will do that. Currently, controlled substances are prepackaged in a separate, locked compartment that is only accessible by a nurse, and that practice will continue.

How will HB 4885/4923 improve workforce shortages?

Allowing for medication aides provides a career ladder for CNAs to advance their careers in the long-term care sector. In addition, CNAs often perform very physical work, which takes a toll. Being able to train to become a medication aides allows people to stay in the long-term care workforce longer.

How will HB 4885/4923 improve resident safety?

Currently, nurses can be pulled away from administering medication for several reasons including tending to other resident needs, communicating with physicians, interacting with family members, supervising staff, and more. However, medication aides would be solely dedicated to administering medications. Experience in other states shows med pass errors decrease with the use of medication aides.