

## Proposal Summary/ Overview

**To be completed by proposal sponsor. (500 Word Count Limit for this page)**

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*Is this proposal regarding:*

- *New or increased regulation of an existing profession/occupation? If so, complete this form, Questionnaire A.*
- *Increased scope of practice or decreased regulation of an existing profession? If so, complete Questionnaire B.*
- *Any other change to regulation or scope of practice? If so, please contact the Committee Administrator to discuss how to proceed.*

1) State the profession/occupation that is the subject of the proposal.

Medication aides, also referred to as “Trained Medication Aide” in nursing facilities.

2) Briefly describe the proposed change.

Expand the availability of training programs for foreign-trained nurses to become Trained Medication Aides to include programs approved by MDH. Currently, higher education institutions can already provide TMA training through existing rule, but an exception applies for foreign-trained nurses. In addition, since only higher education institutions can offer the training, opportunities are limited across the state. Medication aide training is a sought-after training for many direct care professionals eager to advance their healthcare career, however access is limited and inaccessible to many prospective trainees.

3) If the proposal has been introduced, provide the bill number and names of House and Senate sponsors. If the proposal has not been introduced, indicate whether legislative sponsors have been identified. If the bill has been proposed in previous sessions, please list previous bill numbers and years of introduction.

HF3979 (Sencer Mura, et al). SFXXX will be introduced on Monday, Feb. 26 with Sen. Fateh.

4) Given the press of business in the 2023 legislative session it is unlikely that health licensing and scope of practice bills will be taken up this year. If there is an urgent need that this bill be heard this year, please explain the urgency.

Bill is being introduced for legislative action in 2024. This is a workforce development solution that can be deployed with an immediate impact on Minnesota's healthcare workforce. With over 17,000 caregiver openings across aging services settings in Minnesota, immediate action must be taken (LTC Imperative, 2024).

## Questionnaire A: New or increased regulation (adapted from Mn Stat 214.002 subd 2 and MDH Scope of Practice Tools)

This questionnaire is intended to help legislative committees decide which proposals for new or increased regulation of health professions should receive a hearing and advance through the legislative process. It is also intended to alert the public to these proposals and to narrow the issues for hearing.

This form must be completed by the sponsor of the legislative proposal. The completed form will be posted on the committee's public web page. At any time before the bill is heard in committee, opponents may respond in writing with concerns, questions, or opposition to the information stated and these documents will also be posted. The Chair may request that the sponsor respond in writing to any concerns raised before a hearing will be scheduled.

A response is not required for questions which do not pertain to the profession/occupation (indicate "not applicable"). Please be concise. Refer to supporting evidence and provide citation to the source of the information where appropriate.

New or increased regulation of health professions is governed by Mn State 214. Please read and be familiar with those provisions before submitting this form.

While it is often impossible to reach complete agreement with all interested parties, sponsors are advised to try to understand and to address the concerns of any opponents before submitting the form.

### 1) **Who does the proposal impact?**

- a. Define the occupations, practices, or practitioners who are the subject of this proposal.

Trained medication aides are often certified nurse aides (CNAs) with additional training. For this proposal, we are addressing foreign-trained nurses as defined by 148.235 subd.10

- b. List any associations or other groups representing the occupation seeking regulation and the approximate number of members of each in Minnesota

LeadingAge Minnesota and Care Providers of Minnesota. Together, both associations represent over 2,000 providers across the long-term care continuum, statewide.

- c. Describe the work settings, and conditions for practitioners of the occupation, including any special geographic areas or populations frequently served.

Trained medication aides work primarily, but not exclusively in nursing homes. They are certified nurse aides (CNAs) who receive additional training to pass medications to residents. For the purposes of this bill, existing statute requires foreign-trained nurses to take this training through higher education institutions, even if other programs are available.

- d. Describe the work duties or functions typically performed by members of this occupational group and whether they are the same or similar to those performed by any other occupational groups.

Trained medication aides (TMAs), working under the supervision of a nurse, dispense medications for patients in a nursing facility. They ensure daily medications are given to the appropriate patients (prescription or non-prescription) as directed in the plan of care. TMAs record medication dosages and time given in the medical record. TMAs assist with resident self-administration, as directed in the plan of care. They assist with resident observation, hydration, range of motion, repositioning and other aspects of activities of daily living. TMAs assist with other resident needs as part of the care team.

Medication dispensation can also be performed by a Registered Nurse or Licensed Practical Nurse. When added to a care team TMAs are valuable assets that allow nurses to use time that would otherwise be spent on medication dispensation for other, higher complexity functions.

**2) Specialized training, education, or experience (“preparation”) required to engage in the occupation**

- a. What preparation is required to engage in the occupation? How have current practitioners acquired that preparation?

Successful completion of a Medication Aide course is required. Medication Aide courses are typically 48-60 hours in length and currently offered at state colleges. Staff who work as a Medication Aide in a nursing facility are required to be Nursing Assistants and on the Minnesota Nursing Assistant Registry.

