

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Senator Jan Meyers at
Chairperson

10 a.m./~~p.m.~~ on January 26, 1983 in room 526-S of the Capitol.

All members were present ~~XXXXX~~

Committee staff present:

Norman Furse and Bill Wolff

Conferees appearing before the committee:

Kay Hale, Kansas Hospital Association
Dick Hummel, Kansas Health Care Association
Dr. Robert Harder, Secretary, SRS
Dr. Lois Scibetta, Kansas State Board of Nursing
Barbara Sabol, Secretary, DH&E
Nickie Stein, Kansas State Nursing Association
Keith Landis, Christian Science Committee on Publication for Kansas

Others present: see attached list

SB 26 - Administration of medications by unlicensed persons

Kay Hale, RN, Kansas Hospital Association, testified in favor of SB 26. She said this bill was requested by Kansas Hospital Association, along with the Kansas Health Care Association, to correct a problem in the Nurse Practice Act. The 1978 Legislature passed an exception to the Nurse Practice Act allowing medication aides to administer medications in adult care homes, but long-term units were not included in that exception. Basically, long-term care units provide the same services as adult care homes, and KHA believes that medication aides should be authorized to be employed on these units, as they are in adult care homes. The training required of medication aides, along with the fact that a registered nurse is on duty in the hospital at all times, assures that quality care will be given to patients on long-term care units. KHA also proposes a modification of the language in Sec. 1(i), substituting the words "hospital-based" for "hospital-organized". KHA recommends SB 26 reported favorably, with the modification suggested. (Attachment #1).

Norman Furse, Revisor of Statutes Office, said medication aides would be practicing nursing without a license unless they come under this exemption in the bill.

There were several questions concerning education of medication aides. Ms. Hale said that medication aides do not have continuing education. It is not mandatory. They have in-service training.

Dick Hummel, Kansas Health Care Association, testified in favor of SB 26. Mr. Hummel said that KHCA views this as a technical amendment to legitimize the practice and authorize the continued employment of medication aides by long-term care units. By rule and regulation of DH&E, medication aides in adult care homes are permitted to administer only oral or topical medications and they must be given under the supervision of an LPN or RN. He said trained medication aides have proven to be an important and needed adjunct to the long-term health care team in Kansas, and requests that SB 26 be reported favorably. (Attachment #2).

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 526-S, Statehouse, at 10 a.m./~~pm~~ on January 26, 1983

Dr. Robert Harder, Secretary, Social and Rehabilitation Services, submitted an amendment to SB 26 which would include the authorization of mental health technicians to administer medications. He said the mental health technician program is a longer training program than the medication aide program. He also suggested that Sec. (i) be deleted.

Dr. Lois Scibetta, Exec. Administrator, Kansas State Board of Nursing, testified that the Board was not opposed to SB 26, but was concerned in regard to Sec. (i), which refers to certification of medication aides. The KSBN does not supervise medication aides, and they are under the Department of Health and Environment. Dr. Scibetta stated that extreme caution should be exercised when delegating important responsibilities to unlicensed personnel. (Attachment #3). She said that KSBN would have no objection to Dr. Harder's amendment.

Barbara Sabol, Secretary, Department of Health and Environment, testified that the department does not oppose SB 26, but suggests that the committee seriously consider the issue that medication aides are trained and certified once. There is no requirement for re-certification, no requirement for continuing education, and no authority to revoke a license. She said there is a distinction between long-term care units and hospitals - hospitals must have an RN on all shifts and nursing homes might have only LPN's. (Attachment #4).

There were several questions concerning training for medication aides, mental health technicians, and licensed professional nurses. LPN's must have continuing education for on-going licensure.

Nickie Stein, RN, representing Kansas State Nursing Association, testified against SB 26. She stated that KSNA feels that it is unsafe for medication aides to give medications in adult care homes, and this bill would expand the number and type of persons who would have their medications given by unlicensed persons, or aides. This bill is unnecessary because every hospital has LPN's and/or RN's on duty 24 hours a day, and they can give the medications. (Attachment #5).

Keith Landis, Christian Science Committee on Publication for Kansas, requested that Sec. (c) of SB 26 be amended, and distributed copies of the proposed amendment to committee members. (Attachment #6).

Senator Morris moved that the minutes of January 25, 1983, be approved. Senator Francisco seconded the motion, with the correction that Senator Bogina be counted "present" instead of "absent". The motion carried.

