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TESTIMONY RE: HB 6380
An Act Concerning the Budget for the Biennium Ending June 30, 2013

Appropriations Committee

March 4, 2011

Good Evening Senator Harp, Representative Walker, Senator Kane and Representative Miner and members of the Appropriations Committee

Thank you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA), the professional organization for registered nurses in Connecticut. I am Mary Jane Williams PhD., RN, current chairperson of its Government Relations Committee and Professor Emeritus, Central Connecticut State University. I have practiced nursing for over 45 years and have educated nurses in Connecticut for 35 years.

Connecticut Nurses' Association has determined that it cannot support this proposal **TO ALLOW ADMINISTRATION OF MEDICATIONS BY UNLICENSED PROVIDERS IN HOME CARE SETTINGS.**

It is a MYTH to think Medication Assistants can be trained to safely administer medications.

- The decision to make a major change in health care policy must be based on objective evidence and unbiased research. The current standard of practice requires major changes in the delivery of care be based on evidenced based research. This is a standard we hold all health care practitioners, providers and facilities accountable to. The same standard *must be upheld* in making decisions about one of the most vulnerable population professional nurses provide care for in the home.

The administration of medications is not a usual and routine task. It requires skill, knowledge and judgment related to the assessment of the patient. A change from a licensed nurse administering medications in the home care settings proposed would be a major change in health care policy in this state. It separates the individual who administers the medication from the individual who is responsible for the assessment and the outcome.

- This separation adds additional responsibility and time to the Registered Nurse role and additional risks for the patient *and* for the Registered Nurse's license.

- Safe Administration of Medications is much more than a Technical Process. It requires skill in Assessment, Planning, Implementation and Evaluation.
- Administration involves selecting the right patient, right medication, right dose, right method, right time and right response (ANA).
- This group of patients has unique needs.
 - These patients are the most vulnerable, frail and may have multiple comorbidities that need ongoing assessment. Patients may have decreased tolerance to the drugs due to systemic failure.
 - Who will be responsible for evaluating the effectiveness of drug therapy and who will be held accountable for untoward events experienced by this population? These are questions that must be answered.
- The Registered Nurse (RN) is ultimately responsible for every patient if they are in a supervisory position. They are responsible for the implementation of the care plan and changes, the acceptance of verbal orders, and the administration of medications by the proposed certified medication technicians.
- This proposal does not address what a safe level of responsibility for a registered nurse to carry in relation to number of patients, individuals being supervised and other activities that are required.
- With the creation of a medication technician, a double standard of care is created. The bottom line is that there is no justification for this practice. If it is considered unsafe and illegal for one segment of our population to receive this level of care, why is it acceptable for other vulnerable populations to receive a lower level of care provision?"
- Short term solutions related to Connecticut's budget deficit that put home care clients at risk may not be in Connecticut's best interest. There will be unintended consequences that will not protect the health of the public.

We urge the committee to examine other solutions that have the potential to lower the bottom line without putting our citizens at risk.