



House of Representatives

General Assembly

File No. 158

February Session, 2004

Substitute House Bill No. 5406

House of Representatives, March 22, 2004

The Committee on Public Health reported through REP. FELTMAN of the 6th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT ESTABLISHING A MEDICATION TECHNICIAN PILOT PROGRAM.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2004*) (a) For purposes of this
2 section and section 2 of this act, (1) "medication technician" means an
3 individual who (A) is currently listed in good standing on the state of
4 Connecticut nurse's aide registry pursuant to section 20-102bb of the
5 general statutes, and has maintained said registration for a minimum
6 period of two years, (B) has been recommended by the director of
7 nurses at the facility at which the nurse aide is employed, (C) has a
8 high school degree or equivalent, (D) has taken and passed a literacy
9 and reading comprehension screening process prescribed by the
10 Department of Public Health, and (E) has successfully completed a
11 medication technician training program approved by the department,
12 and (2) "facilities" means chronic and convalescent nursing homes and
13 rest homes with nursing supervision, licensed pursuant to chapter
14 368v of the general statutes.

15 (b) The Commissioner of Public Health shall establish a pilot
16 program to implement and evaluate the use of medication technicians
17 in chronic and convalescent nursing homes and rest homes with
18 nursing supervision, licensed pursuant to chapter 368v of the general
19 statutes. The pilot program shall commence on or before April 1, 2005,
20 and shall terminate not later than September 30, 2007.

21 (c) The commissioner shall designate no more than thirty facilities to
22 conduct the pilot program. Facilities may apply for designation on
23 forms prescribed by the department. In reviewing applications for
24 participation, the commissioner shall consider factors including, but
25 not necessarily limited to, facility size, geographic location, patient care
26 history and staffing patterns in accordance with state and federal
27 requirements.

28 (d) Designated facilities may permit medication technicians and
29 individuals completing the clinical component of an-approved
30 medication technician training program to administer oral and topical
31 nonprescription drugs and legend drugs, except for controlled
32 substances as defined in section 21a-240 of the general statutes, as
33 amended, under the direct supervision of a registered nurse and in
34 accordance with a standard written protocol developed by the
35 department. Medication technicians and individuals enrolled in a
36 medication technician training program shall only administer such
37 medications in accordance with this subsection.

38 (e) The department shall approve medication technician training
39 programs that include, but are not necessarily limited to, the following
40 components: (1) Seventy-five hours of classroom instruction, which
41 shall include a minimum of forty-five hours of pharmacology training;
42 (2) supervised practical experience of eighty clinical hours; (3) a final
43 written examination; and (4) a final practical examination administered
44 by a registered nurse. No approved training program shall charge
45 individuals for participation in the program without the prior written
46 approval of the department.

47 (f) Medication technicians shall not be counted when calculating the

48 minimum required staffing levels and staff-to-resident ratios required
49 by the department.

50 (g) The facility participating in the pilot program shall provide for a
51 one-to-one ratio of registered nurses to medication technicians and
52 individuals completing the clinical component of a medication
53 technician training program.

54 (h) No provision of chapter 378 of the general statutes shall be
55 construed as prohibiting the administration of oral or topical
56 medications by medication technicians, to persons who reside in a
57 facility, when such medication is administered under the direct
58 supervision of a registered nurse, pursuant to the written order of a
59 physician or a physician assistant licensed under chapter 370 of the
60 general statutes, a dentist licensed under chapter 379 of the general
61 statutes, or an advanced practice registered nurse licensed under
62 chapter 378 of the general statutes; nor shall it be construed as
63 prohibiting registered nurse's aides who are enrolled in an approved
64 medication technician training program from performing such work as
65 is incidental to their course of study.

66 Sec. 2. (NEW) (*Effective October 1, 2004*) (a) All facilities designated
67 to participate in the pilot program established pursuant to section 1 of
68 this act shall agree to comply with the medication technician pilot
69 program protocol as developed by the Department of Public Health
70 pursuant to subsection (d) of section 1 of this act, and to submit
71 periodic reports to the department, in accordance with such protocol.

72 (b) (1) The reports shall include, but not necessarily be limited to,
73 listing of individuals participating in a medication technician training
74 program, listing of individuals who have successfully completed a
75 medication technician training program and are being utilized as
76 medication technicians and listing of all medication errors made by
77 medication technicians or individuals enrolled in an approved
78 medication technician training program.