The meeting was adjourned.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE
DATE 1-26-83

(PLEASE PRINT)

NAME AND ADDRESS

ORGANIZATION

ELEANOR MAWLY L.M.H.T.2 Osawatomie	AFSCME
DONALD MAWLY Osawatomie	✓
MARJORIE SLYDER L.M.H.T.2 Osaw.	✓
HARRIET H. PIGHT Clerk III "	✓
MINA DIEDIKER ATAH	✓
Chris Gramer L.M.H.T.1 Osawatomie State Hospital	AFSCME
KETH R LANDIS TOPEKA	CHRISTIAN SCIENCE COMMITTEE FOR PUBLICATION FOR KANSAS
Zak Warr Polkonia Topeka	UPI
Elizabeth Carlson "	Bo. of Health Care
Michelle HINDS Topeka	Legislative Interven Rep. Bureau
Dr. Loui Rich Seibelt "	KSBW
Ray B. Hale, D.N.	Kansas Hospital Assn.
Dick Hummel	KS HEALTH CARE ASSN
NICKIE STEIN	KS St. Nurses Assn.
Robert C. Harde	SRS
Ken Schatzenmeyer	Kansas Pharmacist Assn.
Gerold T. Haworth	SRS / MHA S
Barbara J. Stahl	KATG
Jee Xie Howald	"
Rebecca Kupper	K.H.A.
M. Hawer	Topeka Capital Journal

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TESTIMONY OF THE KANSAS HOSPITAL ASSOCIATION
ON SENATE BILL 26

We appreciate the opportunity to express our support for Senate Bill 26. We, along with the Kansas Health Care Association, requested this bill to correct a problem in the Nurse Practice Act. The 1978 Legislature passed an exception to the Nurse Practice Act to allow medication aides to administer medications in adult care homes. We believe that it was an oversight at that time that hospital-based, long-term care units were not included in that exception. Section 1(i) of Senate Bill 26 alleviates the problem by allowing hospital-based, long-term care units to use medication aides to administer medications.

Basically, hospital-based, long-term care units provide the same type of services as adult care homes to persons needing long-term, rather than acute, institutional care. We, therefore, believe that medication aides should be authorized to be employed on these units, as they are in adult care homes.

There are currently 32 hospitals with long-term care units and 12 of these are now using medication aides. We are not aware of any problems this has created. However, a November 8, 1982, letter from the Department of Health and Environment noted that the use of medication aides by hospital long-term care units was a violation of the Nurse Practice Act and these hospitals would be cited for a deficiency in this area when they are surveyed. Thus, we are asking you to amend the Nurse Practice Act.

The majority of hospitals using medication aides cited costs as the primary reason for their employment. LPN salaries are approximately 45 percent higher than medication aides, and RN salaries are almost twice that of medication aides. Two of the hospitals said they would have to close their long-term care units if medication aides were not allowed to be employed.

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Kansas hospitals are very concerned about the quality of health care they deliver to their communities. We believe that the training required of medication aides, and the fact that at least one registered nurse is required to be on duty in the hospital at all times, assures that quality care will be given to patients on long-term care units. Medication aides are required to be certified as nurse aides (90 clock hours of instruction) and to take a statewide examination. Once the examination is passed, the aide must enroll in a 60-hour program for medication aide training. They must then pass a second examination to become certified as a medication aide. These requirements ensure the competency of medication aides to administer oral medications.

As to the bill itself, we would propose a modification of the language in Sec. 1(i). "Hospital-organized, long-term care units" is not a term we are familiar with. The industry generally speaks in terms of "hospital-based, long-term care units," and such modification could be made in this bill.

In summary, we appreciate the opportunity to present this problem to you and urge you to support passage of Senate Bill 26 with one of the proposed modifications.

1-21-83

1-26-83 #2

Member of



Kansas Health Care Association



TESTIMONY BEFORE THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

By

Dick Hummel, Executive Director Kansas Health Care Association

January 26, 1983

S.B. 26

"AN ACT concerning the practice of nursing; relating to the administration of medications by certain unlicensed persons; amending K.S.A. 65-1124 and repealing the existing section."

Senator Meyers and Committee Members:

On behalf of the Kansas Health Care Association, which includes ten member long-term care units, thank you for this opportunity to appear in support of S.B. 26, which we view as a technical amendment to clear-up a past misunderstanding, to legitimize the practice and authorize the continued employment of medication aides by long-term care units (LTCUs).

REASON FOR THE BILL

The Nurse Practice Act was amended in 1978 to permit the use of medication aides by adult care homes. Evidently LTCUs assumed that they were covered under the provisions of the change, since subsequent to then LTCUs have trained and employed medication aides.

Then, in November 1982, a letter was sent (attached) to LTCUs from the Bureau of Hospitals, advising them that this practice was in violation of the Nurse Practice Act.

This action lead to the request for this bill.

TRAINING/FUNCTION OF MEDICATION AIDES

The Kansas State Department of Health and Environment is the agency with the ultimate authority for both the medication aide and nurse aide training programs. However, program guidelines and training standards are administered by the Department of Education. Medication aide courses are presented by

"We Care"

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Testimony on S.B. 26
by Dick Hummel
January 26, 1983
Page Two

vocational schools and community colleges.

