

MEDICATION AIDE REGISTRATION AND PERMITS

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House Bill 4885 (H-1) as reported from committee
Sponsor: Rep. Donavan McKinney

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

House Bill 4923 as reported from committee
Sponsor: Rep. Joseph A. Aragona

1st Committee: Health Policy
2nd Committee: Regulatory Reform
Complete to 10-25-23

SUMMARY:

Taken together, House Bills 4885 and 4923 would amend the Public Health Code to allow for the training and registration of medication aides, with conditions running parallel to those adopted in 2017 that govern the training and registration of nurse aides (often referred to as certified nurse aides, or CNAs).¹ House Bill 4885 addresses substantive provisions, and House Bill 4923 adds or amends definitions for terms used in those provisions.

Medication aides (also called medication technicians or medication assistive persons, among other titles) are recognized in several other states and constitute another tier of care between nurse aides and nurses. A 2015 list by the American Nurses Association reports 36 states allowing medication aides, while a more recent media report puts the number at 38.²

The bills would require the Department of Licensing and Regulatory Affairs (LARA) to administer a medication aide training and registration program in Michigan under Part 219 (Nurse Aide Training and Registration Program). That part, which now regulates nurse aides, would under the bills also regulate *medication aides*.

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

Practice as a medication aide would mean 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.

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

Also see <https://www.michigan.gov/lara/bureau-list/bchs/nurse-aide-registry>

² <https://www.nursingworld.org/~4af4e6/globalassets/docs/ana/ethics/state-chart-medication-aide-status-09-15.pdf>
<https://skillednursingnews.com/2023/04/creative-staffing-nursing-homes-push-to-allow-cn-as-to-administer-medication-citing-labor-benefits-savings/>

Practice as a medication aide would not be the practice of nursing as defined in the code and would not include the administration of controlled substances or injectable medications, the initial administration of medications, or the administration of as-needed medications including medications administered as the need arises.

Nurse aide means an individual who holds a registration to engage in practice as a nurse aide (providing nursing or nursing-related services to a patient or resident) under Part 219. A health professional licensed under Article 15, a registered dietitian, or someone who volunteers to provide nursing or nursing-related services without pay is not considered a nurse aide, and practice as a nurse aide is not the practice of nursing as defined in the code.

Registration and permits

LARA could grant registration as a medication aide, a permit for a *medication aide trainer*, or a permit for a *medication aide training program* to an applicant who submits an application according to LARA's requirements and pays the fee described below. The following would also apply:

- A **medication aide** applicant would have to demonstrate to LARA that they hold a current nurse aide registration, have worked as a nurse aide in a nursing home or 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 and a LARA-approved competency examination. The applicant also would have to meet the requirements in rules to be promulgated under the bills.
- A **medication aide trainer** applicant would have to be a registered professional nurse licensed under the code and meet requirements in the new rules.
- A **medication aide training program** applicant would have to meet requirements in the new rules and demonstrate that the program's curriculum is consistent with other medication aide training programs as provided by rules. 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).³

Medication aide trainer would mean an individual who holds a permit to provide training to a medication aide candidate enrolled in a medication aide training program.

Medication aide training program would mean an instructional program offered by a person with a permit that prepares a nurse aide to engage in practice as a medication aide and is provided at a qualified educational institution.

A person could not engage in the above activities without obtaining a registration or permit to do so. A registration or permit could not be transferred. A registration or permit would be effective for up to two years after the date it is granted.

³ MA-C model curriculum, adopted by NCSBN in 2007: https://www.ncsbn.org/07_Final_MAC.pdf

Registration for an applicant from another state

LARA could grant medication aide registration to an applicant from another state who demonstrates that they have successfully completed a training program from Indiana, Ohio, or Wisconsin and passes a competency examination approved by LARA.

Renewal of registration and permits

A registration or permit could be renewed if the applicant pays the required fees, submits an application, and demonstrates that they have met the requirements for renewal according to the new rules (including any continuing education requirements).

Medication aide fees

The bills would provide for the following fees to be assessed biennially, both 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. Fees would not be refunded for an application that is denied or a permit or registration that is revoked before expiration.

Nurse Aide and Medication Aide Registration Fund

The bills would rename the current Nurse Aide Registration Fund in the state treasury as the Nurse Aide and Medication Aide Registration Fund, and the above fees would be credited to the fund. LARA could expend money from the fund, upon appropriation, only to implement the registration and training programs for nurse aides and medication aides.

Rules

The bills would provide that, in addition to the rule-making authority already provided in Part 219 for nurse aides, LARA could establish the following requirements that also or exclusively relate to medication aides, medication aide trainers, and medication aide training programs:

- Requirements for enforcing Part 219.
- Eligibility, competency, and examination requirements for registration.
- Requirements for registration renewal.
- Requirements for surveying a medication aide training program.
- Requirements for investigating allegations against, and taking action against, a medication aide in a nursing home or skilled nursing facility where a medication aide engages in the practice of a medication aide.
- Requirements for investigating allegations against, and taking action against, a medication aide trainer or medication aide training program.

Nurse aide fees

Finally, the bills would increase the biennial fees for registration or renewal to practice as a nurse aide from \$20 to \$30, and for a permit or its renewal to conduct training or instruction of a nurse aide candidate from \$40 to \$50.

HB 4885: MCL 333.21907 et seq.

HB 4923: MCL 333.21903 and 333.21905

Each bill would take effect 90 days after its enactment. The bills can take effect only if both are enacted.

BRIEF DISCUSSION:

According to committee testimony, the bills are meant to address the staffing shortages being faced by nursing home facilities. Supporters argue that creating a career ladder for CNAs will encourage them to stay in the field and help to attract new workers. They also argue that creating a position dedicated to delivering medication will free up time for nurses in the facilities and help to reduce errors.

The bills together are substantively identical to House Bill 4316 (S-2) of the 2020-21 legislative session, except that HB 4316 provided for the medication aide training and permit provisions to end after December 31, 2026.

FISCAL IMPACT:

House Bills 4885 and 4923 would have an indeterminate net fiscal impact on LARA. Under the bills, LARA would be required to administer a medication aide training and permit program, which would largely mirror the existing regulatory structure for nurse aides. House Bill 4885 would provide for the regulation of medication aides, medication aide trainers, and medication aide training programs. The bill would establish biennial 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 current 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. The department projects that increased staffing would be necessary to fulfill these responsibilities. It is unclear whether revenues under the bill would be sufficient to offset the department's increased regulatory costs.

House Bill 4885 would also increase existing fees associated with nurse aide registrations and permits. Given the current populations (as of October 2023) of nurse aides and nurse aide trainers (45,829 and 537, respectively), the revised fee amounts would be expected to generate an additional \$463,700 during the two-year licensing cycle.

POSITIONS:

Representatives of the following entities testified in support of the bills (10-10-23):

- Medilodge
- SEIU Michigan
- Health Care Association of Michigan

The following entities indicated support for the bills (10-10-23):

- Leading Age Michigan
- SEIU Healthcare Michigan

The following entities indicated opposition to the bills (10-10-23):

- Michigan Nurses Association
- AFSCME Council 25

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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.