

# SENATE BILL REPORT

## ESHB 2473

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As Reported by Senate Committee On:  
Health & Long-Term Care, February 23, 2012

**Title:** An act relating to creating a medication assistant endorsement for certified nursing assistants who work in nursing homes.

**Brief Description:** Creating a medication assistant endorsement for certified nursing assistants who work in nursing homes.

**Sponsors:** House Committee on Health Care & Wellness (originally sponsored by Representatives Green, Hinkle, Johnson, Van De Wege, Ryu and Roberts).

**Brief History:** Passed House: 2/10/12, 96-0.

**Committee Activity:** Health & Long-Term Care: 2/22/12, 2/23/12 [DPA].

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### SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

**Majority Report:** Do pass as amended.

Signed by Senators Keiser, Chair; Conway, Vice Chair; Becker, Ranking Minority Member; Carrell, Frockt, Kline, Parlette, Pflug and Pridemore.

**Staff:** Kathleen Buchli (786-7488)

**Background:** The Department of Health registers nursing assistants and certifies those who complete required education and training as determined by the state Nursing Care Quality Assurance Commission (Nursing Commission). Nursing assistants may assist in providing care to individuals under the direction and supervision of a licensed or registered nurse. Nursing assistants work in various health care facilities, such as hospitals, nursing homes, hospices, and other entities delivering health care services.

A registered nurse may delegate nursing care tasks that are within the nurse's scope of practice to other individuals where the nurse finds it to be in the patient's best interest. Before delegating a nursing care task, the registered nurse must determine the competency level of the person to perform the delegated task, evaluate the appropriateness of the delegation, and supervise the person performing the delegated task. With some exceptions, registered nurses may not delegate tasks requiring nursing judgment, substantial skill, the administration of medications, or the piercing or severing of tissues.

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

In home and community-based care settings, registered nurses may delegate medication assistance and certain other nursing tasks to nursing assistants working with patients who are in a stable and predictable condition. The nursing assistant must first complete Department of Social and Health Services' basic core nurse delegation training. The assistance may not include assistance with intravenous or injectable medications except for prefilled insulin syringes.

Registered nurses working for a home health or hospice agency are allowed to delegate the application, instillation, or insertion of medications to a registered or certified nursing assistant under a plan of care.

**Summary of Bill (Recommended Amendments):** Certified nursing assistants may administer certain medications and treatments in a nursing home if they hold a medication assistant endorsement and act under registered nurse supervision. To qualify for a medication assistant endorsement, a nursing assistant-certified must, in accordance with Nursing Commission rules, complete a minimum number of hours of documented work experience as a nursing assistant-certified in a long-term care setting, complete an education and training program, pass an examination, and meet continuing competency requirements. Medication assistants may administer medications orally, topically, and through inhalation; and perform simple prescriber-ordered treatments, including blood glucose monitoring, noncomplex clean dressing changes, pulse oximetry reading, and oxygen administration. Medication assistants may only work in a nursing home and under the direct supervision of a designed registered nurse who is on-site and immediately accessible to the medication assistant. Judgment and decision to administer medication or treatments is retained by the registered nurse.

Medication assistants may not accept telephone or verbal orders from a prescriber, calculate medication dosages, inject medications, perform sterile tasks, administer medications through a tube, administer Schedule I through III controlled substances, or perform tasks that require nursing judgment. The medication assistant's employer may limit or restrict the range of functions permitted to be performed by the medication assistant.

Medication assistants are subject to the Uniform Disciplinary Act.

**EFFECT OF CHANGES MADE BY HEALTH & LONG-TERM CARE COMMITTEE (Recommended Amendments):** A legislative finds section is added, finding that residents of skilled nursing facilities are dependent on their caregivers for their health and well-being and the skills and knowledge of these caregivers are important to good care; allowing nursing assistants to administer certain medications creates opportunities for career advancement and pay improvement for nursing assistants; the bill will ensure quality care for nursing home residents; and nurse training programs should recognize the relevant training and experience obtained by medication assistants.

**Appropriation:** None.

**Fiscal Note:** Available.

[OFM requested ten-year cost projection pursuant to I-960.]

**Committee/Commission/Task Force Created:** No.

**Effective Date:** The bill takes effect on July 1, 2013.

**Staff Summary of Public Testimony as Heard in Committee:** PRO: This bill is not a watering down of the nursing profession. This encourages development of a health care team. Only certified nursing assistants will be able to become medication assistants and they may only work in nursing homes under the supervision of a registered nurse. This will allow registered nurses more time to perform other tasks and provide quality care. This is part of a career ladder for certified nursing assistants. The Nursing Commission has worked with stakeholders and the Nursing Commission supports this bill. Only simple procedures will be allowed, supervision and decision making remains with the registered nurse. Twenty other states have similar programs.

**Persons Testifying:** PRO: Representative Green, prime sponsor; Paula Meyer, Nursing Commission; Gloria Dunn, WA Health Care Assn.; Scott Sigmon, Aging Services of WA.