1999 HOUSE HUMAN SERVICES

HB 1403

1999 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1403

House Human Services Committee

☐ Conference Committee

Hearing Date January 26, 1999

Tape Number	Side A	Side B	Meter #
1		X	34.0 - End
2	X		0.0 - 21.0
Committee Clerk Signature Susann Lindteigen			

Minutes:

OWEN LARSON, Director, Minot Vocational Workshop, testified about 35 years ago the first developmentally disabled adult was referred to our agency. We needed to establish a system to uniformly provide medication administration. We talked to a nurse, doctor, pharmacist, social worker, and asked them for their opinion on the best way to create a training system to provide medication administration in a standardized way. A condition of employment that anyone giving medication to clients must have is the training module that we created. We did that for 17 years. Then with the advent of the lawsuit and court order, it directed the department of human services to create a licensing and accreditation standard. One of the conditions of that licensure was that the department of human services would not reimburse us as a private agency for medical administration services unless all staff had completed a modular competency based training program along with documentation. Now, they are suggesting we register these names and pay a

fee. How would we change the competency of people who have been doing this for 35 years because we would pay a fee and register somebody? We urge your support of this bill.

Rep. BRUCE ECKRE asked who is suggesting this now? OWEN LARSON stated that as a licensed agency we would be required to pay the Board of Nursing a registration fee and register all of the staff who administer medication on or about July 1.

Rep. WANDA ROSE asked did you have a registered nurse or a licensed nurse on staff 35 years ago? OWEN LARSON stated yes. Rep. WANDA ROSE asked and do you have one today? OWEN LARSON stated we have two full-time RN or consultant nurses. Rep. WANDA ROSE asked what's in their job description when you say consultative? OWEN LARSON stated their primary responsibility is to provide advise to other professional staff, for general care questions, work as liaison with physicians, review prescribed medications, train staff for procedures that are recommended by primary care physicians, be part of regular training staff development program, but not to provide direct nursing services. They have no patient responsibilities.

MARY PAULSON SIMONSON, Administrator, Open Door Center, testified (Testimony attached).

Rep. WANDA ROSE stated your big concern is cost and paying a registration fee and asked when there is a medication problem that occurs with a client, where does the CRP go for advise? MARY PAULSON SIMONSON said we are concerned about cost because the agency would have to absorb the cost and we are concerned about the paperwork. We have 200 staff so I would have to certify 150 staff. We have a pharmacist, a nurse, and one nurse consultant. Rep. WANDA ROSE asked are the CRP's practicing under a licensed individual or through the nurse's license. MARY PAULSON SIMONSON stated no because our nurses do general

services. Rep. WANDA ROSE asked does your nurse do an assessment and review the medications? MARY PAULSON SIMONSON stated our pharmacist does that with a nurse sometimes.

KAREN SCHUMACHER, Product Director, Health, NW Technical College, Moorhead, MN, written testimony (attached).

OPPOSITION

CONSTANCE KALANEK, Executive Director, ND Board of Nursing testified (Testimony attached). Board has the registry since 1951.

Rep. BRUCE ECKRE quoted testimony on Page 2 "...the board bears responsibility for the regulation of nursing practice." He asked is the responsibility in code or written in law? CONSTANCE KALANEK stated it's in statute.

Rep. RALPH METCALF asked of the six departments that you coordinate with, is one of them from the Disabled Services involved and were their views made known? CONSTANCE KALANEK said yes. Rep. RALPH METCALF asked is there an organized service for disabled persons or an association of homes, i.e., Open Door Center? CONSTANCE KALANEK deferred the question. There is a nursing organization of Development Disabilities, NODD. Rep. CLARA SUE PRICE said there is a ND Association of Community Facilities. Rep. RALPH METCALF asked were they included in this? Rep. CLARA SUE PRICE stated it doesn't appear that they were. CONSTANCE KALANEK stated this is the list I acquired. I'm sure they were invited and chose not to participate. Rep. RALPH METCALF asked about the Health Care agency and concerning habitat versus health care and is there any adjustment and are they the same thing? CONSTANCE KALANEK stated from the Board's perspective when a

licensed nurse delegates tasks to another individual to perform then we consider it a part of the nursing task. Prior to 1977, the rules and the definition of nursing did not include delegating medication or prescription to any other individual. Rep. RALPH METCALF discussed Mr. Larson's statement about not having nurses review the medication and that it was done by a pharmacist. He asked so in this particular case, it doesn't look like nurses are involved except for specific individual cases. CONSTANCE KALANEK stated I do not know how his organization is set up. I can't speak to that.

Rep. ROBIN WEISZ asked do you have any numbers as to how many patients had severe medical reaction to something because of improper medication by unlicensed staff and how severe is the problem, currently. CONSTANCE KALANEK stated I'm not sure what you're asking. Rep. ROBIN WEISZ asked if we are trying to license this group, I have to assume its because there is a problem here in the fact that these people aren't properly trained. Do we have cases with severe medical reactions because of improper medication.? CONSTANCE KALANEK stated the nurse assistant registry has approximately 110-120 applicants that we do not allow to come on the registry for whatever reason, i.e., felons, history that doesn't provide safe practice.

Rep. CLARA SUE PRICE asked is the error rate high? Has there been a problem with these people that have been doing this for 35 years in medical facilities? Is there a pattern? CONSTANCE KALANEK stated we have a registry of board members, also a registry of health department that tracks individuals. To my knowledge, there isn't a medication error problem. Rep. CLARA SUE PRICE stated I was here when we did the 1995 Nurse Practices Act and part of the reason this is back as stated in your testimony is we exempted DD providers, foster care

providers, and others as stated in your testimony. Please track the Practices Act through the legislation and why the exception was listed. CONSTANCE KALANEK deferred to Pat Helm and Cal Rolfson.

Rep. WILLIAM DEVLIN asked is there an error rate that can be cited and where is the industry as a whole? CONSTANCE KALANEK stated we would like to have 100% accuracy but we can't give an exact percentage but it is less than 100%.

Rep. WANDA ROSE asked who's licensure are they practicing under when administering medications, i.e., nursing, social work, CEO? CONSTANCE KALANEK said the licensed nurse delegates the task to an individual for medications to be administered and she is ultimately responsible for specimens, monitoring, and follow-up of the individual.

Rep. CLARA SUE PRICE asked is the pharmacist responsible if they delegate the task? CONSTANCE KALANEK stated if the pharmacist is the licensed practitioner, that is correct.

Rep. CLARA SUE PRICE discussed the Activities of Daily Living form distributed by the Board of Nursing. If an employee handles the activities of daily living, they would fall under this. So if they give someone a manicure, they're going to have to be under this? CONSTANCE KALANEK stated the definition of activities for DD homes didn't have to be supervised by a nurse. Rep. CLARA SUE PRICE asked if its on your Board of Nursing form and has to be certified by the Board of Nursing, don't you think they would have to go by your definition? CONSTANCE KALANEK stated they have to know how to perform those procedures and meet the competency that is required.

DEBORAH JOHNSON, ND Board of Nursing, written testimony (attached).

BRUCE BOLYARD, Administrator, Edgewood Vista, Minot, written testimony (attached).

DEBORAH WALD-WEIR, President, ND Board of Nursing, written testimony (attached).

PENNI WESTON, ND Nurses Association testified (Testimony attached). Another concern is the on-going monitoring.

Rep. PAT GALVIN asked don't most medications from the pharmacy have a time frame on them? PENNI WESTON stated that is true but long-term care settings have medications reviewed depending on the medication.

Rep. TODD PORTER asked will this increase the cost to the facility to have nurses supervise and review it? PENNI WESTON stated if a nurse is involved at any level, they go back to the nurse which means the nurse is making out an assessment sheet and it now falls under her rights.

Rep. TODD PORTER asked if the authority is given to the Board of Pharmacy, would it allow the person to work under that board rather than the Board of Nursing? PENNI WESTON didn't know. The other concern is the application process helps weed out the individuals that are not safe to perform nursing tasks, i.e., drug abuse history. Rep. TODD PORTER stated the cost is estimated at $30/year to have these people under the Board of Nursing. Most of these jobs are $7/hour jobs. That represents substantial wage percentage difference in comparison to the certification they have to carry. Do you know what the same comparison for a registered nurse is for what they're being charged and what is the actual cost to provide the certification in comparison to what is charged for the certification PENNI WESTON deferred the question. CONSTANCE KALANEK stated for the registration fee is $20 for three year renewal to be on the medication assistant registry as proposed in the attorney general's office; nurse assistants who are on the registry is $10 fee for two year renewal. Rep. TODD PORTER asked what is the reason for the difference, the nurse assistant does less? CONSTANCE KALANEK stated I don't

know what you're asking? PENNI WESTON said its like what's the difference between an EMT and EMT I. CONSTANCE KALANEK said in answer to the last part of your question, the RN licensure fee is $60 and LPN is $50 for a two year period.

Rep. AMY KLINISKE asked are medication administration people making an assessment? PENNI WESTON stated with the testimony that has been presented, that is what I'm hearing but also a nurse is brought in if something happens. So her license is accountable.

PATRICIA HELM testified in answer to Rep. CLARA SUE PRICE question on the DD exemption and the Nurse Practices Act. In 1991, the ND Legislature passed the Nurse Practices Act. The regulatory authority for those who provide assistance to the nurse should be included in the Board of Nursing. Then, we promulgated administrative rules to clarify that regulatory authority. The rules provided the general framework for global or specific delegation. Prior to the delegation rules, the scope of nursing task that could be delegated to unlicensed assistants was limited. Those rules became effective in November 1992. In 1995, the Nurse Practice Act, NDCC 43-12.1-04, No. 9, there was an exemption for the 1995 session because there was a sunset clause that read "are effective through July 31, 1997, and after that date are ineffective." That's where the Board of Nursing and the various departments came together and formed a committee, held meetings, looked at the intent of the law, and drafted potential laws for review in November 1997.

Hearing closed.

1999 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1403

House Human Services Committee

☐ Conference Committee

Hearing Date February 2, 1999

Tape Number	Side A	Side B	Meter #
2	X		9.1 - 27.9
Committee Clerk Signature Susann Lindteigen			

Minutes:

Committee Discussion.

Rep. CLARA SUE PRICE discussed the amendment. The definition of foster care provider agency includes residential child care centers.

Rep. ROXANNE JENSEN moved to ADOPT AMENDMENTS.

Rep. AMY KLINISKE second the motion.

Further Committee Discussion.

Rep. CLARA SUE PRICE stated the sunset clause was to come up in 1997 and it didn't.

Rep. TODD PORTER stated there is a need for an emergency clause. Rep. CLARA SUE PRICE stated the agencies didn't bring that up.

VOICE VOTE: 12 yeas, 1 nay (Rep. Rose), 2 absent

Rep. AMY KLINISKE moved DO PASS AS AMENDED.

Rep. ROXANNE JENSEN second the motion.

Further Committee Discussion.

Rep. WANDA ROSE stated I do not agree with a do pass. This is a way to circumvent the Board. They didn't budget appropriately since 1995.

ROLL CALL VOTE #6: 11 yeas, 2 nays, 2 absent

CARRIER: Rep. RALPH METCALF

Adopted by the Human Services Committee
February 2, 1999

VR 2/3/99

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1403

Page 1, line 7, after the second "a" insert "licensed"

Page 1, line 8, replace "licensed under chapter 25-16" with "or within a licensed treatment or care center for mentally ill individuals"

Renumber accordingly

replaced

90775.0102
Title.0300

Adopted by the Human Services Committee
February 11, 1999

VR 2/12/99

HOUSE AMENDMENTS TO HOUSE BILL NO. 1403 HUMSER 2-12-99

Page 1, line 7, after "within" insert "a residential treatment center for children licensed under chapter 25-03.2,"

Page 1, line 8, after "25-16" insert ", or a residential child care facility licensed under chapter 50-11"

Renumber accordingly

Date: 2-2-99
Roll Call Vote #: 6

1999 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1403

House Human Services Committee

☐ Subcommittee on

or

☐ Conference Committee

Legislative Council Amendment Number

Action Taken Do Pass As Amended

Motion Made By Amy Kliniske Seconded By Roxanne Jensen

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairwoman	X		Bruce A. Eckre	X	
Robin Weisz - Vice Chairman			Ralph Metcalf	X	
William R. Devlin	X		Carol A. Niemeier	X	
Pat Galvin			Wanda Rose		X
Dale L. Henegar	X		Sally M. Sandvig		X
Roxanne Jensen	X				
Amy N. Kliniske	X				
Chet Pollert	X				
Todd Porter	X				
Blair Thoreson	X				

Total Yes 11 No 2

Absent 2

Floor Assignment Ralph Metcalf

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1403: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (11 YEAS, 2 NAYS, 2 ABSENT AND NOT VOTING). HB 1403 was placed on the Sixth order on the calendar.

Page 1, line 7, after "within" insert "a residential treatment center for children licensed under chapter 25-03.2,"

Page 1, line 8, after "25-16" insert ", or a residential child care facility licensed under chapter 50-11"

Renumber accordingly

1999 SENATE HUMAN SERVICES

HB 1403

1999 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB1403

Senate Human Services Committee

❑ Conference Committee

Hearing Date MARCH 17, 1999

Tape Number	Side A	Side B	Meter #
1	X		5,525
1		X	
2	X		
3/22/99 1	X		
3/24/99 1	X		
Committee Clerk Signature	Carol Kolodejchuk		

Minutes:

The hearing on HB1403 was opened.

REPRESENTATIVE PRICE, sponsor, introduced bill.

SENATOR REDLIN, sponsor, spoke on behalf of the bill. He spoke about the independent living situation and job opportunities for these people. The bill is an attempt to keep people working.

OLIN LARSON, Director of Minot workshop, supports bill. One of the most critical problems that we would have to solve in accepting patients from Grafton was how to give medication, the right medication to the right person, and the dosage at the right time. We hired a nurse, a physician, a pharmacist, an attorney, psychologist and a social worker and we built a training program to assure that how we administer medication was against existing standards 35 years

ago. We developed a program, trained all of the staff and for 17 years we administered the program 7 days a week, 24 hours a day. We did it successfully. Then the ARC order required the Human Service Department to develop a standardized uniform system for providing training of all staff who administer medications to persons with disabilities. The HSD spoke with us and other providers, looked at our records, and developed a module. When the module was in place the HSD said you will train all staff with this module as a condition of employment in your agency. Should you fail to do that or the person fail the exam we will not reimburse you for any expenses you incur. Now we are being told we are to register the staff, pay an annual fee and continue the training we have done for the last 17 years. How is that going to change the quality of service? SENATOR LEE: Congratulations on great institution and the running of it.

