



House of Representatives

General Assembly

File No. 104

January Session, 2005

Substitute House Bill No. 6716

House of Representatives, March 30, 2005

The Committee on Public Health reported through REP. SAYERS of the 60th 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, 2005*) (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 of two years, (B) has been recommended by the director of nurses at
7 the facility at which the nurse's aide is employed, (C) has a high school
8 degree or equivalent, (D) has taken and passed a literacy and reading
9 comprehension screening process prescribed by the department, and
10 (E) has successfully completed a medication technician training
11 program approved by the department, (2) "facilities" means chronic
12 and convalescent nursing homes and rest homes with nursing
13 supervision, licensed pursuant to chapter 368v of the general statutes,
14 (3) "department" means the Department of Public Health, and (4)

15 "commissioner" means the Commissioner of Public Health.

16 (b) The commissioner shall establish a pilot program to implement
17 and evaluate the use of medication technicians in chronic and
18 convalescent nursing homes and rest homes with nursing supervision,
19 licensed pursuant to chapter 368v of the general statutes. The pilot
20 program shall commence on or before April 1, 2006, and shall
21 terminate not later than September 30, 2008.

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

29 (d) Designated facilities may permit medication technicians and
30 individuals completing the clinical component of an approved
31 medication technician training program to administer oral and topical
32 nonprescription drugs and legend drugs under the supervision of a
33 registered nurse and in accordance with a standard written protocol
34 developed by the department. Medication technicians and individuals
35 enrolled in a medication technician training program shall only
36 administer such medications in accordance with this subsection.

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

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

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

49 (g) The facility participating in the pilot program shall arrange for
50 registered nurses to supervise medication technicians and individuals
51 completing the clinical component of a medication technician training
52 program.

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

65 Sec. 2. (NEW) (*Effective October 1, 2005*) (a) All facilities designated
66 to participate in the pilot program established pursuant to section 1 of
67 this act shall agree to comply with the medication technician pilot
68 program protocol as developed by the Department of Public Health
69 pursuant to subsection (d) of section 1 of this act, and to submit
70 periodic reports to the department, in accordance with this section and
71 such protocol.

72 (b) The reports shall include, but not necessarily be limited to, (1)
73 listing of individuals participating in a medication technician training
74 program, (2) listing of individuals who have successfully completed a
75 medication technician training program and are being utilized as
76 medication technicians, (3) listing of all medication errors made by
77 medication technicians or individuals enrolled in an approved
78 medication technician training program and an analysis of such errors,
79 (4) an analysis of time spent with patients by registered nurses before

80 and after the pilot program began, and (5) such other information as
81 the commissioner may require.

82 (c) Facilities shall not allow a medication technician to administer
83 medications if a pattern of medication errors is noted or if the
84 medication technician is found to have diverted any patient
85 medication.

86 (d) Approval to participate in the pilot program may be revoked at
87 any time for failure to comply with the provisions of this section and
88 section 1 of this act or the medication technician pilot program
89 protocol.

90 (e) The department shall collect listings of medication errors from
91 not less than ten chronic and convalescent nursing homes or rest
92 homes with nursing supervision licensed pursuant to chapter 368v of
93 the general statutes that are not participating in the medication
94 technician pilot program.

95 (f) The department shall make arrangements, at no cost to the
96 department or the state, for a professional nonprofit nursing
97 organization in this state to evaluate the reports and data submitted to
98 the department pursuant to subsections (a), (b) and (e) of this section.
99 Such evaluation shall include, but not be limited to, a comparison of
100 the number of medication errors of facilities not participating in the
101 program and the number of such errors at participating facilities.

102 (g) The commissioner shall report, in accordance with section 11-4a
103 of the general statutes, to the joint standing committee of the General
104 Assembly having cognizance of matters relating to public health not
105 later than January 1, 2007, and annually thereafter until the pilot
106 program terminates, concerning the results of such pilot program,
107 including a comparison of the number of medication errors of facilities
108 not participating in the program and the number of such errors at
109 participating facilities. The report shall include, but not be limited to,
110 recommendations regarding state certification and or registration of
111 medication technicians.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2005</i>	New section
Sec. 2	<i>October 1, 2005</i>	New section

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 06 \$	FY 07 \$
Public Health, Dept.	GF - Cost	40,975	62,750
State Comptroller - Fringe Benefits	GF - Cost	8,740	33,825
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 06 cost to the Department of Public Health of \$40,975. Included in this sum is \$38,575 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 one-time equipment costs of \$2,400. Associated fringe benefit costs of \$8,740 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; collecting data on medication errors and time spent with patients by nurses; monitoring facility compliance with program guidelines and taking action if revocation of approval to participate is warranted; compiling

¹ The fringe benefit costs for state employees are budgeted centrally in the Miscellaneous Accounts administered by the Comptroller. The estimated fringe benefit reimbursement rate as a percentage of payroll is 53.91%, effective July 1, 2004. However, first year fringe benefit costs for new positions do not include pension costs lowering the rate to 22.65%. The state's pension contribution is based upon the prior year's certification by the actuary for the State Employees Retirement System.

data from facilities in a control group; and reporting to the Public Health Committee on the pilot program's results by January 1, 2007 and January 1, 2008.

In FY 07 a departmental cost of \$62,750 would be incurred, reflecting six-month employment of the Supervising Nurse Consultant and Office Assistant and twelve-month employment of the Nurse Consultant. These costs would be supplemented by \$33,825 in fringe benefits costs.

The bill requires the DPH to arrange for an in-state nonprofit nursing organization to evaluate the reports and data submitted by facilities participating in the pilot project and those in the control group, at no cost to the state. The agency's ability to comply with this requirement will depend upon the availability of sufficient private resources for this purpose. No such resources have been identified to date.

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 6716

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 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 errors 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, 2005

MEDICATION TECHNICIAN PILOT PROGRAM

Application for Program and Program Basics

The pilot program must begin by April 1, 2006 and end by September 30, 2008. 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 completing the clinical component of a DPH-approved training program (see below) to administer oral and topical nonprescription and prescription drugs under the supervision of an RN and according to a standard written protocol developed by DPH. 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.

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 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 medication technicians, and (3) all medication errors made by medication technicians or those in approved training programs and an analysis of the errors, (4) an analysis of time RNs spend with patients before and after the pilot program began, and (5) other information DPH requires.

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

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.

Report and Data Evaluation By a Nursing Organization

The bill requires DPH to make arrangements, at no cost to the state, for a professional nonprofit nursing organization in Connecticut to evaluate the reports and data submissions required under the bill. The evaluation must include a comparison of the number of medication errors in facilities not participating in the program with those made in participating facilities.

Staffing Levels and Ratios and RN Supervision

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 arrange for RNs to supervise 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, 2007 and until the program terminates, concerning the results of the pilot program. The report must include a comparison of the number of medication errors in facilities in the program with the number of such errors in non-participating facilities. The report must also address recommendations on state certification or registration of medication technicians.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 16 Nay 5