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**TESTIMONY: H.B. 5014 AN ACT MAKING ADJUSTMENTS TO STATE EXPEDITURES AND  
REVENUES FOR THE FISCAL YEAR ENDING JUNE 30, 2013**

**APPROPRIATIONS COMMITTEE  
February 17, 2012**

Good Evening Senator Harp, Representative Walker, Senator Kane, 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 the Government Relations Committee and Professor Emeritus, Central Connecticut State University.

**I am providing testimony on AN ACT MAKING ADJUSTMENTS TO STATE EXPEDITURE  
AND REVENUES FOR THE FISCAL YEAR ENDING JUNE 30, 2013**

The Connecticut Nurses' Association has several strong concerns with this proposal "TO ALLOW ADMINISTRATION OF MEDICATIONS BY UNLICENSED PROVIDERS IN HOME CARE SETTINGS." We are concerned with maintaining patient safety and the integrity of nursing practice. We must remember as health care providers that first we promise to "Do No Harm". Therefore, in order to consider this proposal, we must consider all the possible consequences.

It is our belief that:

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 (medication administration) 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 populations 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 as 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 mandates the provider have 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 co-morbidities that need ongoing assessment. Patients may have decreased tolerance to the drugs due to systemic system failure.
  - The questions you need to ask include but are not limited to:
    - Who will be responsible for evaluating the effectiveness of drug therapy and who will be held accountable for untoward events experienced by this population?

- Who will design, implement and evaluate the competence of the technician, in an ongoing manner?
  - Who will design and construct the educational program and assure continued competence?
  - What qualifications will be required for an individual to serve as a medication technician? i.e. English speaking, high school degree etc.
  - What health care practitioners will make decisions about the clients in this program? Will it include the primary providers inclusive of the MD and/or APRN?
- 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, 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.
  - It should also be noted this population needs professional monitoring, without this monitoring these patients may decompensate, end up in Emergency Rooms. Inadvertently this will not be a cost effective solution for Connecticut.

“The International Council of Nurses’ (ICN) position statement, *Assistive or Support Nursing Personnel*, states that “the delegation of nursing care and the supervision of assistive nursing personnel is the responsibility of nurses”, and that “ the role, preparation, standards, and practice of assistive nursing personnel must be defined, monitored, and directed by registered nurses.”

Provision 4 of the *Code of Ethics and Interpretive Statements for Nurses* (ANA, 2010) declares a Registered Nurse (RN) is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care." Nurse managers and administrators are also accountable for the provision of "an environment that supports and facilitates appropriate assignment and delegation. It is expected that the RN assigns and delegates tasks based upon the needs and conditions of the patient, potential for harm, stability of the patient's condition, complexity of the task and predictability of the outcome. (*Standard 14, Nursing: Scope and Standards of Practice, ANA 2010*).

In accordance with professional standards of practice, state nurse practice acts and regulatory language, the Registered Nurses must evaluate the performance of any delegated task and is ultimately responsible for the nursing care related patient outcomes."

"The findings of the first national survey of medication aides were reported by the National Council of State Boards of Nursing (NCSBN) in the October 2011 issue of the *Journal of Nursing Regulation*. **The data from this study imply that a disparity exists between regulation and practice.** Medication aides reported being required to take on responsibilities beyond their defined role and training, some without sufficient supervision, if any.

So what does this mean for states in which assistive personnel are or may become authorized to administer medications? Although the "task" has been shifted to assistive personnel, responsibility for the nursing care outcome remains with the nurse.

Is the delegation of medication administration to assistive personnel whose training requirements are not standardized the best approach to ensuring the delivery of safe and quality nursing care? Like so much of the practice of registered nurses, it is not about tasks.

Nurses must be present when policy and statutory changes are being discussed and be prepared to describe what unique contributions they make and recognize the implications associated with proposed changes. Also, strict compliance with state regulations, appropriate education and adequate supervision are essential." (Janet Haebler MSN, RN, Associate Director, ANA State Government Affairs at [janet.haebler@ana.org](mailto:janet.haebler@ana.org).)

We urge the committee members to examine the information and evidence being submitted from a variety of resources. We recommend that the solutions to this issue be based on the research evidence and that any solution be based on sound educational principles, extensive skill training, certification and regulation that mandates demonstration of continued competence.

Registered professional nurses must be a part of this process as ultimately they will be responsible for the assessment, planning, implementation and evaluation of any care provided by unlicensed personnel.

We as professional nurses are receptive to collaboratively developing alternatives that have a potential to be cost effective but we must not sacrifice public safety and patient care and safety to accomplish cost savings.

Thank you

Mary Jane M. Williams PhD., RN