MARY SIMONSON, Administrator of Open Door Center, supports bill with written testimony. SENATOR DEMERS: How long does it take to do the module. MS. SIMONSON answered that the module training may be at the pace of the individual. There are 4 practicums annually. The first three are done under the supervisor. This is done annually. SENATOR DEMERS: Do you do any training in adverse effects? MS. SIMONSON: Yes, our pharmacist comes in an talks about side effects, drug interaction, and consult with him regularly.

Opposition to HB1403.

PATRICIA HILL, Board of Nursing, opposes bill with written testimony. SENATOR DEMERS: Was exemption part of the discussion? MS. HILL: We were to meet and come to a conclusion. When we came to the conclusion of the meeting there was nothing said to suggest this. SENATOR LEE: What is the chronology on this bill. The sunset was permitted to expire. MS. HILL: The sunset clause did expire; we thought we would be able to go on but 53-08 was

repealed so we could not continue. I don't know the effective date. The question of legality became a problem.

CONSTANCE KALANEK, Exe. Dir of ND Board of Nursing, opposes bill. (written testimony)

SENATOR LEE: Do you feel training is inadequate? MS. KALANEK: If this bill is passed that supervision will no longer be required. SENATOR DEMERS would like copy of report.

PENNI WESTON, ND Nurses Assoc., opposes bill. (written testimony) SENATOR THANE: Are the qualifications of Med Asst inadequate? MS. WESTON: The training is great. They need to register; it may be a problem for employer. Nursing must check over younger employees.

KAY CHRISTOPHER, Student of U of Mary, opposes bill in written testimony.

ROSE STOLLER, Mental Health Assoc., opposes bill. This bill will offer a compromise in care. New drugs are constantly introduced. After effects happen.

DEBORAH WALD-WIER, Brd member, Dickinson, opposes bill. (written testimony)

SENATOR LEE: Nurses are always involved with services being provided. MS. WALD-WIER: The Hospice Nurses are responsible for supplying the medications. That nurse deliveries the medication to the caregiver and gives instruction/education required.

KRISTEN FRIED, Registered Nurse, opposes bill. (written testimony) SENATOR DEMERS: Will nurses continue to be employed by DD? MS. FRIEDT: Yes, and the administrative activities.

SHARON MOOS, ND Nurses Assoc., opposes bill, written testimony.

DEBRA JOHNSON, Reg Nurse, opposes bill, written testimony.

ELAINE TAYLOR, ND LPN Assoc., opposes bill, written testimony.

MARY SMITH, Reg Nurse and Nurse Educator, opposes bill, written testimony.

KARA MANGOLD opposes bill, written testimony.

VICKY FREY, Nursing student, opposes bill. (written testimony)

The hearing was closed.

Discussion was held on 3/22/99. Amendments were agreed to be brought to the committee by concerned parties. Action held until later.

Discussion resumed on 3/24/99. Amendments were drafted by concerned parties which stated that present law would be extended for two years and all groups would come to agreement before next legislative session. SENATOR KILZER moved the amendments. SENATOR MUTZENBERGER seconded the motion. The motion was withdrawn by SENATOR KILZER and SENATOR MUTZENBERGER to redraft the amendments. STEVE SKOGGE supports the redrafting of amendments; get all the players at the table. This is a lot bigger than just us. It needs negotiation with all parties.

Redraft will be ready for committee at call of the chair this afternoon.

Called back to order at 3:15. Discussion resumed. SENATOR LEE explained the amendments. SENATOR LEE moved the amendments. SENATOR DEMERS seconded the motion. Roll call vote carried 6-0-0. SENATOR LEE moved DO PASS AS AMENDED. SENATOR DEMERS seconded it. Roll call vote carried 6-0-0. SENATOR LEE will carry the bill.

90775.0301
Title.

Prepared by the Legislative Council staff for
Senator Lee
March 24, 1999

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1403

Page 1, line 2, after "licensure" insert "; to require the department of human services and the North Dakota board of nursing to make recommendations regarding administration of medications; and to provide an expiration date"

Page 1, after line 10, insert:

"**SECTION 2. DEPARTMENT OF HUMAN SERVICES AND NORTH DAKOTA BOARD OF NURSING - RECOMMENDATION.** The department of human services and the North Dakota board of nursing, after consultation with appropriate individuals and entities, shall prepare a joint recommendation for consideration by the fifty-seventh legislative assembly regarding the administration of medication according to section 1 of this Act.

SECTION 3. EXPIRATION DATE. Section 1 of this Act is effective through July 31, 2001, ~~and after that date is ineffective, unless the department of human services or the North Dakota board of nursing, or both, fail to comply with section 2 of this Act, in which case section 1 of this Act remains effective~~. By January 1, 2001, the department of human services shall certify to the governor and the legislative council regarding satisfaction of section 2 of this Act."

Renumber accordingly

a licensed person may delegate medication administration to a person exempt under this section.

need to report to the appropriate interim committee. (Legislative Council)

Date: 3/24/99
Roll Call Vote #: 1

1999 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1403

Senate HUMAN SERVICES COMMITTEE Committee

☐ Subcommittee on ____________________
or
☐ Conference Committee

Legislative Council Amendment Number ____________________

Action Taken Amendments prepared for Sen Lee w/changes

Motion Made By ____________________ Seconded By ____________________

Senators	Yes	No	Senators	Yes	No
Senator Thane					
Senator Kilzer					
Senator Fischer					
Senator Lee					
Senator DeMers					
Senator Mutzenberger					

Total ______(yes) ______(no)

Absent ____________________

Floor Assignment ____________________

If the vote is on an amendment, briefly indicate intent:

Date: Mar 24, 99
Roll Call Vote #: 2

1999 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1403

Senate HUMAN SERVICES COMMITTEE Committee

☐ Subcommittee on
or
☐ Conference Committee

Legislative Council Amendment Number

Action Taken Proposed Amendments to Engrossed HB # 1403

Motion Made By Sen. Lee Seconded By Sen. DeMers

Senators	Yes	No	Senators	Yes	No
Senator Thane	✓				
Senator Kilzer	✓				
Senator Fischer	✓				
Senator Lee	✓				
Senator DeMers	✓				
Senator Mutzenberger	✓				

Total 6 (yes) 0 (no)

Absent

Floor Assignment

If the vote is on an amendment, briefly indicate intent:

Date: Mar 24, 99
Roll Call Vote #: 3

1999 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1403

Senate HUMAN SERVICES COMMITTEE Committee

☐ Subcommittee on
or
☐ Conference Committee

Legislative Council Amendment Number

Action Taken Do Pass as amended

Motion Made By Sen Lee Seconded By Sen DeMers

Senators	Yes	No	Senators	Yes	No
Senator Thane	✓				
Senator Kilzer	✓				
Senator Fischer	✓				
Senator Lee	✓				
Senator DeMers	✓				
Senator Mutzenberger	✓				

Total 6 (yes) 0 (no)

Absent

Floor Assignment Sen Lee will carry the bill.

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1403, as engrossed: Human Services Committee (Sen. Thane, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1403 was placed on the Sixth order on the calendar.

Page 1, line 1, after the first "to" insert "provide a licensed nurse may delegate medication administration; to"

Page 1, line 2, after "licensure" insert "; to require the department of human services and the North Dakota board of nursing to report to the legislative council and to make recommendations regarding administration of medications; and to provide an expiration date"

Page 1, after line 10, insert:

"**SECTION 2. Delegation of medication administration.** A licensed nurse may delegate medication administration to a person exempt under section 1 of this Act.

SECTION 3. DEPARTMENT OF HUMAN SERVICES AND NORTH DAKOTA BOARD OF NURSING - RECOMMENDATION - REPORT TO LEGISLATIVE COUNCIL. The department of human services and the North Dakota board of nursing, after consultation with appropriate individuals and entities, shall prepare a joint recommendation for consideration by the fifty-seventh legislative assembly regarding the administration of medication according to section 1 of this Act. During the 1999-2000 interim, the department of human services and the North Dakota board of nursing shall report annually to the legislative council regarding the progress in preparing a joint recommendation under this section. By December 10, 2000, the department of human services shall certify to the governor and the legislative council regarding satisfaction of the reporting and recommendation requirements under this section.

SECTION 4. EXPIRATION DATE. This Act is effective through July 31, 2001, and after that date is ineffective."

Renumber accordingly

1999 TESTIMONY

HB 1403

TESTIMONY IN FAVOR OF HB 1403

Madame Chair, members of the Committee, my name is Mary Paulson Simonson. I am and have been the Administrator of Open Door Center for the past 16 1/2 years. Open Door Center serves people with disabilities including persons with a brain injury (HI Soaring Eagle Ranch), people with mental illness and children and adults with developmental disabilities.

I am here to testify in favor of HB 1403 as a representative of the North Dakota Association of Community Facilities and as the Administrator of Open Door Center. I want to thank Representative Price and R Representative Metcalf for sponsoring this bill. This bill will avoid undue expense and redundancy.

Community Rehabilitation Providers or CRPs have a mandated training program for their full-and part-time staff. (See addendum A) The program was begun in the early 1980's to assure that people with developmental disabilities are and will receive appropriate training and assistance as they move to a less restrictive environment. This training program is under the auspices of Minot State University in collaboration with the Disabilities Services Unit. It is required for all staff employed in direct

service with individuals with developmental disabilities. Full-time staff must complete a competency-based certification course based within 18 months of employment. It is a condition of their continued employment with an agency. Part-time staff do not have to obtain a certification, but they must complete appropriate training. Included as a part of this course of study is module 895.06, Medications Training.

The medication training module is designed for class room instruction, as well as for self-directed training. Written at an average reading level, the module is intended to help direct service staff in CRPs become certified in medication administration. The module discusses general information on medication, staff responsibilities, the 5 R's(right person, dose, time, route, medication) effects of medication, medication administration procedures, how to overcome medication management difficulties and behavior issues associated with medication administration.

Upon the completion of the medication training module staff members are administered a final examination and are required to obtain a minimum score of 85%. A clinical practicum follows the successful completion of this exam. The practicum requires direct service staff to demonstrate the ability to perform all necessary steps involved from the time a filled prescription is handed to them, by determining who should receive medication through

monitoring and documenting the administration and re/storing of medication. The direct service staff must pass the clinical practicums with 100% accuracy. Annually, staff proficiency in medication administration is measured by a written exam and practical demonstration.

This training program has proven extremely effective. A 1993 study by Minot State University indicates that the medication administration error rate among Community Providers is **less than one percent (1%).** The study conducted with half of the Community Providers through out North Dakota indicates that in every 10,000 dosages, only 13 errors were made. This is an error rate of .13%. This study was conducted without the awareness of the direct service staff. This was intentional to prevent staff from using extra caution in fulfilling medication responsibilities that might have altered results. Established agency procedures for monitoring medication errors were applied. These results attest to the excellent standard of the medication administration training program currently utilized by Community Rehabilitaion Providers. There does not appear to be a need for more registration or additional training under the Board of Nursing as the current training program under the auspices of Minot State University is so effective. In fact, it is my understanding that the Board of Nursing has approved our

medication module as "meeting medication assistant training program requirement." Will a $20-$30 certification fee paid to the Board of Nursing assure greater staff competency in medication administration ? It certainly will entail more expense to the agency, and create more paper work for staff and the CRPs. Such certification is expensive and redundant to the current medication administration training program used by CRPs.

Community Rehabilitation Programs do not provide continuous or 24-hour nursing services. We are not licensed as hospitals or nursing homes. We provide services under a written habilitation plan, not a medical care plan. We follow a social model of service delivery; we are not based on a medical model. We provide services in a less restrictive, more home-like environment.

Almost since the inception of our network of community providers (as a result of the ARC lawsuit) and because of our intense, mandated training program, CRPs have been exempt from having to be registered or certified by the Board of Nursing. I am uncertain why the most current law did not exclude us. Perhaps the registry and training is appropriate for nursing homes and hospitals who have no medication administration training program for non-profession medical personnel. However, this is not nor has it ever been

the situation with Community Rehabilitation Providers.

For the reasons enumerated above, I believe that Community Rehabilitation Providers licensed under chapter 25-16 should be exempt from medication administration certification and nurse assistant registration.

I have taken the liberty of attaching a fact sheet that outlines my testimony. It is addendum B. I have also attached addendum C which illustrates the courses required by Open Door Center for direct service staff working in various programs operated by the agency.

Thank you for this opportunity to share my thoughts. I would be willing to attempt to answer any questions the Committee may have.

have.

Mary Simonson
Executive Director
Open Door Center
Valley City, North Dakota
Legislative Committee, NDACF

ADDENDUM A

Developmental Disabilities Modules/Coursework

* Certification Requirements
** Electives

Sp.Ed.101 Introduction to DD Services (3SH)

*895.39 Supporting Individuals with Disabilities in the Community
*895.03 Legal Issues and Developmental Disabilities
*895.40 Team Planning
*895.41 Working with Families
OR
*895.42 Job Coach Training Manual

Sp.Ed.111 Health Care in DD I (3 SH)

*895.06 Medications Training
*895.07 CPR (Cardiopulmonary Resuscitation)
*895.08 First Aid
**895.45 Nutrition
**895.46 Sexuality and DD
**895.47 Oral Hygiene & Dental Care
**895.48 Control of Infection and Communicable Disease
**895.49 Signs and Symptoms of Illness
**895.50 Nurse Assistant Training

Sp.Ed.112 Health Care in DD II (2 SH)

*895.10 Seizures
**895.11 Positioning, Turning and Transferring

Sp.Ed.120 Introduction to Behavior Management (3 SH)

**895.51 Principles of Behavior and Basic Behavior Intervention Procedures
**895.52 Designing and Implementing Behavior Intervention Programs
**895.15 Writing Behavioral Objectives and Measuring Behavior

Sp.Ed.130 Organization of Leisure Time in DD (1 SH)

**895.19 Recreation and Leisure Training

Sp.Ed.140 Human Development (2 SH)

**895.21 Human Development (Condensed Version)
**895.22 Human Development I
**895.23 Human Development II

Sp.Ed.221 Techniques of Behavior Management (2 SH)

**895.55 Assessment and Setting Goals
*895.18 Achieving Goals

Sp.Ed.225 Assisting People with Traumatic Brain Injury & their Families (2 SH)

**895.56 Assisting People with Traumatic Brain Injury and their Families
**895.57 Beyond Brain Injury: A Manual for Supported Employment Providers

Sp.Ed.250 Developing Communicative Interaction (2 SH)

**895.24 The Framework of Interaction and Communication
**895.25 Recognizing and Responding to the Many Forms of Communication
**895.26 Increasing Understanding
**895.27 Increasing Communication
**895.60 Interpersonal Communication

Sp.Ed.255 Aging and DD (3 SH)

**895.28 Introduction and Overview
**895.29 Medical and Health Issues
**895.30 Transitions and Social Adjustment
**895.31 Legal Issues
**895.32 Issues in Service Coordination

Sp.Ed.222 Supervised Field Experience in DD (4 SH)

*I Individual Program Plans
*II Medication Documentation and Storage
*III Administration of Medications
**IV Positioning, Turning and Transferring
*V Seizure Activity Documentation
**VI ABC Recording
**VII Frequency Recording
**VIII Writing Objectives
*IX Strengthening/Decreasing a Behavior
*X Individualized Instruction, etc.
** Aging and Developmental Disabilities
** Leisure/Recreation
** Communication

Addendum B

209 2nd St. S.E.
VALLEY CITY, NORTH DAKOTA 58072
701-845-1124 FAX: 701-845-1175

FACT SHEET FOR HB 1403

1. Community Providers have had a competency-based medication training module and training program for 15 years. Heretofore they have been exempt!