79 (2) The department shall collect listings of medication errors from

80 not less than ten chronic and convalescent nursing homes or rest
81 homes with nursing supervision licensed pursuant to chapter 368v of
82 the general statutes that are not participating in the medication
83 technician pilot program.

84 (c) Each facility shall provide detailed reports to the department.
85 The detailed reports shall include all information required by
86 subsection (b) of this section, plus an analysis of time spent with
87 patients by registered nurses before and after the pilot program began,
88 analysis of all medication errors listed pursuant to subdivision (1) of
89 subsection (b) of this section and such other information as the
90 Commissioner of Public Health may require.

91 (d) Facilities shall not allow a medication technician to administer
92 medications if a pattern of medication errors is noted or if the
93 medication technician is found to have diverted any patient
94 medication.

95 (e) Approval to participate in the pilot program may be revoked at
96 any time for failure to comply with the provisions of this section and
97 section 1 of this act or the medication technician pilot program
98 protocol.

99 (f) The department shall designate thirty facilities not participating
100 in the pilot program established pursuant to section 1 of this act to
101 submit periodic reports to the department. Such facilities shall be
102 comparable in size to the facilities participating in the pilot program.
103 The reports required pursuant to this subdivision shall be submitted to
104 the department on a schedule established by the department, and shall
105 include, but need not be limited to, an analysis of the amount of time
106 nurses in nonparticipating facilities spend with patients and the
107 specific functions performed by such nurses.

108 (g) The Commissioner of Public Health shall report, in accordance
109 with section 11-4a of the general statutes, to the joint standing
110 committee of the General Assembly having cognizance of matters
111 relating to public health not later than January 1, 2006, and annually

112 thereafter until the pilot program terminates, concerning the results of
113 such pilot program. The report shall include, but not be limited to,
114 recommendations regarding state certification and or registration of
115 medication technicians.

This act shall take effect as follows:	
Section 1	<i>October 1, 2004</i>
Sec. 2	<i>October 1, 2004</i>

PH *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 05 \$	FY 06 \$
Public Health, Dept.	GF - Cost	38,600	61,000
Comptroller Misc. Accounts (Fringe Benefits)	GF - Cost	7,490	27,670
Social Services, Dept.	GF - Savings	Potential Minimal	Potential Minimal

Note: GF=General Fund

Municipal Impact: None

Explanation

Passage of this bill will result in an FY 05 cost to the Department of Public Health of \$38,600. Included in this sum is \$37,000 to support the six-month salaries of one half-time Supervising Nurse Consultant, one half-time Nurse Consultant, and one half-time Office Assistant as well as \$600 for office supplies, copying and postage expenses and a one-time equipment cost of \$1,000. Associated fringe benefit costs, which are budgeted centrally in miscellaneous accounts administered by the Comptroller of \$7,490 would result¹.

These positions would be required to perform various duties associated with the implementation of the medication technician pilot program, including: Reviewing applications for participation; approving training programs; writing a standard protocol; compiling data regarding medication errors and time spent with patients by

¹ The fringe benefit costs for state employees are budgeted centrally in the Miscellaneous Accounts administered by the Comptroller. The total fringe benefit reimbursement rate as a percentage of payroll is 45.82%, effective July 1, 2003. However, first year fringe benefit costs for new positions do not include pension costs - lowering the rate to 20.23% in FY 05. The state's pension contribution is based upon the prior year's certification by the actuary for the State Employees Retirement System.

nurses; monitoring facility compliance with program guidelines and taking action if revocation of approval to participate is warranted; analyzing data from facilities in the control group for comparison with the same from the experimental group; and reporting to the Public Health Committee on the pilot program's results by January 1, 2006 and January 1, 2007.

In FY 06 a departmental cost of \$61,000 would be incurred, reflecting six-month employment of the aforementioned Supervising Nurse Consultant and Office Assistant and twelve-month employment of the Nurse Consultant. These costs would be supplemented by \$27,670 in fringe benefits costs.

The Medicaid program currently pays for approximately two-thirds of nursing home bed days in Connecticut. To the extent that the pilot program results in fewer hours billed for registered nurses, savings to the Medicaid program may result. Given the limited scope of the pilot program, any such savings are expected to be minimal. The program may also result in a shift in staffing patterns, but not in overall staffing levels that are billed to Medicaid. In such a case, there would be no impact to the Medicaid program.