Prior to being accepted into a medication aide course, a student must have satisfactorily completed a nurse aide training program, generally 90 clock hours in length.

The medication aide course is generally 60-70 clock hours in length.

An instructor of the medication aide course must be an R.N., have a minimum of 1-2 years clinical experience in an adult care home, and must be certified through the Certification Section of the Department of Education.

By rule and regulation of the Kansas State Department of Health and Environment, medication aides in adult care homes are permitted to administer only oral or topical medications, although at one time the training program included the administration of parenteral medications (intramuscular, subcutaneous, insulin) and aides were taught injectable techniques.

Medications must be given under the supervision of an LPN or R.N.

IMPORTANCE OF MEDICATION AIDES

Trained medication aides have proven to be an important and needed adjunct to the long-term health care team in Kansas. They have proven to be a valuable asset, and perform an important function.

We caution the committee to be wary of those critics who may speak against medication aides in general, and in their specific objections to their use by LTCUs. Another conferee will point out that those LTCUs experiencing the greatest problems are located in rural areas.

We challenge the argument that more nurses are available, and would be available to obviate the need for medication aides, if higher salaries were paid them.

We respectfully request your favorable reporting of S.B. 26.

RECEIVED NOV 10 1982

State of Kansas . . . John Carlin, Governor

DEPARTMENT OF HEALTH AND ENVIRONMENT

Joseph F. Harkins, Secretary

Forbes Field
Topeka, Kansas 66620
913-862-9360



8 November 1982

MEDICATION ADMINISTRATION

The purpose of this letter is to remind you that the Nurse Practice Act (KSA 65-1113 et seq.) limits the administration of medications in health care institutions to registered nurses or licensed practical nurses under the direction of a registered nurse. The only exception to this requirement that appears in this statute allows unlicensed persons in facilities licensed as adult care homes to administer medications if they have satisfactorily completed a training program in medication administration approved by the Secretary of Health and Environment.

Recently there have been several hospitals found that employ certified medication aides in their long-term care units who are passing medications. This is a clear violation of the Nurse Practice Act by both the facility and the aide. Accordingly, when this deficiency is found during a certification survey, it will be necessary to cite the Medicare or Medicaid regulation requiring compliance with all state or federal laws or regulations to be "not met."

If you have any questions, please call me at (913) 862-9360, extension 478.

Richard S. Swanson, Director
Hospital Program

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cc: Kansas Hospital Association
Kansas Health Care Association ✓

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KANSAS STATE BOARD OF NURSING

BOX 1098, 503 KANSAS AVENUE, SUITE 330
TOPEKA, KANSAS 66601

Telephone 913/296-4929

TO: The Honorable Jan Meyers, Chairman, and Members of the
Public Health and Welfare Committee, Senate

FROM: Dr. Lois Rich Scibetta, R.N.

DATE: January 26, 1983

RE: Senate Bill No. 26

Madame Chairman, my name is Dr. Lois Rich Scibetta, and I am the Executive Administrator of the State Board of Nursing. I appear today on behalf of the Board of Nursing regarding Senate Bill #26 which amends K.S.A. 65-1124 in the Nurse Practice Act. The major concern expressed by the Board is in regard to Section (i)... "the administration of medications to residents of adult care homes or to patients in hospital-organized long term care units by an unlicensed person who has been certified as having satisfactorily completed a training program in medication administration approved by the Secretary of Health and Environment." SB 26, 0058-0063.

The Board of Nursing does not supervise medication aides. The medication aides are under the Department of Health and Environment.

As you know, there is an exception in our current regulations (K.S.A. 65-1124) for medication aides. This Bill would expand that exception.

We believe that extreme caution should be exercised when delegating important responsibilities, such as the administration of medications, to unlicensed, minimally prepared personnel. Such delegation may result in endangering the public health and safety.

Thank you. I will be happy to answer any questions which you may have.

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3/1-26-83

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

TESTIMONY ON SENATE BILL NO. 26

PRESENTED JANUARY 26, 1983

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

This is the official position taken by the Kansas Department of Health and Environment on Senate Bill No. 26:

NEED FOR:

Medication aides have practiced for many years in adult care homes. In the late 1970's K.S.A. 65-1124 was amended to specifically authorize their practice in adult care homes. Federal Medicaid regulations allow their practice in certified facilities whether adult care home or hospital long term care unit.

Senate Bill No. 26 would permit medication aides to practice in hospital long term care units, as well as in adult care homes.

The Department has adopted a standard curriculum for medication aide training that requires sixty hours of training. In order to be admitted to the training, an individual must be a certified nurse aide. The training programs are administered by the Department of Education through the community colleges and area vocational technical schools.