2. The module used by Providers has been approved by the Board of Nursing as meeting their medication assistant training program requirements.

3. Staff error in administering medication is .13% or 13 in every 10,000 dosages according to a 1993 study conducted by Minot State University.

4. Staff must complete this module to maintain employment with a community provider. Successful completion of the module is recorded by Minot State University. Staff are re-certified annually.

5. Licensure requirements mandate the completion of the medication administration training program that includes an examination as well as practical demonstration

6. The certification of the community provider staff through the Board of Nursing will cost approximately $20-$30 per staff per every two years. There are approximately 3000 community provider staff. At least two-thirds of those may have to be registered and certified. CRPs may have to add additional nursing staff depending on interpretations of who must teach the medication training program.

7. The certification by the Board of Nursing will not ensure more competency. It will cost more dollars!

8. The requiring of certification of community provider staff through the Board of Nursing is redundant to the current training and registration by Minot State University.

9. Community Provider's do not have 24-hour direct nursing services.

10. Community Provider's are not licensed as nursing homes or hospitals.

11. Community Provider's use Individual Habilitation or Program Plans not "health care plans." We must provide "active treatment," or a training program as a part of our services.

12. Community Providers have several service sights unlike nursing homes and hospitals whose service is usually contained in one building. Consequently, CRPs would need several staff certified and registered to meet the medication needs of individuals. We are already doing this very well with our own training program. Why fix the system if it isn't broken? Why require more paper work and more tax payer dollars? Why be redundant?

MODULE REQUIREMENTS FOR FULL- AND PART-TIME STAFF

Full-time staff are required to complete 14 modules within 18 months of employment. Part-time staff should complete nine modules within 18 months.

Addendum C

ISLA, GH3, Work Activity

*895.03	Legal Issues & Developmental Disabilities
*895.06	Medications
*895.07	CPR
*895.08	First Aid
*895.10	Seizures
895.15	Writing Objectives
*895.18	Achieving Goals
*895.39	Supporting Individuals in the Community
*895.40	Team Plannng and the IPP
*895.41	Working with Families
895.42	Job Coaching
895.46	Sexuality
895.12	Behavior Management
895.60	Interpersonal Communication

RANCH

*895.03	Legal Issues & Developmental Disabilities
*895.06	Medications
*895.07	CPR
*895.08	First Aid
*895.10	Seizures
895.15	Writing Objectives
*895.18	Achieving Goals
*895.39	Supporting Individuals in the Community
*895.40	Team Plannng and the IPP
*895.41	Working with Families
895.51	Behavior Management
895.56	Assisting People with TBI & Their Families
895.57	Beyond Brain Injury
895.60	Interpersonal Communication

INDEPENDENT LIVING PROJECT

*895.03	Legal Issues & Developmental Disabilities
*895.06	Medications
*895.07	CPR
*895.08	First Aid
*895.10	Seizures
895.15	Writing Objectives
*895.18	Achieving Goals
895.29	Medical & Health Issues
*895.39	Supporting Individuals in the Community
*895.40	Team Plannng and the IPP
*895.41	Working with Families
895.42	Job Coaching
895.51	Behavior Management
895.60	Interpersonal Communication

GROUP HOMES 2, 4, 5, Day Activity

*895.03	Legal Issues & Developmental Disabilities
*895.06	Medications
*895.07	CPR
*895.08	First Aid
*895.10	Seizures
895.11	Positioning, Turning, & Transferring
895.15	Writing Objectives
*895.18	Achieving Goals
895.26	Communication - Increasing Understanding
*895.39	Supporting Individuals in the Community
*895.40	Team Plannng and the IPP
*895.41	Working with Families
895.49	Signs & Symptoms of Illness
895.60	Interpersonal Communication

GH1 - CHILDREN'S HOME

*895.03	Legal Issues & Developmental Disabilities
*895.06	Medications
*895.07	CPR
*895.08	First Aid
*895.10	Seizures
895.15	Writing Objectives
*895.18	Achieving Goals
895.21	Human Development
*895.39	Supporting Individuals in the Community
*895.40	Team Plannng and the IPP
895.49	Signs & Symptoms of Illness
*895.41	Working with Families
895.51	Behavior Management
895.60	Interpersonal Communication

I have received the module information requiring completion of modules and understand that I will be terminated if this condition of employment is not met. I understand that raises and incentives may also depend on being current with modules.

______________________________ __________________
Signature Date

*Part-time Requirements

3/2/97

NORTH DAKOTA BOARD OF NURSING

919 S 7th St., Suite 504, Bismarck, ND 58504-5881

Telephone # (701) 328-9777

TESTIMONY FOR NORTH DAKOTA HEALTH AND HUMAN SERVICES COMMITTEE, NORTH DAKOTA HOUSE OF REPRESENTATIVES

January 26, 1999

RE: HB 1403

Madame Chair, members of the committee, and guests, I am pleased to offer my perspective on this piece of proposed legislation and some ideas for the committee to consider as it makes its deliberation. I am writing to speak in OPPOSITION of this bill.

My name is Deborah K. Johnson and I represent the North Dakota Board of Nursing. I am an advanced registered nurse practitioner in psychiatric-mental health nursing and my practice is located in Minot, N.D.

The North Dakota Board of Nursing historically has a record of developing broad based coalitions of interested parties when an issue which affects nursing licensure, regulation and practice arises. So it was when the issue of medications assistant's rules needed to be examined. The first task force established for purposes of considering medications assistants's rules was in 1995. The second one was established in January of 1998 and it's purpose was again to consider rules and regulations for medication assistants. Some of the those groups involved in BOTH Task Forces are included below:

North Dakota Nurses Association
North Dakota Department of Human Services
North Dakota Long Term Care Association
North Dakota Licensed Practical Nurses Association
North Dakota Department of Health

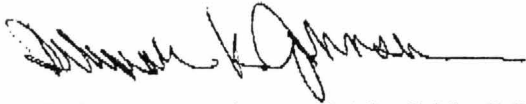
These groups worked diligently to establish and maintain rules and regulations which would serve the public and health care AND conform to the mission of the North Dakota Board of Nursing which is to protect the public through regulation of practice, licensure and education. Both groups identified the exemptions to medication assistants which served the needs of the consumer and provided the necessary protection for those served.

HB 1403, if passed, would create an exemption which would be counter to the efforts of these groups and would place clients in vulnerable positions. Many clients in Developmentally Disabled living situations take a variety of medications. These medications require that the person dispensing them have the knowledge, skills and abilities to monitor for problems, side effects and interactions. To give the committee an example of this, I offer two from my own practice. I oversee the psychiatric medications of two women from our area. In addition to the three-to four psychotropic medications these ladies take daily, each takes from eight to ten other medications daily in addition. I as a licensed prescriber of medications must be very aware of the effects of these other medications on the ones I monitor. I possess the knowledge, skills and

abilities to perform this job, but I submit to this committee that those unlicensed and unregulated medication assistants who will be doing this job in clients living situations will not.

I urge the committee to consider these issues when making a decision on HB1403. The persons who are most at risk and vulnerable are often the ones least able to speak for themselves.

Respectfully submitted:



Deborah K. Johnson, M.S., R.N., C.S
North Dakota Board of Nursing

EDGEWOOD VISTA

STEP II INC.

Basic Care/Assisted Living

800 16th Ave. SE
Minot, ND 58701
(701) 852-1399

TESTIMONIAL ON HS BILL 1403

January 26, 1999

Chairman Price,

I am testifying in opposition of HS Bill 1403—My name is Bruce Bolyard, owner/operator of Edgewood Vista in Minot and Bismarck with Alzheimer facilities in Montana, South Dakota, Nebraska and Minnesota.

Since I started Edgewood Vista in 1991 we have been constant with our desire to provide the best possible nursing care to our Basic Care and Assisted Living residents while allowing them the freedom to choose and stay as independent as possible.

In order to accomplish this, we feel that the medication program under the purview of the State Board and Nursing has worked very well for us.

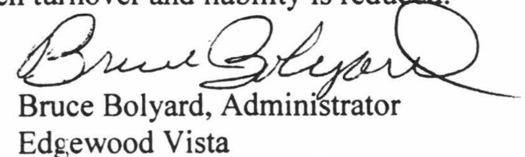
At Edgewood Vista in Minot we have 175 residents, many of them able to accomplish most ADL's and IADL's. However, many do become forgetful, especially when they take several different medications at different times.

We have two professional nurses at Edgewood Vista who oversees the health of our residents and also we employ 17 medication aides whom we have trained using programs approved by the State.

The use of trained medication aides serves several purposes:

1. Safe cost-effective means of medication delivery.
2. Increased professional attitude among staff.
3. Reduced liability in errors and omissions concerning medications.
4. Helps to reduce employee turnover as trained med aide commands a higher wage than nurse aide, which we advocate for.
5. The employees' self esteem is enhanced through a medication course.
6. Few, if any, errors due to ongoing supervision and initial training.

Employing a medication aide is well worth the additional cost when turnover and liability is reduced.



Bruce Bolyard, Administrator
Edgewood Vista

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Human Services Committee
TESTIMONY RELATED TO HB 1403
January 26, 1999

Chairperson Price and members of the Human Services Committee, my name is Deborah Wald-Weir, President of the North Dakota Board of Nursing. On behalf of the board I wish to offer testimony in opposition to HB 1403 relating to persons exempt from nurse licensure.

Licensed nurses and the public are concerned about the medication administration task performed by the unlicensed assistive personnel in institutional and non-institutional settings. The board understands that a wide variety of care settings are necessary to meet the diverse needs of the populations served. Flexibility in the provision of care is ideal, as long as the health, safety and welfare of the public are ensured. Developmental Disabilities Facilities do have nursing care needs because of the impaired capacity for independent living. However, the nursing care needs can be provided on an **intermittent basis, or through delegation** by a licensed nurse to a qualified individual, namely the nurse assistant or medication assistant.

The regulatory approach should support a competent adult's right to direct his/her own care and should not interfere with the right of parents, foster parents, family and friends to provide care. Not all individuals have the ability to take medications independently and, therefore, there is a need to define a clear system to safely assist individuals in taking their medications in a cost-effective way.

If the client is not capable then we as legislators and regulatory board's have a responsibility for the provision of safe and responsible care. We can not forget the responsibilities, which accompany the handling of medication, and the human lives affected.

Many providers believe hiring a nurse to "teach" a task without providing for the ongoing supervision and evaluation is sufficient. Consequently, there has been a lack of understanding about what is required for nursing delegation to occur. Nursing delegation does allow the unlicensed assistive personnel to participate in medication administration while not compromising any of the public safety elements.

The North Dakota citizen has the right to expect that nursing care rendered is based upon appropriate knowledge, judgment, and skills of the licensed nurse regardless of the place of residence or health care agency of choice. Medications are potent substances and licensed nurses need to give instructions to the workers regarding the performance of delegated nursing tasks. They must provide appropriate supervision and observation, must determine competency, review records, and report administration irregularities.

Thank you for the opportunity to express the concerns of the North Dakota Board of Nursing related to HB 1403.

NORTH DAKOTA NURSES ASSOCIATION
TESTIMONY ON HB 1403

Representative Price and members of the House Human Services Committee. My name is Penni Weston and my testimony today is presented on behalf of the North Dakota Nurses Association. I am here to speak in opposition to HB 1403.

A licensed nurse may delegate nursing interventions to unlicensed personnel. Medication administration is a nursing intervention that can be delegated after the nurse has concluded that it is safe to do so. A series of determinations must be made by the nurse before this task can be safely delegated.

The client's medical condition must be stable. An assessment of the unlicensed person's knowledge, skills and abilities is completed to assure this person can perform administration safely to a client. The unlicensed person must know what the medication is and why the client is taking it; what side effects may occur and how to deal with the outcomes of medication administration. These assessments are necessary to assure the client will safely receive medications from a competent individual.

This bill will remove the licensed nurse's authority to make these assessments and assure the safety of the client. Very simply, it means that anyone off the street can be hired to administer medications to clients. These people will not be accountable to anyone for the outcomes to the client. There will be no requirement that a nurse will be involved in continuing to monitor the client's reaction to the medications or the unlicensed person's ability to competently perform this nursing task.

The law as currently written has served the clients in the DD setting well in the past. Please assure that these clients will continue to receive safe care by competent personnel. We ask that you leave medication administration in this setting under the purview of the Board of Nursing and **RECOMMEND A DO NOT PASS ON HB 1403.**

NORTH DAKOTA BOARD OF NURSING

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Human Services Committee

TESTIMONY RELATED TO HB 1403

January 26, 1999

Chairperson Price and members of the Human Services Committee, my name is Constance Kalanek, Executive Director of the North Dakota Board of Nursing. On behalf of the board, I wish to offer testimony in opposition to HB1403 relating to persons exempt from nurse licensure.

I would like to begin by providing the committee with a short chronology of the development of the current status of Nurse Practices Act – 43-12.1-04(9).

