

HOUSE BILL REPORT

HB 1409

As Reported By House Committee On:
Health Care

Title: An act relating to health treatment for individuals with developmental disabilities.

Brief Description: Concerning health treatment for individuals with developmental disabilities.

Sponsors: Representatives Flemming, Mielke, Leonard, Dyer, R. Johnson, Thibaudeau, Cooke, King, H. Myers, Ballasiotes, Wineberry, Jones, Roland, Romero, Campbell, Rayburn, Orr and J. Kohl.

Brief History:

Reported by House Committee on:
Health Care, January 25, 1994, DPS.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 15 members: Representatives Dellwo, Chair; L. Johnson, Vice Chair; Dyer, Ranking Minority Member; Ballasiotes, Assistant Ranking Minority Member; Appelwick; Backlund; Cooke; Flemming; R. Johnson; Lemmon; Lisk; Mastin; Morris; Thibaudeau and Veloria.

Minority Report: Do not pass. Signed by 1 member: Representative Conway.

Staff: John Welsh (786-7133).

Background: The Nurse Practice Act provides for the registration and certification of two levels of nursing assistants, respectively, with the state Board of Nursing who practice under the direction and supervision of a registered nurse or licensed practical nurse in nursing homes and hospitals.

There is no level of nursing assistant or other practitioner authorized under current law to provide routine health care services to individuals with developmental disabilities in either community residential programs or adult family homes.

Summary of Substitute Bill: Nursing assistants providing services to persons with developmental disabilities are required by law to register with the Board of Nursing.

This level of nursing assistant is employed as direct care staff in certified community residential programs or certified adult family homes to administer specified medications and treatments, prescribed by qualified health care practitioners, under the supervision of a registered nurse. Supervision, however, does not require the supervising nurse to be on the premises. However, oral and written instructions related to the specific task must be given, as well as an assessment of the client's needs.

The scope of health care services that can be administered is limited, when authorized, to oral medication; topical medication; nose, ear, and eye drops; suppositories; home glucose testing; enemas in unit doses; emergency procedures; and gastrostomy tube feeding.

The nursing assistant must be trained by a licensed registered nurse. The training must encompass the nature of conditions requiring treatment; observation of the nursing assistant; written instructions specific to clients; documentation of evaluation of the nursing assistant's performance in training; and an annual evaluation of administration of medications.

A registered nurse may delegate administration of gastrostomy tube feeding, but not nasogastric tube feedings. Delegation is conditioned on: the nature of the task; significance of the risk; frequency of treatment; ability of the nursing assistant to respond to consequences; performance; annual proficiency reviews; documentation of delegation process; and documentation of frequency of reassessment.

The responsibility of the registered nurse is limited to teaching and delegating, including gastrostomy tube feeding, as well as the competence of the nursing assistant, but each is accountable for his/her own actions in the delegation.

Verification of nursing assistant credentialing is the responsibility of the employer.

Rules implementing this act shall be adopted jointly by the Department of Social and Health Services and the state Board of Nursing.

In addition to training by the registered nurse, the Department of Social and Health Services shall provide by rule a basic core training program for nursing assistants.

The use of the nursing assistant in this act is not applicable to persons living in residential habilitation centers, nor for persons not developmentally disabled.

The nursing assistant is subject to the disciplinary process and sanctions of the Uniform Disciplinary Act.

The Board of Nursing is required to monitor and evaluate the effectiveness of this nursing assistant program and report by December 31, 1996, with specific recommendations on the appropriateness of the level of credentialing.

Substitute Bill Compared to Original Bill: Nursing assistants must be registered by the Board of Nursing to provide services to persons with developmental disabilities. Insulin injections cannot be delegated to nursing assistants. Emergency procedures, including 911, must be available. The responsibility of a registered nurse is limited to the teaching and delegation of specific tasks as well as the determination of which nursing assistants are trained. Proficiency reviews must be conducted annually. The employer is responsible for verifying the credentials of the nursing assistant. Rules must be adopted jointly by the Department of Social and Health Services and the Board of Nursing. A basic core training curriculum is also required by departmental rule. The Board of Nursing is to conduct a two-year monitoring and evaluation of the program.

Fiscal Note: Available. New fiscal note requested on January 28, 1994.

Effective Date of Substitute Bill: Ninety days after adjournment of session in which bill is passed.

Testimony For: Current law does not permit unlicensed caretakers to provide routine health services to developmentally disabled persons in community residential settings. Authorizing nurses to train registered nursing assistants to perform routine treatments and give medications will give developmentally disabled persons access to necessary health care services.

Testimony Against: Nursing assistants should receive more training and be certified, not merely registered, in order to be properly qualified to administer medications and treatments under this bill.

Witnesses: Steve Boruchowitz and Nick Federici, Department of Health; Lois Simko and Marcy Johnsen, Hospital Health Care Workers (con); Marti Johnson and Michael Doctor, Community Residential Services Association (pro); and Liz Gildermeister.