STRENGTHS:

Senate Bill No. 26 would make state requirements consistent with current federal certification allowances and would allow hospital long term care units to utilize the same, more economical staffing configuration as adult care homes.

WEAKNESSES:

There continues to be concern over whether or not the substitution of medication aides for nurses has a negative impact on the quality of care provided. There is no question that the training required for medication aides is minimal and focused only on skills and information necessary for administering medication.

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Presented January 26, 1983
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DEPARTMENT'S POSITION:

The Department does not oppose Senate Bill No. 26, but suggests that the committee seriously consider the issue that medication aides are trained and certified once. There is no statutory requirement for recertification, no requirement for continuing education, and no specific statutory authority to revoke the certification should there be problems.

Presented by: Barbara J. Sabol, Secretary
Department of Health and Environment

KSNA

the voice of Nursing in Kansas

Statement of the Kansas State Nurses' Association
by Lynelle King, R.N., M.S., Executive Director
Before the Senate Public Health and Welfare Committee
January 26, 1983

In Opposition to SB 26, Medication Administration by
Additional Unlicensed Persons

Madam Chairperson and members of the Committee, my name is Lynelle King and I am the Executive Director of the Kansas State Nurses' Association, the professional organization for the Registered Nurses in Kansas. KSNA is a constituent of the American Nurses' Association.

With great respect and appreciation for the sponsor, we must still strongly urge the defeat of this bill. Professional nurses and KSNA see our highest purpose as being patients' advocates and it is for that reason that we must speak out against lowering of standards of safe patient care:

1. Although it is legal now for certain aides to give medications in "nursing homes" (adult care homes), KSNA has consistently opposed this, pointing out that this is an unsafe practice. Aides do not have sufficient background in physiology, pathology, symptomatology, patient assessment, as well as pharmacology to make reasoned judgements about whether to give or withhold medications, and about whether patients are reacting desirably or undesirably to a drug. They cannot recognize when they need to phone the physician to report untoward effects of drugs. Aides are largely unsupervised by licensed persons in most intermediate care homes.

2. This bill would expand the number and type of patients who would have their medications given by unlicensed persons (aides), as your staff explained in the briefing this past Monday. Currently no hospital in Kansas legally can use unlicensed persons to give medication. This would allow such aide medication administration in "hospital-organized long term care units".

3. There is no clear delineation in many hospitals in Kansas, especially the smaller ones, between "hospital" patients and "hospital-organized long term care unit" patients. Thus there would be no way to insure that aides would not be giving medications to acutely-ill hospital patients. The new "swing-bed" approach (an approach we support) adds to the probability that medicine aides could not be strictly confined to one type of patient or another. WE DO NOT BELIEVE IT WOULD BE POSSIBLE FOR ANY STATE AGENCY TO MONITOR SUCH PRACTICES TO ASSURE THAT THE HOSPITAL PATIENTS WERE NOT HAVING MEDICATION ADMINISTERED BY UNLICENSED AIDES.
4. It is unnecessary. Every hospital has LPNs and/or RNs on duty 24 hours a day. They can give the medications.

We strongly urge you to give SB 26 an unfavorable vote.

LK/lw

1-26-83 #6

Christian Science Committee on Publication For Kansas

820 Quincy Suite K
Topeka, Kansas 66612

Office Phone
913/233-7483

To: Senate Committee on Public Health and Welfare

Re: SB 26

We request that Senate Bill 26 be amended by striking a portion of line 28 and inserting new wording, as follows:

"(c) serving the sick by prayer or spiritual means nursing or caring for the sick in accordance with tenets or practices of any church or religious denomination which teaches reliance upon spiritual means through prayer for healing as long as those so serving the sick do not practice professional nursing or practical nursing within the meaning of this act;"

Because Christian Science is known for its reliance on spiritual means through prayer for healing, some may be surprised to learn that for over 70 years Christian Science nurses have been serving the sick and injured on some cases being treated through prayer by Christian Science practitioners.

A Christian Science nurse serves only on cases where treatment is being given through prayer by a Christian Science practitioner. The Christian Science nurse is trained to support the prayerful, healing treatment of the Christian Science practitioner while attending to the patient's physical needs for food, cleanliness, and physical comfort. This nurse's duties may include preparing meals, writing letters, or reading to the patient as well as bathing or moving the patient when necessary. Of course, the usual methods of medical care and treatment are not used on these cases.

K.S.A. 65-1113 defines the activities which constitute the practice of professional and practical nursing. We do not seek to infringe upon either the practice or prestige of our friends who are devoting their efforts toward meeting mankind's needs through the practice of nursing as there defined.

By retaining the language, "as long as those so serving the sick do not practice professional or practical nursing within the meaning of this act," our need should be met and there should be no possibility of anyone using this provision to circumvent the letter or the intent of the laws governing the practice of nursing.

RLC h. 6