- In 1995 Nurse Practice Act – NDCC 43-12.1-04(9) exempted DD provider agencies, foster care providers, and human service centers from licensure of assistive personnel from medication administration.
- The North Dakota Board of Nursing worked with various providers to meet the intent of law.
- When the Nurse Assistant Rules became effective February 1998, the North Dakota Board of Nursing at its January 15-16, 1998 meeting approved forming a task force to review and revise as necessary the administrative rules for medication assistants.
- The Board invited the representatives from the following:
    - ND Department of Health
    - Department of Human Services
    - ND Long Term Care Association- LTC & Basic
    - ND Health Care Association
    - North Dakota Nurses Association
    - ND Licensed Practical Nurses Association
- The invitations were accepted and the process moved forward. I have attached a list of participants from the agencies for your review.
- Meetings were held with representative on March 11, 1998, April 14, 1998, and May 11, 1998.
- The agendas for the meetings included the following goals:
    - Formation of a new chapter
    - Rules not to be setting specific
    - Rules to be universally applied in an effort to be more consistent with anticipated changes in health care delivery.

On the third meeting the task force recommended to the North Dakota Board of Nursing that the board adopt the proposed rules as revised. The Board at the May 21-22, 1998 meeting adopted the proposed rules for public hearing. The proposed rules were sent to the Attorney General's office on November 30, 1998 for review.

Whenever, rules are developed by the North Dakota Board of Nursing, input is sought from the public community and the Board relies on their advice, but the Board bears responsibility for the regulation of nursing practice.

The Board of Nursing recognizes that expanded technology and innovative healthcare models require ongoing adjustments in the delivery of nursing care in institutional and non-institutional settings. The Board recognizes that the range of health care services available in North Dakota is very diverse in breadth and depth, and available nursing services are extremely varied. However, the North Dakota citizen has the right to expect that nursing care rendered to their family is based upon appropriate knowledge, judgment, and skills of the licensed nurse or delegatee regardless of the place of residence or health care agency of choice.

Individual licensed nurses are accountable for their actions including the performance of or supervision of the performance of activities and functions requiring the knowledge, judgment, and skill currently ascribed to the licensed nurse. The Board of Nursing will continue to judge nursing practice according to the provisions of the Nurse Practices Act, the legal standards of nursing as promulgated through the Administrative Rules of the Board of nursing, and collective wisdom of the appointed board members. The board will judge as to the safety of the specific nursing practices from the viewpoint of the protection of the public and the provision of competent practitioners.

Thank you for the opportunity to express the concerns of the North Dakota Board of Nursing related to HB 1403. I will be happy to answer any questions of the committee members.

MEDICATION ASSISTANT TASK FORCE MEETING
Tuesday, April 14, 1998
1:00 p.m. - 5:00 p.m.
Board of Nursing Conference Room

The Medication Assistant Task Force meeting was called to order by Deborah Wald-Weir, Chair, on April 14, 1998 at 1:00 p.m. in the Board Conference Room. The agenda was reviewed.

Taylor moved, seconded by Grosz to approve the March 11, 1998 minutes as printed. The minutes were approved by consensus.

Present: Deborah Wald-Weir, RN Board Member
Donald Hauck, LPN Board Member
Carole Klebe, RN (ND Dept. of Health)
Robbin Hendrickson (Dept. of Human Services)
Lynn Grosz (Dept. of Human Services)
Jody Johnson, LPN (NDLTCA - Basic Care Representative)
Liz Overlie, RN (ND Home Care Association)
Sharon Parkhouse, RN (NDNA)
Elaine Taylor, LPN (NDLPNA)
Kirsten Friedt, RN (ND-NODD)
Gloria Gebur, RN (ND-NODD)
Karen Schumacher, RN (Northwest Technical College)
Mary Mercer (Minot State University)
Ida H. Rigley, RN -Executive Director (staff)
Patricia Hill, RN -Practice/Discipline (staff)

Absent: Michele Sondrol, RN (NDLTCA -NSG Facilty)

Observer: Bernie Vetter (HIT, Inc.)

The task force reviewed the proposed administrative rule revisions as they relate to medication administration:

NDAC 54-07-05-01 Statement of intent
NDAC 54-07-05-02 Definitions
NDAC 54-07-05-04 Requirements for supervision
NDAC 54-07-05-05 Eligibility for medication assistant registration
NDAC 54-07-05-06 Medication assistant registration renewal
NDAC 54-07-05-07 Reinstatement of lapsed medication assistant registration
NDAC 54-07-05-09 Approved routes of medication administration
NDAC 54-07-07 Specific Delegation of Medication Administration

Minor revisions to those proposed revisions are attached as Draft 3. The task force by consensus will not again review the above rule revisions at the next scheduled meeting unless a task force member has a comment.

The task force began to review and recommend revisions to CHAPTER 54-07-06 Medication Assistant Program Requirements. Staff will review the **Medications Training** module from MSU.

The task force will reconvene May 11, 1998 at the Board Conference Room from 1:00 - 5:00 p.m. Minutes and Draft 3 will be mailed to each member prior to the meeting.

Meeting adjourned at 5:00 p.m.

Respectfully submitted: Patricia Hill, RN, Practice/Discipline Consultant

Northwest
TECHNICAL COLLEGE
MOORHEAD
1900 28th Avenue South • Moorhead, MN 56560-4899
(218) 236-6277 • 1-800-426-5603

DATE: January 25, 1999

TO: Human Services Committee

FROM: Karen Schumacher, RN, MS
Product Director - Health

RE: North Dakota Medication Assistant Rules

As you are aware, the North Dakota Century code chapter 43-12.1 allows the licensed nurse to delegate and supervise the administration of medications as a delegated medical function to nurse assistants with appropriate training and supervision.

I feel it is imperative that those individuals delegated the task of administering medications in any setting be properly and adequately trained. The administration of medications can not and should not be taken lightly. I believe it is of concern to think group homes, and the like, would be exempt from any training requirements in this area, particularly with the limited amount of supervision by licensed nursing staff and level of psychotic medications, etc. administered in these settings. Many of the students at Northwest Technical College that take our course tell us that they wish their education would be longer. There is so much to learn in this area and it is a big responsibility.

I was part of the task force that worked with the Board of Nursing in developing the proposed rules to North Dakota Administrative Code title 54. Special consideration was given to these settings during our discussions and development of the proposed rules. A majority of the individuals on this task force were employed by agencies working with developmentally disabled individuals. I feel they had an excellent representation and opportunity for input into the proposed rules when they were being reviewed. I am surprised to hear there is opposition at this point in time.

TO: MEMBERS OF SENATE HUMAN SERVICES COMMITTEE

FROM: ND LICENSED PRACTICAL NURSES ASSOCIATION

RE: HB 1403

The North Dakota Association of Practical Nurses is opposed to HB 1403 removing licensure requirements for medication administration in DD and residential treatment centers and believes it is a public safety issue.

Medication administration in these facilities is a function which is currently overseen by licensed nurses and coupled with the use of a registry for unlicensed medication assistants assures vulnerable population groups the same level of safety provided to other citizens who are maintained on medication regimes.

To allow medication administration by unlicensed personnel without professional oversight or the use of a registry is dangerous. Unlicensed personnel who seek positions administering medication may have backgrounds that would make them unsuitable for access to supplies of drugs. Without the type of extensive background checks done by a Board of Nursing Registry, individuals with criminal backgrounds and histories of drug abuse can be hired unknowingly by DD and treatment facilities.

If DD and treatment facilities receive exemption from nursing licensure and Board of Nursing Registry as a cost containment measure, their

residents become "second class citizens" with a level of care and protection below that afforded to other North Dakota residents.

HB 1403 was amended in the House to add more groups to those seeking licensure exemptions in the name of "cutting costs". Where will this issue end in an era of cost containment and how many other populations will be put in jeopardy?

The North Dakota Licensed Practical Nurses Association urges a do not pass recommendation on HB 1403.

Elaine Taylor, President
North Dakota Licensed Practical Nurses Association

My name is Kirsten Friedt, I am a Registered Nurse employed by ABLE, Inc. in Dickinson. I urge you to place a DO NOT PASS on House Bill 1403.

ABLE, Inc. is a community based provider of services to people with Developmental Disabilities in Southwestern North Dakota. We serve people in group homes, apartment settings, respite care, day programming and work settings.

Medication administration has long been a gray area for nurses employed by community based providers. I can remember the first DD nurses meeting I attended almost 10 years ago, medication administration was the topic of discussion way back then. Throughout my almost ten years of employment at ABLE discussions with the Board of Nursing regarding who could be delegated the duty of administering medications occurred at many different levels. These discussions took place with the DD Division, through public hearings to promulgate Nurse Practices Act regulations, at Board of Nursing meetings and open forums, at NDACF conventions, as well individually between nurses and CEO's with Board of Nursing representatives. Many of us nurses thought the current Nurse Practices Act and its regulations as well as those regulations most recently promulgated regarding medication administration had settled the discussions. Many nurses and other professionals have worked very hard to come to halfway meeting points. This includes the Board of Nursing and nurses across many different nursing specialties, DD included.

The duty of the Board of Nursing is, and I quote from North Dakota Century Code 43-12.1, "The Board of Nursing has a responsibility to ensure the people in the state of North Dakota receive safe and competent nursing care." I believe this includes all citizens in North Dakota, including those receiving services from a DD provider. As health care in our country, North Dakota included, continues to be increasingly out patient and home based the role of the nurse will continue to change. I believe the Board of Nursing is not trying to overregulate any one facility or type of provider, but instead trying to respond to the changing health care needs of the people in our state and insuring the nursing care they receive continues to safe, effective, and appropriate for the needs of the person.

This bill creates an exemption for my employer from having to comply with the nurse practice act regarding unlicensed persons administering medications. However, it does not exempt me, the nurse from having to comply with the Nurse Practices Act; the very set of regulations that determine acceptable standards of practices for nurses throughout the state in all areas of nursing. How can I be employed as a nurse, do nursing functions within my job description, delegate tasks to others, and yet not be accountable to the Nurse Practices Act? I do not believe I can do this. Should I chose to delegate medication administration to a staff person not on the medication assistant registry I would be engaging in practice inconsistent with the current standards of nursing practice. This is

grounds for discipline; including but not limited to a reprimand all the way up to revocation of my nursing license.

I am very concerned how the passage of this bill could unsafe environments for the people we serve. The medications used within our facility treat a wide range of chronic and acute diseases, mental illnesses, and disabilities. The need for critical thinking skills and supervision of these medications by the nurse has increased, not decreased. The people we support have a right to the same high quality of nursing care as any other citizen in the state.

To say the nurse is just a consultant within our facility is a grave mistake. I do delegate medication administration to ABLE's non-licensed staff. I do monitor side effects and desired actions of a medication, I do teach staff special techniques needed for specific procedures, I do provide information to guardians and teams, I do relay information back to the physician and assist with the assessments they do, I do give instructions to staff, I do answer their questions, I do relieve them of the duty of administering medications if it is deemed they are not safe or competent to do so. To take these abilities away from me by exempting DD providers from having to comply with the medication administration regulations of the Nurse Practices Act is doing a grave injustice to the people we serve. I feel it puts these people at risk. It also leaves the non-professional staff without the support needed to perform their job.

I do believe the medication training tools used within DD providers are excellent. Our medication error rate studies show this. I want to see the nurse continue to be involved in this process, not just passing through it as a consultant. This is indeed the way to provide safe and effective administration of medications to the people we support within DD facilities. Thus, once again I urge to place a DO NOT PASS on this bill.

NORTH DAKOTA BOARD OF NURSING

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To: Human Services Committee

From: Constance Kalanek, Executive Director
North Dakota Board of Nursing

Date: January 27, 1999

RE: HB 1403

At the hearing held yesterday on HB 1403 the committee asked if the North Dakota Board of Nursing invited the NDACF to participate on the Medication Assistant Task Force. I spoke to Ida Rigley, the former executive director of the North Dakota Board of Nursing and she stated the Department of Human Services was contacted for representatives from their various organizations for input on the Task Force. In addition to this invitation, the Department of Human Services and their representatives had several opportunities for discussion and input on the proposed rules for Medication Assistants.

Examples of opportunities to gain information and provide input occurred during the following:

1. On January 22, 1998, Ida Rigley spoke to the Nurses Organization of Developmental Disabilities on the Standards of Nursing Practice and proposed rules **CHAPTER 54-07-05 MEDICATION ADMINISTRATION BY A MEDICATION ASSISTANT.**
2. On February 10, 1998, Ida Rigley presented to the NDCAF at Pride, Inc in Bismarck, ND on the proposed rules **CHAPTER 54-07-05 MEDICATION ADMINISTRATION BY A MEDICATION ASSISTANT.** Administrators were present at this meeting along with representative from Human Services.
3. On May 8, 1998 Ida Rigley again presented at the spring conference for the Department of Human Services. Ms. Rigley presented on the Standards for Nurse Aide Delegation and **CHAPTER 54-07-05 MEDICATION ADMINISTRATION BY A MEDICATION ASSISTANT.**

Thank you for the opportunity to clarify the questions related to who and how the Task Force representatives were chosen and the opportunities given to nurses and administrators in DD Facilities to provide input on the rules. I hope this information will be helpful to you in making a decision in opposition to HB 1403.

Human Services Committee
TESTIMONY RELATED TO HB 1403
March 1999

Chairperson Thane and members of the Human Services Committee, my name is Deborah Wald-Weir, President of the North Dakota Board of Nursing. I am the supervisor of a home health and hospice agency. Our facility provides services to all populations including Developmental Disabilities Facilities. I was also a member of the Medication Assistant Task Force that was formed upon the request of nurses employed within the DD Facilities to revise the administrative rules for medication assistants. I am greatly disturbed by the consequences of this bill and feel a need to express my concerns to you about it. On behalf of the board I wish to offer testimony in opposition to HB 1403 relating to persons exempt from nurse licensure.

In my experience, residents within these facilities are typically individuals who have numerous medical problems and are taking numerous types of medications. Hospice patients who reside in these settings are not only taking regularly prescribed medications but often are taking large doses of narcotics for pain control in addition to other medications for symptom management. Do we want to allow access to large doses of morphine without adequate screening and supervision? As a nurse providing supervision and evaluation of this individuals care, I am very concerned about delegating this task to an individual not on the registry. Many providers believe hiring a nurse to "teach" a task without providing for the ongoing supervision and evaluation is sufficient. Nursing delegation does allow the unlicensed assistive personnel to participate in medication administration but not if it compromises public safety.

