



General Assembly

February Session, 2004

Amendment

LCO No. 4789

HB0562804789HDO

Offered by:

REP. FELTMAN, 6th Dist.

To: Subst. House Bill No. 5628

File No. 450

Cal. No. 317

(As Amended)

"AN ACT CONCERNING FUNERAL DIRECTORS AND VITAL RECORDS."

1 After the last section, add the following and renumber sections and
2 internal references accordingly:

3 "Sec. 501. (NEW) (*Effective October 1, 2004*) (a) For purposes of this
4 section and section 502 of this act, (1) "medication technician" means an
5 individual who (A) is currently listed in good standing on the state of
6 Connecticut nurse's aide registry pursuant to section 20-102bb of the
7 general statutes, and has maintained said registration for a minimum
8 period of two years, (B) has been recommended by the director of
9 nurses at the facility at which the nurse aide is employed, (C) has a
10 high school degree or equivalent, (D) has taken and passed a literacy
11 and reading comprehension screening process prescribed by the
12 Department of Public Health, and (E) has successfully completed a
13 medication technician training program approved by the department,
14 and (2) "facilities" means chronic and convalescent nursing homes and

15 rest homes with nursing supervision, licensed pursuant to chapter
16 368v of the general statutes.

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

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

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

40 (e) The department shall approve medication technician training
41 programs that include, but are not necessarily limited to, the following
42 components: (1) Seventy-five hours of classroom instruction, which
43 shall include a minimum of forty-five hours of pharmacology training;
44 (2) supervised practical experience of eighty clinical hours; (3) a final
45 written examination; and (4) a final practical examination administered
46 by a registered nurse. No approved training program shall charge

47 individuals for participation in the program without the prior written
48 approval of the department.

49 (f) Medication technicians shall not be counted when calculating the
50 minimum required staffing levels and staff-to-resident ratios required
51 by the department.

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

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

68 Sec. 502. (NEW) (*Effective October 1, 2004*) (a) All facilities designated
69 to participate in the pilot program established pursuant to section 501
70 of this act shall agree to comply with the medication technician pilot
71 program protocol as developed by the Department of Public Health
72 pursuant to subsection (d) of section 501 of this act, and to submit
73 periodic reports to the department, in accordance with such protocol.

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

79 medication technicians or individuals enrolled in an approved
80 medication technician training program.

81 (2) The department shall collect listings of medication errors from
82 not less than ten chronic and convalescent nursing homes or rest
83 homes with nursing supervision licensed pursuant to chapter 368v of
84 the general statutes that are not participating in the medication
85 technician pilot program.

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

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

97 (e) Approval to participate in the pilot program may be revoked at
98 any time for failure to comply with the provisions of this section and
99 section 501 of this act or the medication technician pilot program
100 protocol.

101 (f) The department shall designate thirty facilities not participating
102 in the pilot program established pursuant to section 501 of this act to
103 submit periodic reports to the department. Such facilities shall be
104 comparable in size to the facilities participating in the pilot program.
105 The reports required pursuant to this subdivision shall be submitted to
106 the department on a schedule established by the department, and shall
107 include, but need not be limited to, an analysis of the amount of time
108 nurses in nonparticipating facilities spend with patients and the
109 specific functions performed by such nurses.

110 (g) The Commissioner of Public Health shall report, in accordance
111 with section 11-4a of the general statutes, to the joint standing
112 committee of the General Assembly having cognizance of matters
113 relating to public health not later than January 1, 2006, and annually
114 thereafter until the pilot program terminates, concerning the results of
115 such pilot program. The report shall include, but not be limited to,
116 recommendations regarding state certification and or registration of
117 medication technicians."