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**TO:** Ways and Means Committee  
**FROM:** Health Care Association of Michigan (HCAM)  
**DATE:** September 9, 2020  
**SUBJECT:** House Bill 4098

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Thank you Chair Iden and committee members for considering House Bill 4098 today. I'm Richie Farran, V.P. of Government Services for the Health Care Association of Michigan (HCAM). I would also like to thank the bill sponsor, Rep. Frederick, and the department and stakeholders for working with us on this bill.

HCAM asks for the committee's support of House Bill 4098. This bill will establish a medication aide registry in Michigan, allowing certified nurse aides (CNAs) – who are the front line caregivers working under the supervision of an RN – to obtain further education and certification to pass regularly scheduled medications in nursing facilities.

Under the bill, to be eligible to work as a medication aide, an individual must be in good standing in the CNA registry, work as a CNA for 2000 hours over the previous two years, complete training and pass an exam approved by the department of licensing and regulatory affairs. A medication aide will only be able to pass regularly scheduled medications, and will be precluded from administering controlled substances, IVs, or PRN medications.

This bill serves the dual purpose of enhancing resident safety and addressing workforce issues experienced by Michigan's nursing facilities. Including medication aides as part of the staff in a nursing facility will free nurses to focus on additional resident care. Nurses are currently responsible for the administration of medication – at times they can be interrupted when performing these duties. Using medication aides will enable staff to focus on the med pass duties, and can reduce the chance of med pass errors. Twenty-two other states allow for the use of medication aides in nursing facilities, and studies have shown that their use leads to less med pass errors, increased staff satisfaction, reduced rehospitalization, and improved call light response and fall rates – resulting in improved resident safety and quality care.

Additionally, nursing staff in facilities indicate that anywhere from 50% to 90% of their shift is spent passing medications, and nearly three-quarters of medications passed to residents would qualify as “regularly scheduled” under the bill. With the support of medication aides, these nurses can spend more time on assessment and the skilled nursing that residents may need.

Establishing a medication aide registry will also allow for eligible CNAs to advance their careers, offering providers with another tool in the tool box to attract a strong workforce and retain employees. Prior to the pandemic, Michigan nursing facilities faced a workforce shortage in a full employment economy, competing with retail and food service industry for employees. During the COVID-19 outbreak, the workforce

challenges have been exacerbated. Nursing facilities are competing with other health care settings and other states for these caregivers. Staff facing challenges with daycare due to schools closing, or having to quarantine because they or a family member are showing symptoms, have made staffing even more challenging.

Recently, the Governor's Nursing Homes COVID-19 Preparedness Task Force included in its final recommendations that a career ladder be established for CNAs in Michigan to help improve employee attraction and retention. Establishing a medication aide registry in Michigan will provide CNAs with opportunity to advance their careers as identified by the task force.

Rewarding CNAs with a step up in responsibility and compensation benefits both the staff and the residents they care for. The workforce shortage includes nurses as well – as I said before, the use of medication aides will free nurses to do what nurses do – provide skilled care to residents, helping to attract and retain quality staff.

Numerous stakeholders, including nursing associations and LARA, worked on this legislation. As a result of these discussions, a number of changes to the bill as introduced have been agreed to. These changes were adopted by the House Health Policy Committee, and include:

- The training of med aides will take place at an educational institution. A benefit of this is CNAs can earn credits, allowing them to advance in their careers and get one step closer to a nursing degree.
- The bill establishes a strong standard for the curriculum for med aide training, which must reflect at a minimum the National Council of State Boards of Nursing Model Curriculum for medication aides.
- We have also agreed that medication aides should be supervised by an RN, and cannot be supervised by an LPN, to remain consistent with the public health code.
- The new substitute will make it clear the initial administration of a medication, and PRN medications, cannot be administered by a medication aide.
- The new draft will also limit reciprocity to our border states – Wisconsin, Indiana, and Ohio.

These improvements ensure resident safety is paramount under the medication aide program. Many of the details, including establishing the curriculum and continuing education requirements, will be determined during the rule promulgation process, and we look forward to working with LARA once the bill is passed to ensure a strong medication aide program that protects residents and adequately trains CNAs to pass medications.

Thank you for your consideration, and we hope you can support HB 4098.