This is not an attempt by the North Dakota Board of Nursing to drive medical services out of the DD & ICF facilities. The board understands that a wide variety of care settings are necessary to meet the diverse needs of the populations served. Flexibility in the provision of care is ideal, as long as the health, safety and welfare of the public are ensured. Developmental Disabilities Facilities do have nursing care needs because of the impaired capacity for independent living. However, the nursing care needs can be provided on an **intermittent basis, or through delegation** by a licensed nurse to a qualified individual, namely the nurse assistant or medication assistant.

The North Dakota citizen has the right to expect that nursing care rendered is based upon appropriate knowledge and skills of the licensed nurse. Medications are potent substances and licensed nurses need to give instructions to the workers regarding the performance of delegated nursing tasks. Vulnerable population (children, persons with developmental disabilities, and residents of treatment facilities) deserves the same quality of nursing care and assurance of safety in the oversight of the medication administration as individuals in other settings.

Thank you for the opportunity to express the concerns of the North Dakota Board of Nursing related to HB 1403. I am open to answer questions.

2902 South University Drive • Fargo, ND 58103
Telephone 701-232-3301
Fax 701-237-5775

March 8, 1999

Senator Judy Lee

RE: HB-1403

Dear Senator Lee:

I urge you to vote yes on HB-1403 for the following reasons:

- Our consumers live in a home-like atmosphere for long periods of time, which provide staff with an opportunity to monitor behavior that may indicate side effects of medications.
- Medication training for administering and supervision of medications in a home-like environment is provided to each employee when hired.
- Yearly re-certification for medication administration is provided along with staff inservices to satisfy consumer needs.
- As medical services supervisor my staff and I visit our group homes on a regular basis to observe and supervise medical care.
- There is a nursing shortage and there are not enough nurses available to fill these positions.

Thank you for your time.

Sincerely,

Doris Olstad, RN
Medical Services Supervisor

DO/lm

FRASER
SUCCESSFUL MEDICATION ADMINISTRATION

	Supervised Self Administration of Medication All Fraser Homes	711	514	717	1129	2574	2726	651	631	Composite of All Homes
January 1998	19,902	99.88%	100%	99.77%	100%	99.71%	99.88%	99.95%	100%	99.86%
February 1998	18,878	99.97%	100%	99.90%	100%	99.66%	99.87%	99.94%	100%	99.91%
March 1998	20,398	99.91%	100%	99.95%	99.84%	99.92%	100%	99.96%	100%	99.94%
April 1998	22,890	99.93%	100%	99.93%	99.82%	99.79%	99.93%	99.82%	100%	99.91%
May 1998	20,522 1 error in 2000	99.97%	100%	99.91%	99.91%	100%	99.94%	99.95%	99.95%	99.95%

Mar-08-99 11:36

REPORT NAME = DEF TAGS IMR KEEP
[illegible]T SUFFIX =

A[illegible]PTED RECORDS: N PENDING RECORDS: N
USE PENDING IF AVAILABLE ELSE USE ACCEPTED: Y
CLIA88 TEMPORARY RECORDS: N

ACTIVE RECORDS: Y TERMINATED RECORDS: N

- SURVEYS SELECTED -
 CURRENT SURVEY X
 FIRST PRIOR SURVEY
 SECOND PRIOR SURVEY
 THIRD PRIOR SURVEY

CATEGORIES = INTERMEDIATE CARE FACILITY-MENTALLY RETARDED

REGION CODE = 08

STATE CODE (SSA) = ND

SELECTED FIELDS TO SORT ON:
 01 FACILITY NAME
 02 DEFICIENCY NUMBER (TAG)

SELECTED FIELDS TO PRINT:
 01 PROVIDER NUMBER
 02 FACILITY NAME
 [illegible]TY
 [illegible]URRENT SURVEY DATE
 59 DEFICIENCY PREFIX
 60 DEFICIENCY NUMBER (TAG)

This is a list of the most recent surveys of ICF/MR facilities. Some current survey information didn't print out, so an update was done by hand. W368 and W369 are Tags which pertain to medication errors. W369 was not cited in the past year. W368 was cited in a number of facilities. Those facilities are highlighted. Twenty ICF/MR facilities had W368 cited at their most recent surveys.

You asked about Hi Soaring Eagle Ranch in Valley City. This is a Basic Care Facility. A review of their file indicates that no medication issues were cited at their last survey.

Please call me at 328-2352 so that I can explain the attached information and answer any questions you may have. I talked with Darleen Bartz (Director Division of Health Facilities). She says that she would welcome the opportunity to talk with you about these issues. Her phone number is the the same as mine (above).

Rick Benting

USER DEFINED REPORT FOR USER "V006" 17:07 TUESDAY, MARCH 16, 1999
LAST FILE UPDATE: 03/15/1999

OBS	PROVIDER NUMBER	NAME	CITY	CURRENT SURVEY DATE	DEF PREF	DEF TAG
1	35G060	ABLE INC - 1387	DICKINSON	04/16/1998		
2	35G041	ABLE INC-SOUTHVIEW	HETTINGER	01/21/1999		
3	35G059	ABLE INC-1297	DICKINSON	04/16/1998		
4	35G061	ABLE INC-632	DICKINSON	04/16/1998	W	0291
5						0368
6	35G058	ABLE INC-847	DICKINSON	04/16/1998	W	0455
7	35G010	ALPHA OPPORTUNITIES INC-112	JAMESTOWN	02/11/1998	W	0255
8	35G042	ALPHA OPPORTUNITIES INC-1510	JAMESTOWN	02/11/1998	W	0130
9						0297
10	35G076	ANNE CARLSEN CENTER FOR CHILDREN	JAMESTOWN	11/19/1998	W	0242
11						0261
12						0361
13						0368
14	35G035	DEVELOPMENT HOMES INC 2585	GRAND FORKS	02/02/1999		
15	35G011	DEVELOPMENT HOMES INC-1551	GRAND FORKS	03/02/1998	W	0297
16	35G054	DEVELOPMENT HOMES INC-2720	GRAND FORKS	02/18/1999		
17	35G016	DEVELOPMENTAL CENTER - NEW HORIZONS	GRAFTON	12/03/1998	W	0322
18						0368
19						0455
20						0488
21	35G015	DEVELOPMENTAL CENTER CEDAR GROVE	GRAFTON	03/19/1998	W	0137
22		W368 not cited at survey completed 3-11-99				0249
23						0339
24						0368
25						0473
26	35G014	DEVELOPMENTAL CENTER MAPLEWOOD	GRAFTON	03/19/1998	W	0249
27		W368 not cited a survey completed 3-11-99				0368
28	35G005	DEVELOPMENTAL CENTER-HEALTH SERVICES	GRAFTON	12/03/1998	W	0130
29						0322
30						0331
31						0368
32						0455
33	35G037	ENABLE INC-EAST PLAINVIEW	MANDAN	10/20/1998	W	0368
34	35G006	ENABLE INC-EAST PRINCETON	BISMARCK	08/06/1998	W	0153
35						0154
36						0368
37	35G039	ENABLE INC-SOUTH WASHINGTON	BISMARCK	10/20/1998	W	0368
38						0455
39						0472
40						0488
41	35G040	ENABLE INC-WEST PLAINVIEW	MANDAN	10/20/1998	W	0249
42						0383
43	35G021	ENABLE INC-WEST PRINCETON	BISMARCK	08/06/1998	W	0153
44						0154
45						0368
46						0485
47	35G025	FOURTH CORPORATION - CARRINGTON	CARRINGTON	04/01/1998	W	0249
48						0368
49						0434
50						0473
51	35G066	FRASER 2574	FARGO	06/10/1998	W	0267
52						0316
53						0368
54						0455

LAST FILE UPDATE: 03/15/1999

	OBS	PROVIDER NUMBER	NAME	CITY	CURRENT SURVEY DATE	DEF PREF	DEF TAG
11	55	35G062	FRASER 2726	FARGO	06/10/1998	W	0130
	56						0368
	57						0455
12	58	35G012	FRASER 631	WEST FARGO	06/10/1998	W	0336
	59						0368
	60						0436
	61						0455
	62						0488
13	63	35G024	FRASER 651	WEST FARGO	06/11/1998	W	0130
	64						0159
	65						0185
	66						0186
	67						0189
	68						0195
	69						0196
	70						0214
	71						0227
	72						0249
	73						0252
	74						0262
	75						0287
	76						0288
	77						0297
	78						0368
	79						0460
	80						0481
	81						0485
	82	35G031	FRIENDSHIP INC 2424	FARGO	07/01/1998	W	0297
	83	35G064	FRIENDSHIP INC 412	GRAFTON	09/03/1998		
	84	35G063	FRIENDSHIP INC 503	PARK RIVER	09/03/1998	W	0454
	85	35G065	FRIENDSHIP INC 605	PARK RIVER	09/03/1998	W	0455
	86	35G049	FRIENDSHIP 1635	FARGO	07/01/1998		
	87	35G032	FRIENDSHIP 2302	FARGO	07/01/1998		
	88	35G050	FRIENDSHIP 2502	FARGO	07/01/1998	W	0249
	89						0297
	90	35G051	FRIENDSHIP 3012	FARGO	07/01/1998	W	0242
	91						0249
	92						0297
	93	35G002	FRIENDSHIP 3014	FARGO	07/01/1998		
14	94	35G055	HIT INC-APOLLO	BISMARCK	07/30/1998	W	0368
	95						0455
	96	35G029	HIT INC-DIANE'S (W368 not cited at survey completed 2-18-99)	MANDAN	01/15/1998	W	0297
	97	35G056	HIT INC-EASTWOOD	MANDAN	07/30/1998	W	0340
	98						0481
15	99	35G034	HIT INC-TERRA VALLEE GROUP HOME (W368 cited at 2-4-99 survey)	MANDAN	01/15/1998	W	0249
	100	35G028	HIT INC-WASHINGTON (W368 not cited at survey 2-4-99)	BISMARCK	01/15/1998	W	0297
	101						0368
	102	35G074	LAKE REGION CORP-923	DEVILS LAKE	05/28/1998	W	0124
	103						0153
	104						0295
	105						0297
	106						0331
	107						0453
	108						0488

OBS	PROVIDER NUMBER	NAME	CITY	CURRENT SURVEY DATE	DEF PREF	DEF TAG
109	35G019	MINOT VOC ADJ WORKSHOP-1005	MINOT	12/16/1998	W	0262
110	35G020	MINOT VOC ADJ WORKSHOP-1007	MINOT	12/16/1998	W	0249
111						0331
112						0426
113	35G075	OPEN DOOR CENTER - CHILDRENS PROGRAM [handwritten: W368 not cited at survey completed 10-7-98]	VALLEY CITY	11/19/1997	W	0153
114						0368
115	35G003	OPEN DOOR CENTER #2 [handwritten: W368 not cited at 10-7-98-survey]	VALLEY CITY	11/19/1997	W	0368
116	35G023	OPEN DOOR CENTER #4	VALLEY CITY	11/19/1997	W	0331
117		[handwritten: W368 not cited at survey completed 10-7-98]				0368
118	35G030	OPEN DOOR CENTER #5 [handwritten: W368 not cited 10-7-98 survey]	VALLEY CITY	11/19/1997	W	0368
119	35G053	OPPORTUNITY FOUNDATION 821	WILLISTON	05/06/1998	W	0227
120						0297
121						0368
122	35G018	OPPORTUNITY FOUNDATION-1808	WILLISTON	05/06/1998	W	0249
123	35G071	RED RIVER HUM SVCS FOUND-1348	WAHPETON	09/17/1998	W	0192
124						0267
125						0297
126	35G069	RED RIVER HUM SVCS FOUND-348	WAHPETON	09/17/1998	W	0297
127						0455
128						0488
129	35G070	RED RIVER HUM SVCS FOUND-821	WAHPETON	09/17/1998		
130	35G068	REM ND INC - SUMMIT	GRAFTON	11/05/1998		
131	35G067	REM ND INC MANVEL	GRAFTON	11/05/1998	W	0382
132	35G072	REM ND INC-1104	DEVILS LAKE	08/20/1998	W	0362
133	35G048	REM ND INC-1404	MINOT	01/12/1999		
134	35G047	REM ND INC-1405	MINOT	01/14/1999	W	0227
135						0262
136	35G046	REM ND INC-1824	MINOT	01/12/1999		
137	35G045	REM ND INC-301	GRAND FORKS	07/16/1998	W	0249
138						0267
139						0426
140						0481
141	35G043	REM ND INC-415	GRAND FORKS	07/16/1998	W	0322
142						0455
143						0488
144	35G044	REM ND INC-5017	GRAND FORKS	07/16/1998	W	0322
145						0368
146						0455
147	35G057	REM ND INC-506	DEVILS LAKE	08/20/1998	W	0362
148	35G033	TRI-CITY CARES INC-NEW TOWN	NEW TOWN	05/13/1998	W	0322
149						0362
150	35G036	TRI-CITY CARES INC-TIOGA	TIOGA	05/13/1998	W	0153
151						0322
152						0331
153						0362
154						0368
155	35G038	TRI-CITY CARES-STANLEY	STANLEY	05/13/1998	W	0217
156						0322
157						0362
158						0436
159	35G026	4TH CORPORATION - FESSENDEN	FESSENDEN	04/01/1998	W	0368
160						0488
161	35G008	4TH CORPORATION - NEW ROCKFORD	NEW ROCKFORD	04/01/1998	W	0153
162						0217

OBS	PROVIDER NUMBER	NAME	CITY	CURRENT SURVEY DATE	DEF PREF	DEF TAG
163					W	0262
164						0368
165						0382

TAG NUMBER	REGULATION	GUIDANCE TO SURVEYORS
	(k) Standard: Drug administration.	
W367	The facility must have an organized system for drug administration that identifies each drug up to the point of administration.	
	The system must assure that- -	
W368	(1) All drugs are administered in compliance with the physician's orders;	W368 cited when evidence of medication Errors is found through sources other than observation
W369	(2) All drugs, including those that are self-administered, are administered without error; W369 cited when medication Error is observed by surveyor	§483.460(k)(2) GUIDELINES: A medication "error" is a discrepancy between what the physician has ordered, and what you observe during the drug pass observation. The regulation does not allow for any medication errors. "Self administered" means administration of medications by the individual, independent of a staff person obtaining, selecting, and preparing the medications for the individual. This includes all usage forms (oral, injections and suppositories). The individual should be trained until he/she can perform this function without error. §483.460(k)(2) SURVEY PROCEDURE: Use the observation technique to determine medication errors. The observation technique involves observing the administration of drugs, recording what is observed, and reconciling the record of observation with the physician's orders to determine whether or not medication errors have occurred. Do not rely on paper review to determine medication errors. Detection of blank spaces on the medication administration record does not constitute the detection of actual medication errors. Paper review only identifies possible errors. Observation Technique Follow these steps to detect medication errors: 1. Identify the drug product. Determine what drugs, in what strength and dosage forms, etc., are being administered. There are two principle ways of doing this. In most cases, they are used in combination. o Identify the product by its size, shape and color. Many products have a distinctive size, shape or color. However, this technique can be problematic because not all products are distinctive.