- b. Would the proposed regulation change the way practitioners become prepared? If so, why and how? Include any change in the cost of entry to the occupation. Who would bear these costs?

This proposal would provide greater access to Medication Aide training. Currently Medication Aide training is not offered consistently throughout the state and is not always continuously available. Prospective students seeking this training have limited options and transportation, cost and class timing are all potential barriers to successful completion. This proposal would allow for training programs to proliferate in other markets, particularly nursing facilities who would not be constrained by class size minimums.

- c. Is there an existing model of this change being implemented in another state? Please list state, originating bill and year of passage?

Many other states allow Trained Medication Aide training at nursing facilities.

- d. If current practitioners in Minnesota lack any training, education, experience, or credential that would be required under the new regulation, how does the proposal address that lack?

As cited above, existing training options are too limited. In addition, as we continue to welcome a more diverse workforce, including internationally-trained nurses, we support expanding training programs that support their career development and accessibility.

- e. Would new entrants into the occupation be required to provide evidence of preparation or be

required to pass an examination? If not, please explain why not. Would current practitioners be required to provide such evidence? If not, why not?

Trained Medication Aide training culminates in the successful completion of an exam. Nursing facilities who utilize Trained Medication Aides as part of their workforce are required to verify that they are on the Nursing Assistant Registry and have completed a Trained Medication Aide course, typically by verifying a certificate or direct communication with the training provider.

### **3) Supervision of practitioners**

- a. How are practitioners of the occupation currently supervised, including any supervision within regulated institution or by a regulated health professional? How would the proposal change the provision of supervision?

This proposal does not change the structure of supervision. TMAs are supervised by nurses and/or nurse managers in a nursing facility.

- b. Does a regulatory entity currently exist or does the proposal create a regulatory entity? What is the proposed scope of authority of the entity? (For example, will it have authority to develop rules, determine standards for education and training, assess practitioners' competence levels?) Has the proposed change been discussed with the current regulatory authority? If so, please list participants and date.

No new regulatory entity, remains Minnesota Department of Health.

- c. Do provisions exist to ensure that practitioners maintain competency? Describe any proposed change.

No change to this.

### **4) Level of regulation (See Mn Stat 214.001, subd. 2, declaring that "no regulations shall be imposed upon any occupation unless required for the safety and well-being of the citizens of the state." The harm must be "recognizable, and not remote." Ibid.)**

- a. Describe the harm to the public posed by the unregulated practice of the occupation or by the continued practice at its current degree of regulation.

NA. This is expanding access to training of an existing profession.

- b. Explain why existing civil or criminal laws or procedures are inadequate to prevent or remedy any harm to the public.

NA. This is expanding access to training of an existing profession.

- c. Explain why the proposed level of regulation has been selected and why a lower level of regulation was not selected.

NA. This is expanding access to training of an existing profession.

**5) Implications for Health Care Access, Cost, Quality, and Transformation**

- a. Describe how the proposal will affect the availability, accessibility, cost, delivery, and quality of health care, including the impact on unmet health care needs and underserved populations. How does the proposal contribute to meeting these needs?

This will increase access to a critical workforce solution by providing more opportunities for training around the state.

- b. Describe the expected impact of the proposal on the supply of practitioners and on the cost of services or goods provided by the occupation. If possible, include the geographic availability of proposed providers/services. Cite any sources used.

This proposal will eliminate barriers to accessing training, ostensibly making it easier to obtain this credential and organizations to use it as a workforce solution.

- c. Does the proposal change how and by whom the services are compensated? What costs and what savings would accrue to patients, insurers, providers, and employers?

No.

- d. Describe any impact of the proposal on an evolving health care delivery and payment system (e.g., collaborative practice, innovations in technology, ensuring cultural competency, value-based payments)?

Trained Medication Aides already work in a collaborative care team, and play an integral role in supporting residents and patients of long-term care facilities. Their value will increase over time as the population of Minnesota ages with increased acuity needs.

- e. What is the expected regulatory cost to state government? Is there an up-to-date fiscal note for the proposal? How are the costs covered under the proposal?

No additional cost expected with TMA training expansion; MDH already has rule-making authority for

this profession.

**6) Evaluation/Reports**

Describe any plans to evaluate and report on the impact of the proposal if it becomes law, including focus and timeline. List the evaluating agency and frequency of reviews.

NA.

**7) Support for and opposition to the proposal**

- a. What organizations are sponsoring the proposal? How many members do these organizations represent in Minnesota?

Care Provider of Minnesota and LeadingAge Minnesota, who collectively represent over 2,000 senior care provider members.

- b. List organizations, including professional, regulatory boards, consumer advocacy groups, and others, who support the proposal.

Minnesota Department of Health.

- c. List any organizations, including professional, regulatory boards, consumer advocacy groups, and others, who have indicated concerns/opposition to the proposal or who are likely to have concerns/opposition. Explain the concerns/opposition of each, as the sponsor understands it.

No concerns or groups in opposition have been identified.

- d. What actions has the sponsor taken to minimize or resolve disagreement with those opposing or likely to oppose the proposal?