OLR Bill Analysis

sHB 5406

AN ACT ESTABLISHING A MEDICATION TECHNICIAN PILOT PROGRAM**SUMMARY:**

This bill establishes a pilot program allowing trained medication technicians to administer certain medications to patients in up to 30 nursing homes around the state. Specifically, the bill:

1. establishes requirements individuals must meet in order to become medication technicians, requires the Department of Public Health (DPH) to approve medication technician training programs, and establishes standards for the programs;
2. requires DPH to designate the nursing homes participating in the pilot program based on an application and review process;
3. allows medication technicians to administer certain medications to nursing home residents under the direct supervision of a registered nurse (RN) and according to a DPH standard written protocol;
4. prohibits counting medication technicians toward required nursing home staffing levels and ratios;
5. requires nursing homes participating in the pilot program to submit detailed reports to DPH on their medication technician usage, including a list and analysis of medication errors;
6. prohibits a medication technician from administering medications if a pattern of error is found;
7. allows DPH to revoke a nursing home's participation at any time for failure to comply with the bill's provisions as well as the DPH protocol; and
8. requires DPH to report to the Public Health Committee on the program.

EFFECTIVE DATE: October 1, 2004

MEDICATION TECHNICIAN PILOT PROGRAM***Application for Program and Program Basics***

The pilot program must begin by April 1, 2005 and end by September 30, 2007. The DPH commissioner must designate up to 30 facilities to participate in the program. Nursing homes can apply on DPH forms. In selecting participants, the department must consider factors such as facility size, location, patient care history, and staffing patterns according to state and federal requirements.

Selected nursing homes can allow medication technicians and individuals enrolled in DPH-approved training programs (see below) to administer oral and topical nonprescription and prescription drugs under the direct supervision of an RN and according to a standard written protocol developed by DPH. A medication technician cannot administer controlled substances. ("Controlled substances" are grouped in Schedules I through V, according to their decreasing tendency to promote abuse or dependency. Schedule I substances are the most strictly controlled because of their high potential for abuse. State and federal laws authorize prescribing drugs on Schedules II through V; most Schedule I drugs have no approved medical use.)

Medication technicians can only administer allowed medications to nursing home residents and pursuant to the written order of a physician, physician assistant, dentist, or advanced practice registered nurse. The bill specifies that it does not prohibit registered nurse's aides in approved medication technician training programs from performing work incidental to their study.

The bill also requires DPH to designate 30 facilities, which are not part of the pilot program but are comparable in size to those in the program, to provide periodic reports analyzing time spent by nurses with patients and specific functions performed. DPH must establish a schedule for reporting.

Medication Technician Requirements

The bill defines a "medication technician" as a person who (1) is currently listed in good standing on Connecticut's nurse's aide registry and has maintained registration for at least two years; (2) is recommended by a nursing home's director of nurses; (3) has a high school or equivalent degree; (4) has passed a DPH-prescribed literacy and reading comprehension screening process; and (5) successfully completed a DPH-approved medication technician training program.

Medication Technician Training Programs

Under the bill, DPH must approve medication technician training programs. Approved programs must include (1) 75 hours of classroom instruction, with a minimum 45 hours of pharmacology training; (2) 80 clinical hours of supervised practical experience; (3) a final written examination; and (4) a final practical examination administered by an RN. Approved programs must get prior written approval of DPH to before charging individuals to participate.

Nursing Home Reporting Responsibilities and Medication Errors

Nursing homes participating in the pilot program must agree to comply with DPH's protocol and submit periodic reports to DPH. Reports must include lists of (1) those participating in medication technician training programs, (2) those successfully completing a training program and being used by the facility as such, and (3) all medication errors made by medication technicians or those in approved training programs.

DPH must collect lists of medication errors from at least 10 nursing homes not participating in the pilot.

Each facility in the pilot program must provide DPH with detailed reports including all information cited above plus (1) an analysis of the time spent by RNs with patients before and after the pilot program began, (2) an analysis of all medication errors by medication technicians or those in approved programs, and (3) other information DPH requires.

Under the bill, a nursing home cannot allow a medication technician to administer medications if a pattern of errors is noted or if the medication technician has diverted any patient medication.

Staffing Levels and Ratios

The bill specifies that medication technicians cannot be counted when calculating minimum staffing levels and staff-patient ratios required by DPH. The bill requires nursing homes in the pilot program to have a one-to-one ratio of RNs to medication technicians and individuals completing the clinical component of the training program.

Reports to Legislature

The bill requires DPH to report annually to the Public Health Committee, beginning January 1, 2006, concerning the preliminary results of the pilot program. The report must address recommendations on state certification or registration of medication technicians.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
Yea 16 Nay 7