TAG NUMBER	REGULATION	GUIDANCE TO SURVEYORS
		o Identify the product by observing the label. When the punch card or unit dose system is used, you can usually observe the label and adequately identify the drug product. When the vial system is used, observing the label is sometimes difficult. Ask the person administering medications to identify the drug product. 2. Observe the administration of drugs. Record your observations in your notes. Follow the person administering medications and observe the individuals receiving drugs (e.g., actually swallowing oral dosage forms). Be as neutral and as unobtrusive as possible during this process. Watch 16 drug doses being administered to the individuals residing in the facility, <u>or</u> observe a 100% sample of the residents in the facility whichever is <u>smaller</u>. For example, in a four bed facility with each individual taking two morning doses, you would watch a 100% sample of the individuals since only eight doses would have been administered. In an eight bed facility with each individual taking four morning doses you would observe a sample of 16 doses being administered. In a large facility, a larger sample (40 to 50 doses) taken from different units in the facility should be observed to ensure that an adequate sample of the drug distribution system has been evaluated. It is usually preferable to watch the morning pass because more doses per individual are administered at that time; however, you may observe the pass at any time. Observe more than one staff member administering drugs, if possible. You may observe the drugs being administered in the individual's living quarters or in the day program if the day program is operated by the ICF/MR on its grounds (i.e., the day program is not a separately certified entity). If there are individuals at the facility who self-administer medications, attempt to observe the self-administration (see W373). Respect the individual's right to privacy by verbally asking the individual for permission to observe. Note every detail about drug administration in your notes. For example, "eye drops administered to both eyes" or "nurse took pulse" or "all drugs crushed and administered in applesauce." 3. Record, in your notes, the most current physician's orders for those individuals who were observed receiving medications. The latest recapitulation of drug orders is sufficient for determining whether a valid order exists, provided that the physician has signed the "recap." The signed "recap" and subsequent orders constitute a legal authorization to administer the drug. You should now have a complete record of what you observed, and what should have occurred according to the physician orders.

TAG NUMBER	REGULATION	GUIDANCE TO SURVEYORS
		4. Reconcile your record of observation with the physician's orders. Compare your record of observation to the most current signed orders for drugs. o For each drug on your list: Was it administered according to the physician's orders? For example, in the correct strength, by the correct route? Was there a valid order for the drug? o For drugs not on your list: Are there orders for drugs that should have been administered, but were not? Such circumstances represent omitted doses, which is one of the most frequent types of errors. 5. Determine the number of errors by adding the errors for each individual. Before concluding that an error has occurred, discuss the apparent error with the person who administered the drug. There may be a logical explanation, such as a more recent physician order which you have not seen. 6. Timing errors: If a drug is ordered before meals (AC) and administered after meals (PC) or vice versa, always count this as an error. If the drug is administered more than 60 minutes later or earlier than its scheduled administration time, count this as an error ONLY IF THAT WRONG TIME ERROR CAN CAUSE THE INDIVIDUAL DISCOMFORT OR JEOPARDIZE THE RESIDENT'S HEALTH AND SAFETY. Counting a drug with a long half-life (beyond 24 hours) as a wrong time error when it is 15 minutes late is improper because there is no significant impact on the individual. To determine the scheduled administration time, examine the facility's policy relative to dosing schedules.
W370	(3) Unlicensed personnel are allowed to administer drugs only if State law permits;	§483.460(k)(3) GUIDELINES: "Unlicensed personnel" of the facility does not refer to the situation of individuals administering their own medication. Unlicensed personnel administer only those forms of medication which State law permits.
W371	(4) Clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise;	§483.460(k)(4) FACILITY PRACTICES: Based on assessment results and IDT discussion, the individual is instructed in skills leading to self-administration of medication, when appropriate, based on the person's functional abilities. No individual is precluded from training based solely on diagnosis or level of functioning. §483.460(k)(4) PROBES: Is there a pattern of refusal to allow self-medication? How is the health and safety of individuals assured during training for self-medication?

HB 1403

My name is Teresa Parry. I am a senior nursing student at the University of Mary. Last fall I had the opportunity to observe and participate in different locations where people with disabilities lived. I observed their daily routines, program interventions, medication regime, and free time.

There are a wide variety of daily medications administered to the residents, anything from Tylenol to Ativan (sedative) to Mellaril (antipsychotic). Prior to administering any medication to a resident the employee must complete a three way check. First the employee must check the label with the binder containing the doctor's order for that resident. Second, the label is checked with the medication. Third, the employee checks the patient to assure the right patient receives the medication. I have seen an employee walk up to the lock cabinet, pull out the medications that were in a labeled cubby, and start punching out pills. When I walked up the individual pulled out the clients medication list and said, "After working here a while you just know what each resident takes. I haven't made a med error yet." Residents are not informed of what they are taking and some have medications hidden in a Milkyway or a fruitball.

During my rotation several people quit with no replacements. A few medication certifications were taken away, leaving one site with two medication certified staff to cover seven days a week, twenty four hours a day. This lead to tired employees' that worked twelve to sixteen hour shifts. To solve the problem, medication certification tests where retaken within days and the staff was reinstated. One employee was even assisted with studying to pass the medication modules. Staff is started at $6.25 an hour and the salary is increased with the completion of the medication certification.

I have worked in a group home setting for almost year and have been " certified" to pass medications for about 8 months. The certification is not seen as important by staff, just something they have to do so that they are not taken off the schedule. Many psychotropic meds are given and there is really no form of monitoring (at least where I work) for side effects or possible reactions. The med is simply given, signed off, and then counted.

Each person is allowed to have 3 " medication errors" before certification is lost. However, loosing certification is not a very big deal, as you can have it reinstated in as little as a week. You just have to get above an 85% on the written part and then go through the class with a LPN.

The importance of med counts, administration, and monitoring are only important if there is no one on shift to pass meds. If this happens, someone may have to stay late on a 12 hour shift to pass meds or work overtime, which means they wouldn't be at a peak in mental concentration when passing meds.

I believe that a higher standard should be set for passing meds in a group home setting, as these meds are important to each individual's health and well being. Medication certification should be more closely monitored and the importance of medication administration should be stressed to all staff.

Kara Mangold

HB 1403

My name is Vicky Frey I am a senior nursing student at the University of Mary. I have been employed at a group home for the developmentally disabled population. There I am responsible for the administration of medications and general care of the residents.

There are many different types of medications administered to the residents from vitamine supplements to psychotropic medications. In the last eight months I have seem many different mistakes being made with the administration of these medications. One mistake that I have seen is a client recieving 10 mg of Haldol in the am instead of the pm. Right now if three medication errors are made a person's certification is removed. I have seem many medications being given by mistake at the wrong time of the day. One client the other week was given and extra synthroid in the evening when she had already recieved this medication in the morning.

There was one situation in which when doing the medication count we found that there was more pills missing then what were accounted for. We did not have any extra pills thrown in with the medications to be destroyed nor was there any med varience forms filled out to state what had happened with the medication. When this was caught the next morning when we found that the count was made to work not that it did count out for everything the person who was in charge was immediately removed from the certification of medications.

Right now we do not generally have anyone not admit to any medication errors and they seem to happen when people do not sit down and to their three way checks. Check the label with the order, with the medication and with the person.

To: Senate Human Services Committee

Please recommend a NO vote on HB 1403. I am an RN and currently practice as a nurse educator. I was not at the hearing when this bill passed through the House but one of my former students was. In her synopsis of the hearing, she reported to me that there was a good argument put forth by the proponents of this bill who stated that they give their employees extensive training and they could safely administer medications. My former student told me that what was not said is that "not all organizations do this." This person, while she was a nursing student, was hired to give medications in the community. The company was thrilled that she was a nursing student and gave her no other training or instruction. Being a nursing student may not qualify a person to give medication any more than prior employment at Walmart. When one of my students on clinical rotation gives a medication, they are practicing on my license. I have to take responsibility to oversee what is given, when and how. It is not simply a matter of taking a pill out of the box and giving it to the patient. We check to see that we have the right patient, the right medication, the right dose, the right route and the right time. And we find errors. Many drugs are ordered by one name and the pill supplied has another generic name. We double check. Sometimes pills have very similar names but very different purposes such as flonase for allergies and flomax for benign prostatic hypertrophy or trentol for anticoagulation and tegretol for seizures. We make sure we know what each pill is for and sometimes we find that pharmacy accidentally supplied the wrong pill. Sometimes an 80 mg dose is ordered and 20mg pills are supplied. We have to do the math. My students have several years to practice medication administration under supervision. Where does an aide in a group home get this training.

We are talking about vulnerable population in this bill. Administering medications to groups of people is more complicated than taking a prescription or giving one to a family member. Who will take responsibility if a resident or child says "yes, I'm Johnny" when in fact they are not and the new caregiver gives the client someone else's medication? If the resident vomits their seizure medication, will the caregiver know whether or not to repeat it or what to watch for? Institutional policies often protect workers but do not necessarily ensure safe care. Safe and effective delegation are critical decisions that nurses make in directing care for vulnerable populations.

I am not as concerned about a non-nurse administering a medication as I am about accountability. According to a 1993 study published in the Quality Review Bulletin, one million medication errors occur each year, resulting in about 120,000 deaths. The March 1999, American Journal of Nursing addresses this issue. The editorial states that many errors occur not because of poor performance but because of inadequate or poorly designed institutional systems. When I educate my students to their role and responsibility in medication administration and I question them about the medications they give and how they will do it, I don't expect the correct answer every time. But I expect that as they progress they are not only learning skills but judgement. They question that pill or dose. Before I judge them safe to graduate and care for the public, I have seen them question why this patient would be getting a certain drug or why 20mg was supplied when 22mg was ordered. They know how to seek out the physician and clarify.

Nurses, by virtue of licensure and their own Nurse Practice Act, are held responsible and

accountable to give the right dose of the right drug to the right patient via the right route at the right time regardless of the institutional procedure. It is the Board of Nursing that holds us to this standard even if the organization we work for allows us to be more slack. By taking away the authority of the Board of Nursing to regulate these caregivers, these vulnerable populations have only the institutions to rely on. Licensed nurses may not delegate medication administration to persons exempt from licensure. If this bill passes, nurses will not be involved in supervising medication administration by unlicensed caregivers or evaluating and troubleshooting the policies and systems. When an error occurs, what recourse will these people have?

As the AJN editorial states, humans make mistakes. We need systems with sufficient checks to pick up these errors before they become harmful. Again, we are talking about vulnerable populations. The Board of Nursing is the right authority to set the standard of practice for medication administration. Please vote NO on HB 1403.

Mary Smith, RN

My name is Kirsten Friedt, I am a Registered Nurse employed by ABLE, Inc. in Dickinson. I urge you to place a DO NOT PASS on House Bill 1403.

ABLE, Inc. is a community based provider of services to people with Developmental Disabilities in Southwestern North Dakota. We serve people in group homes, apartment settings, respite care, day programming and work settings.

Medication administration has long been a gray area for nurses employed by community based providers. I can remember the first DD nurses meeting I attended almost 10 years ago, medication administration was the topic of discussion way back then. Throughout my almost ten years of employment at ABLE discussions with the Board of Nursing regarding who could be delegated the duty of administering medications occurred at many different levels. These discussions took place with the DD Division, through public hearings to promulgate Nurse Practices Act regulations, at Board of Nursing meetings and open forums, at NDACF conventions, as well individually between nurses and CEO's with Board of Nursing representatives. Many of us nurses thought the current Nurse Practices Act and its regulations as well as those regulations most recently promulgated regarding medication administration had settled the discussions. Many nurses and other professionals have worked very hard to come to halfway meeting points. This includes the Board of Nursing and nurses across many different nursing specialties, DD included.

The duty of the Board of Nursing is, and I quote from North Dakota Century Code 43-12.1, "The Board of Nursing has a responsibility to ensure the people in the state of North Dakota receive safe and competent nursing care." I believe this includes all citizens in North Dakota, including those receiving services from a DD provider. As health care in our country, North Dakota included, continues to be increasingly out patient and home based the role of the nurse will continue to change. I believe the Board of Nursing is not trying to overregulate any one facility or type of provider, but instead trying to respond to the changing health care needs of the people in our state and insuring the nursing care they receive continues to safe, effective, and appropriate for the needs of the person.

This bill creates an exemption for my employer from having to comply with the nurse practice act regarding unlicensed persons administering medications. However, it does not exempt me, the nurse from having to comply with the Nurse Practices Act; the very set of regulations that determine acceptable standards of practices for nurses throughout the state in all areas of nursing. How can I be employed as a nurse, do nursing functions within my job description, delegate tasks to others, and yet not be accountable to the Nurse Practices Act? I do not believe I can do this. Should I chose to delegate medication administration to a staff person not on the medication assistant registry I would be engaging in practice inconsistent with the current standards of nursing practice. This is

grounds for discipline; including but not limited to a reprimand all the way up to revocation of my nursing license.

I am very concerned how the passage of this bill could unsafe environments for the people we serve. The medications used within our facility treat a wide range of chronic and acute diseases, mental illnesses, and disabilities. The need for critical thinking skills and supervision of these medications by the nurse has increased, not decreased. The people we support have a right to the same high quality of nursing care as any other citizen in the state.

To say the nurse is just a consultant within our facility is a grave mistake. I do delegate medication administration to ABLE's non-licensed staff. I do monitor side effects and desired actions of a medication, I do teach staff special techniques needed for specific procedures, I do provide information to guardians and teams, I do relay information back to the physician and assist with the assessments they do, I do give instructions to staff, I do answer their questions, I do relieve them of the duty of administering medications if it is deemed they are not safe or competent to do so. To take these abilities away from me by exempting DD providers from having to comply with the medication administration regulations of the Nurse Practices Act is doing a grave injustice to the people we serve. I feel it puts these people at risk. It also leaves the non-professional staff without the support needed to perform their job.

I do believe the medication training tools used within DD providers are excellent. Our medication error rate studies show this. I want to see the nurse continue to be involved in this process, not just passing through it as a consultant. This is indeed the way to provide safe and effective administration of medications to the people we support within DD facilities. Thus, once again I urge to place a DO NOT PASS on this bill.

NORTH DAKOTA NURSES ASSOCIATION

549 Airport Rd. • Bismarck, ND 58504 • Phone: (701) 223-1385 • Fax: (701) 223-0575

TESTIMONY ON HB 1403

Chairman Thane and members of the Senate Human Services Committee. My name is Penni Weston and I am here representing the North Dakota Nurses Association.

I am here today to speak in opposition to HB 1403. The proponents of this bill will tell you that this bill is too costly to implement. They will also tell you that their clients reside in a facility that practices in a social model, not a medical model and so nursing oversight is not necessary. They will also tell you that their nurses are not giving nursing care. This bill is being marketed as "no big deal". Committee members, I will tell you why this bill is a **VERY BIG DEAL!**

Our opposition to this bill has one focus and one focus only. Safety of the public. Citizens residing in DD facilities are some of our most vulnerable. They deserve quality care that is safe. They deserve the same protections that our elderly and other citizens receive in this state.

The first point I would like to address is that of cost. You have heard that these facilities can't afford to pay the registration fees for all of these employees. We concur with that and in fact think it is unreasonable to even suggest that they would. Every other profession that I know of requires those persons that need to be licensed, certified or registered to pay for their own fees. It is not an expectation that facilities pay this cost.

In the event the facilities were asked to pay this fee, I would like to address your attention to the attachment. This lists the dollar amount of reimbursement that each facility receives for each client on a daily basis. I have taken the long-term care skilled nursing facility reimbursement rates and matched the DD facility rates next to each other for each town. As you can see, the DD facilities receive a much higher rate than skilled nursing facilities. The long-term care rates range from the low number all the way up to the highest amount listed. Residents must be receiving intensive nursing care to qualify for these top rates. According to the long term care association; the **AVERAGE** daily reimbursement to facilities is $97.68. This is a long way away from the $200 dollars per day that the DD facilities

are receiving. I spoke with someone from the Department of Human Services to see if perhaps the DD facilities were required to provide more unreimburseable supplies or services to their clients. That could have explained some of the cost. I was told that the DD facilities are required to provide the same services as long-term care facilities except for wheelchairs. Nursing facilities also provide higher staffing levels with 24-hour professional nurse staffing. If this social model of care delivery does not require a higher staffing ratio or higher salaried nursing employees, why is there such a difference in reimbursement?

The proponents of this bill have also said that they have a social model of care delivery and that they do not provide nursing services. They have also indicated previous testimony that the nurse does not monitor the medications. I would like to refer you to the second attachment, which is an advertisement that appeared in the Bismarck Tribune. This ad is from a local DD facility advertising for an LPN. The duties listed include education and monitoring of medication administration for staff. This is indeed nursing care. If nurses are not needed then why are they currently hiring them?

The final point I want to make is one of the most important. It has to do with safety of the clients who live in these facilities as well as the public. If this bill passes there are grave consequences that no one has considered.

The first consequence is that nurses would no longer be able to be employed in DD facilities. This would leave the facility with no one to turn to in the event a medical situation arises.

The next consequence has to do with the liability a facility would face in the event one of these unsupervised employees made a medication error that caused serious harm or death to the client? The facility would be solely responsible for the liability associated for the actions of these individuals. Can these facilities afford this?

The most serious consequence is the potential that would exist for drug abuse. If this bill passes there is nothing to prevent an individual from passing the background check, passing the medication test and then being employed as a medication assistant. These people have no accountability for their actions. It would be very possible that a 16-year-old high school student could pass the medication test and become an employee in one of

these facilities. This person now has unsupervised access to any number of drugs; narcotics, sedatives and hypnotics to name a few. What is to stop this individual from diverting these medications and taking them? Worse yet, what is to stop them from removing them from the facility and selling them on the street? This is a dangerous situation. Passing this bill would take away any oversight of these individuals and give them free reign to many controlled substances. I know I certainly do not want to make access to controlled substances and narcotics any easier and I'm sure the citizens of North Dakota don't either.

Let me conclude by saying this. This bill is not about turf protection. It is not about nurses wanting to be the only individuals able to pass medications. In fact, quite the opposite is true. The nursing association has given full support to having medication assistants available in long-term care. They are a cost-effective provider of this nursing service. We are only saying that the citizens of our state who have developmental disabilities should be guaranteed that they will receive high quality, safe care from competent providers. Please assure this will happen by voting **NO ON HB 1430**.

Thank you for the opportunity to testify and I will be happy to answer any questions.

December 14, 1998

IM 4675

Directors, County Social Services Boards

David J. Zenmer, Director, Medical Services

BJECT: Long Term Care Rates

TENTION: Informational Only

: following is a listing of rates for Nursing Facilities, ICF/MR Facilities, and Swing Bed Hospitals. The ing for Nursing Facilities reflects the low and high rates for the range of 34 case mix classifications. : rates are effective January 1, 1 999 unless indicated otherwise.

NURSING FACILITIES

TY	FACILITY	RATES
smarck	Baptist Home-30003	$ 85.59 - $204.57
smarck	Missouri Slope Lutheran Care Center-30004	$ 85.76 - $204.74
smarck	St. Vincent's Care Center-30005	$100.90 - $219.88
amngton	Carrington Health Center-30009	$ 83.54 - $202.52
amngton	Golden Acres Manor-30008	$ 80.64 - $177.86
evils Lake	Devils Lake Good Samaritan Center-30115	$ 78.51 - $185.77
evils Lake	Heartland Care Center-30010	$ 79.71 - $191.81
ckinson	St. Benedict's Health Center-30237	$ 71.26 - $164.30
ckinson	St. Luke's Home-30011	$ 83.88 - $200.20
	Bethany Homes-30060	$ 88.24 - $207.22
go	Elim Home-30051	$ 78.89 - $185.69
go	Manorcare Health Services-30013	$ 75.66 - $170.46
go	Rosewood on Broadway-30015	$ 80.64 - $190.24
go	Villa Maria Healthcare-30086	$ 79.52 - $186.88
afton	Lutheran Sunset Home-30016	$ 79.86 - $198.84
Grand Forks	Valley Eldercare Center-30017	$ 90.14 - $206.14
Grand Forks	Valley Memorial Homes North-30201	$ 92.72 - $211.70
inger	Hillcrest Care Center-30148	$ 66.07 - $143.71
estown	Central Dakota Village-30020	$ 79.62 - $195.74
Jamestown	Hi Acres Manor Nursing Center-30021	$ 86.07 - $205.05

ICF/MR FACILITIES

CITY	FACILITY	RATES
Bismarck	Enable, Inc.-East Princeton-30807	$151.12 (10-01-97)
Bismarck	Enable, Inc.-West Princeton-30812	$185.55 (10-01-97)
Bismarck	Enable, Inc.-South Washington-30829	$187.53 (10-01-97)
Bismarck	HIT Inc.-Apollo-30849	$160.88 (07-01-98)
Bismarck	HIT Inc.-Washington Group Home-30835	$199.11(07-01-98)
Carrington	Fourth Corporation-30818	$163.60 (04-01-98)
Devils Lake	Lake Region Corporation-923 (Parkview)-30826	$188.88 (07-01-97)
Devils Lake	REM ND 506 (A)-30851	$181.56 (01-01-98)
Devils Lake	REM ND 1104 (B)-30867	$189.14 (01-01-98)
Dickinson	ABLE Inc.-1297 (Ridgeway)-30853	$154.96 (10-01-97)
Dickinson	ABLE Inc.-1387 (Westside)-30854	$135.68 (10-01-97)
Dickinson	ABLE Inc.-632 (Childrens)-30855	$160.40 (10-01-97)
Dickinson	ABLE Inc.-847 (24th Street)-30856	$211.86 (10-01-97)
Fargo	Fraser-2574 (#6)-30861	$171.64 (07-01-97)
Fargo	Fraser-2726 (#7)-30857	$129.84 (07-01-97)
Fargo	Friendship-3014 (Oak & Knotty Pine)-30801	$200.50 (07-01-98)
Fargo	Friendship-3012 (Birch & Cedar)-30810	$194.75 (07-01-98)
Fargo	Friendship-2424 (Alpha)-30824	$161.34 (07-01-98)
Fargo	Friendship-2302 (Beta)-30823	$225.12 (07-01-98)
Fargo	Friendship-1635 (Midway)-30843	$234.06 (07-01-98)
Fargo	Friendship-2502 (Orion)-30844	$201.80 (07-01-98)
Fessenden	Fourth Corporation-30819	$170.74 (04-01-98)
Grafton	Develop. Center @ Grafton-Cedargrove-30806	$338.29 (07-01-96)
Grafton	Develop. Center @ Grafton-Health Services-30806	$338.29 (07-01-96)
Grafton	Develop. Center @ Grafton-Maplewood-30806	$338.29 (07-01-96)
Grafton	Develop. Center @ Grafton-New Horizons-30806	$338.29 (07-01-96)
Grafton	Friendship-412 (Eastside)-30858	$155.00 (07-01-98)
Grafton	REM ND, Inc. A (Manvel)-30862	$196.23 (01-01-98)
Grafton	REM ND, Inc. B (Summit)-30863	$176.79 (01-01-98)
Grand Forks	Development Homes-1551 (Woodview)-30815	$196.53 (01-01-98)
Grand Forks	Development Homes-2720 (Southview)-30825	$170.07 (01-01-98)
Grand Forks	Development Homes-2585 (Dev. House)-30837	$173.14 (01-01-98)
Grand Forks	REM ND, Inc-415 (A)-30846	$209.11 (01-01-98)
Grand Forks	REM ND, Inc.-5017 (B)-30847	$198.30 (01-01-98)
Grand Forks	REM ND, Inc.-301 (C)-30848	$231.41 (01-01-98)
Hettinger	ABLE - Southview-30838	$136.34 (10-01-97)
Jamestown	Alpha Opportunities, Inc. 1510-30845	$144.57 (07-01-98)
Jamestown	Alpha Opportunities, Inc. 112-30814	$140.64 (07-01-98)
Jamestown	Anne Carlsen Center for Children-30871	$212.16 (01-01-98)

	Dacotah Alpha-30225	$246.84*
	Medcenter One Care Center-30288	$83.09 - $202.07
Minot	Manorcare Health Services-30026	$76.72 - $174.30
Minot	Trinity Nursing Home-30028	$92.98 - $211.96
New Rockford	Lutheran Home of the Good Shepherd-30029	$76.41 - $179.47
New Town	New Town Good Samaritan Center-30325	$69.13 - $158.95
Park River	Park River Good Samaritan Center-30154	$73.09 - $167.95
Stanley	Mountrail Bethel Home-30032	$83.12 - $195.38
Tioga	Tioga Medical Center LTC-30176	$82.09 - $169.97
Valley City	Sheyenne Care Center-30073	$81.13 - $186.97
Velva	Souris Valley Care Center-30216	$79.95 - $184.87

Mandan	Enable, Inc.-East Plainview-30827	$147.87 (10-01-97)
Mandan	Enable, Inc.-West Plainview-30828	$157.62 (10-01-97)
Mandan	HIT, Inc.-Terra Vallee-30834	$183.50 (07-01-98)
Mandan	HIT, Inc.-Diane's Group Home-30836	$187.79 (07-01-98)
Mandan	HIT, Inc.-Eastwood-30850	$140.07 (07-01-98)
Minot	Minot Vocational Adj. Workshop 1005-30821	$224.10 (07-01-97)
Minot	Minot Vocational Adj. Workshop 1007-30820	$210.00 (07-01-97)
Minot	REM ND, Inc. - 1824 (A)-30840	$164.32 (01-01-98)
Minot	REM ND, Inc. - 1405 (B)-30841	$175.03 (01-01-98)
Minot	REM ND, Inc. - 1404 (C)-30842	$214.39 (01-01-98)
New Rockford	Fourth Corporation-30809	$156.89 (04-01-98)
New Town	Tri-City Care, Inc.-30833	$138.57 (10-01-98)
Park River	Friendship-503 (Hilltop East)-30859	$157.18 (07-01-98)
Park River	Friendship-605 (Hilltop West)-30860	$179.67 (07-01-98)
Stanley	Tri-City Care, Inc.-30831	$173.73 (10-01-98)
Tioga	Tri-City Care, Inc.-30832	$200.31 (10-01-98)
Valley City	Open Door #2-30811	$193.03 (07-01-98)
Valley City	Open Door #4-30822	$176.91 (07-01-98)
Valley City	Open Door #5-30830	$200.09 (07-01-98)
Valley City	Open Door Center-Childrens Program-30872	$216.61 (07-01-98)
Wahpeton	Red River H.S. Foundation-348 (#4)-30864	$161.47 (07-01-98)
Wahpeton	Red River H.S. Foundation-821 (#5)-30865	$140.46 (07-01-98)
Wahpeton	Red River H.S. Foundation-1348 (#6)-30866	$144.64 (07-01-98)
West Fargo	Fraser-65 1 (#9)-30803	$148.54 (07-01-97)
West Fargo	Fraser-631 (#10)-30839	$164.22 (07-01-97)
Williston	Opport. Foundation-1808 (Fox Glen East)-30817	$199.04 (04-01-98)
Williston	Opport. Foundation-821 (Midtown)-30852	$199.31 (04-01-98)

ENABLE, INC.

"Enrichment through Respect, Empowerment, and the Pursuit of Dreams"

Enable, Inc., a private, non-profit agency serving people with disabilities has the following openings:

Program Director - Day Services:

This position is responsible for providing direction and management to our Day and Work Activity and Adult Day Care Programs. Candidate must possess excellent communication skills, be innovative, and be knowledgeable of current trends in providing day services to people with disabilities. A bachelor's degree and at least two years experience in human services is required. Competitive wage and benefit package available.

Licensed Practical Nurse:

This is a part-time position responsible for providing training and monitoring to staff in medication administration procedures. Also responsible for teaching CPR and First Aide to Enable staff. Candidate must possess good communication and organization skills and a current ND LPN license. Competitive wage and benefit package available.

Outcome Support Staff:

Part-time positions are available in our group homes and apartment settings. Morning, evening, and weekend shifts are available. Responsibilities include providing training, support, and supervision in activities of daily living to people with developmental disabilities. Competitive wage and benefit package available.

To apply for these positions, send resume to 1836 Raven Drive, Bismarck, ND 58501 or call 255-2851, ext. 0 to request an application.

2/21/99 Bismarck Tribune

TESTIMONY FOR SENATE HEALTH AND HUMAN SERVICES COMMITTEE

March 17, 1999

RE: HB 1403

Chair Thane, members of the committee and guests, my name is Deborah Johnson, RN, Clinical Nurse Specialist who provides counseling services to the mentally ill, I am pleased to offer my perspective on this piece of proposed legislation as well as suggest some ideas for the committee to consider as it makes it's deliberation. I am rising to speak in OPPOSITION TO HB 1403.

HB 1403, if passed, would create an exemption which would place clients in vulnerable positions. Many clients living in Developmentally Disabled living situations take a variety of medications. These medications range from the simple to the complex and require that the person dispensing the medications possess the knowledge, skills and abilities to monitor the client for problems, side effects and drug related interactions. HB 1403 eliminates the function of delegation and allows medication administration to these vulnerable populations without supervision. As an advanced practice registered nurse (APRN), I am required to have 30 hours of pharmacology in my specialty area just to apply for prescriptive privilege. I am further required to maintain the learning needed to continue to prescribe. As a clinician who prescribes medication daily, I am concerned about the suggested removal of the monitoring the proponents of HB 1403 seem to feel is acceptable for some of our most vulnerable members of society.

As a clinician, I would like to offer the committee two examples of the concerns I have just addressed. I oversee the psychotropic medications of ~~two women~~ persons from Developmentally Disabled living situations in the Minot area. I would like to read to the committee the names of the medications from ~~each~~ two of these ~~women~~ persons. In one case, there are 16 different medications that are taken on a daily basis; in the other case, there are 18 different medications. These medications include not only powerful psychotropic medications, but also cardiac and other medications. I, as a prescriber of certain types of medications must be aware of all other medications taken by my clients and the effects these medications have on the ones I am responsible for monitoring. I possess the knowledge, skills and abilities to do this job. I suggest to this committee that if HB 1403 passes, that those unlicensed and unregulated medication assistants who will be giving these and many other medications will not possess the knowledge, skills and abilities.

HB 1403 has the potential to jeopardize the health and safety of a client population who has a diminished ability to speak for itself and who are among our state's most vulnerable. It has been said that one of the reasons for the introduction of this bill in the first place is that the requirement for having licensed and regulated medications assistants placed an economic hardship on those who have fiscal responsibility for these homes. As a practitioner, I can appreciate the issue of rising cost, but also as a practitioner, I must balance ethics and responsible care against cost. I make decisions on a daily basis which have impact on cost, but I must keep in mind the charge given to all in health care, the admonition of "First, do no harm". I urge this committee to keep this charge in it's mind as it makes it's decision about HB 1403, "First, do no harm".

HB 1403

North Dakota
Association for
Home Care

March 2, 1999

North Dakota Nurses Association
Sharon Moos, RN, MBA
Executive Administrator
549 Airport Road
Bismarck, ND 58504

Dear Ms Moos:

The North Dakota Association for Home Care would like to notify NDNA of our concerns with HB 1403, which would exempt from nurse licensure persons providing medication administration within a treatment or care center for developmentally disabled persons and residential childcare and residential treatment centers.

NDAHC is concerned that this legislation may put at risk a vulnerable population. Removing from the NDBON Registry the person administering medication in the aforementioned facilities sends the wrong message: that this vulnerable population deserves a lower standard of care. HB 1403 compromises patient safety and quality of care. For this reason, NDAHC opposes this legislation.

Please feel free to contact our office with any correspondence.

Sincerely,

Liz Overlie

Liz Overlie
President,
NDAHC

Box 2175 • Bismarck, ND 58502-2175 • Phone: 701-224-1815 • Fax: 224-9824
E-mail: ndahc@aptnd.com • http://www.aptnd.com/ndahc

HB 1403 TESTIMONY

My name is Kay Christopher and I am a senior nursing student at the University of Mary. I am speaking in opposition to this bill and would like to share my actual experiences with you while I was employed at a local DD facility.

I saw several medication errors made by the staff. More importantly, I saw many medication errors prevented by our supervising RN. As the time of my employment I had just started nursing school and knew very little about the medications I was giving and their potentially life threatening side effects. However, our RN made us read about the medications. The nurse required us to know the purpose for giving the med, the side effects that could occur, and that we must inform the client what the medication was and why they were receiving it. We were also made aware of the potent mediations we were giving at very high doses such as, anticoagulents to thin the blood, anticonvulsants to stop seizures and antiarrhythimics to correct abnormal heart beats. Medication errors in these types of medications can be deadly. Too much of the anticoagulent can cause excessive bleeding. If antiarrhythmics aren't given correctly, a client's heart can beat erratically and cause it to stop. Anticonvulsant medications given in too large of a dose can cause a client to stop breathing.

Without the proper guidance and monitoring by our RN, many more medications errors would have been made. I feel very strongly that the Senate **VOTE NO** on this bill.

I would be happy to answer any questions.

NORTH DAKOTA BOARD OF NURSING

919 S 7th St., Suite 504, Bismarck, ND 58504-5881

Web Site Address: http://www.ndbon.org
Telephone # (701) 328-9777
Nurse Advocacy # (701) 328-9783
Fax # (701) 328-9785

Human Services Committee

TESTIMONY RELATED TO HB 1403

March 1999

Chairperson Thane and members of the Human Services Committee, my name is Constance Kalanek, Executive Director of the North Dakota Board of Nursing. On behalf of the board, I wish to offer testimony in **opposition to HB1403** relating to persons exempt from nurse licensure.

The North Dakota Board of Nursing works diligently to establish and maintain rules and regulations that protect and serve the public. Providing exemption to licensure for a vulnerable population does not provide for consumer protection nor meet the needs of the public.
The requirement to place medication assistants on a registry does not establish another level of bureaucracy, but rather provides a mechanism to protect a vulnerable group of individuals in our society. Are we discriminating against a vulnerable population by lowering standards for this group of individuals?

The North Dakota Board of Nursing does not deny the fact that the curriculum modules and training are effective. However, the module process would no longer have nursing input with the passage of this bill. Secondly, the proponents of this bill state the reported medication error rates are low. I would like to point out there is no observation of medication administration in that study, rather the researcher relied upon "agency incident reports" and "tabulation of medication counts" at the beginning and end of the month. There is no evidence to suggest the data is reporting all the errors made, only errors reported. We must recognize the importance of level of reporting.

What is the purpose of a registry? Protection of the public!!! If this exemption passes, these individuals will not have to take a basic medication course or be on a registry. They will not be required to be supervised by a nurse. This registry is a mechanism to screen individuals seeking employment in these settings. Each year the North Dakota Board of Nursing receives between 110-120 nurse aide applications, which have a positive response – drug and alcohol abuse, sexual & physical abuse, theft. Who is going to monitor these individuals and protect this vulnerable population? The employer??

In addition, North Dakota Century Code Section 43-12.1-15. Violation Penalties, states, " A person may not: 6. Employ a person to practice nursing or perform nursing tasks unless the person is licensed or registered by the board. The board does not interpret the statute to allow the

nurse to delegate the authority to provide nursing care to someone who is not licensed or registered by the board.

The licensed nurse may not delegate interventions to a nurse assistant that require nursing knowledge, skill, and judgment. Medication administration may not be delegated unless the nurse assistant has met the requirements of NDAC chapter 54-07-05.—meaning the MA must be supervised and on a registry. Are we safeguarding the public? Appropriate supervision and competency are crucial in medication administration to this highly vulnerable population. Licensure standards are the guide to the level of supervision the nurse must provide in delegating this task.

The proposed rules that were approved by the attorney general's office in February provide for a medication assistant I & II. The MA I meets the definition for the provider in DD facilities. The proposed rules are actually less stringent than the rules currently in effect and provide for global dispensing. This curriculum provides a necessary service while keeping the cost at a reasonable level.

The Board of Nursing was not informed of the concerns of the human service centers or the foster care home groups until this legislation was proposed. The Task Forces has been in place for over a year with numerous presentations given to DD providers and nurses with multiple opportunities for input. In fact, when the proposed rules went out for public hearing we received written comments in support from West Central Human Service Center, Southeast Human Services, and three DD Facilities. We did not receive any comments in opposition to the proposed rules. Certainly as a regulatory board our intent is not to cut off services but rather we believe we must keep the individuals best at heart, which is the safety of the individual. These individuals must have ownership of their health care needs to the best of their ability.

Nursing has a long history of providing "health care" in all settings, including homes and school. For hundreds of years nurses have provided services in a social model-this is not new. Nurses can provide nursing services in a social model to medically needy individuals.

The mission of the North Dakota Board of Nursing is to assure ND citizens they are receiving quality nursing care. This is becoming an increasingly difficult task when bills such as 1403 are introduced and passed.

209 2nd St. S.E.
VALLEY CITY, NORTH DAKOTA 58072
701-845-1124 FAX: 701-845-1175

JUSTIFICATION FOR HB 1403

HB1403 would exempt Community Provider staff from medication administration registry under the ND Board of Nursing. Introduced by Representative Clara Sue Price and co-sponsored by Rep. Ralph Metcalf.

1. Community Providers have had a competency-based medication training module and training program for 15 years. Heretofore they have been exempt!

2. The module used by Providers has been approved by the Board of Nursing as meeting their medication assistant training program requirements.

3. Staff completion of the module is recorded by Minot State University.

4. Staff must complete this module to maintain employment with a community provider. They are re-certified annually.

5. Licensure requirements mandate the completion of the medication administration training program that includes a paper and pencil test as well as practical demonstration

6. The certification of the community provider staff through the Board of Nursing will cost approximately $20-$30 per staff per every two years. There are approximately 3000 community provider staff. Staff turnover will increase this cost. Most community providers experience a 50% turnover rate.

7. The certification by the Board of Nursing will not ensure more competency. It will cost more dollars!

8. The requiring of certification of community provider staff through the Board of Nursing is redundant to the current training and registration by Minot State University.

9. Community Provider's do not have 24-hour direct nursing services.

10. Community Provider's are not licensed as nursing homes or hospitals.

11. Community Provider's use Individual Habilitation or Program Plans not "care plans." We must provide "active treatment."

12. In a 1993 study completed by Minot State University, the error rate in medication administration by community provider staff was less than one percent. **The rate was .13%.** These results indicate that the training is appropriate, produces competent staff and additional certification, training is not necessary. Additional training and certification would be costly and redundant.

PLEASE VOTE "YES" ON HOUSE BILL 1403!!!

TESTIMONY IN FAVOR OF HB 1403

Mr. Chairman, members of the Committee, my name is Mary Simonson. I am and have been the Administrator of Open Door Center for the past 16 1/2 years. Open Door Center serves people with disabilities including persons with a brain injury (HI Soaring Eagle Ranch), people with mental illness and children and adults with developmental disabilities.

I am here to testify in favor of HB 1403 as a representative of the North Dakota Association of Community Facilities and as the Administrator of Open Door Center because this bill will avoid undue expense and redundancy.

Community Rehabilitation Providers or CRPs have a mandated training program for their full-and part-time staff. The program was begun in the early 1980's to assure that people with developmental disabilities receive appropriate training and assistance from staff as they move to a less restrictive environment. This training program is under the auspices of Minot State University in collaboration with the Disabilities Services Unit. It is required for all staff employed in direct service with individuals with developmental disabilities.

Full-time staff must complete a competency-based certification course within 18 months of employment. It is a condition of their continued employment with an agency. Part-time staff do not have to obtain a certification, but they must complete appropriate training. Included as a part of this course of study is Module 895.06, Medications Training.

The medication training module is designed for class room instruction, as well as for self-directed training. Written at an average reading level, the module is intended to help direct service staff in CRPs become certified in medication administration. The module discusses general information on medication, staff responsibilities, the 5 R's(right person, dose, time, route, medication) effects of medication, medication administration procedures, how to overcome medication management difficulties and behavior issues associated with medication administration.

Upon the completion of the medication training module staff members are administered a final examination and are required to obtain a minimum score of 85%. A clinical practicum follows the successful completion of this exam. The practicum requires direct service staff to demonstrate the ability to perform all necessary steps involved from the time a filled prescription is handed to them, by determining who should receive medication through monitoring and documenting the administration and re/storing of medication.

The direct service staff must pass the clinical practicums with 100% accuracy. Annually, staff proficiency in medication administration is measured by a practical demonstration.

This training program has proven extremely effective. A 1993 study by Minot State University indicates that the medication administration error rate among Community Providers is **less than one percent (1%).** The study conducted with half of the Community Providers through out North Dakota indicates that in every 10,000 dosages, only 13 errors were made. This is an error rate of **.13%.** This study was conducted without the awareness of the direct service staff. This was intentional to prevent staff from using extra caution in fulfilling medication responsibilities that might have altered results. Established agency procedures for monitoring medication errors were applied. These results attest to the excellent standard of the medication administration training program currently utilized by Community Rehabilitation Providers. There does not appear to be a need for more registration or additional training under the Board of Nursing as the current training program under the auspices of Minot State University is so effective. In fact, it is my understanding that the Board of Nursing has approved our medication module as "meeting medication assistant training program

requirement." However, they want CRP's to pay $20-$30 per staff to become certified in medication administration. Our staff are already certified by Minot State University. Will a $20-$30 certification fee paid to the Board of Nursing assure greater staff competency in medication administration? It certainly will entail more expense to the agency, and create more paper work for staff and the CRPs. Such certification is expensive and redundant to the current medication administration training program used by CRPs.

Community Rehabilitation Programs do not provide continuous or 24-hour nursing services. We are not licensed as hospitals or nursing homes. We provide services under a written habilitation plan, not a medical care plan. We follow a social model of service delivery; we are not based on a medical model. We provide services in a less restrictive, more home-like environment.

Almost since the inception of our network of community providers (as a result of the ARC lawsuit) and because of our intense, mandated training program, CRPs have been exempt from having to be registered or certified by the Board of Nursing. I am uncertain why the most current law did not exclude us. Perhaps the registry and training is appropriate for nursing homes and hospitals who have no medication administration training program for

para-profession staff. However, this is not nor has it ever been the situation with Community Rehabilitation Providers.

For the reasons enumerated above, I believe that Community Rehabilitation Providers licensed under chapter 25-16 should be exempt from medication administration certification and nurse assistant registration.

I have taken the liberty of attaching a fact sheet that outlines my testimony.

Thank you for this opportunity to share my thoughts. I would be willing to attempt to answer any questions the Committee may have.

Mary Simonson
Executive Director
Open Door Center
Valley City, North Dakota
Legislative Committee, NDACF