



April 11, 2016

SUMMARY OF ORIGINAL BILL: Makes various changes to requirements regarding medication aides. Changes the professional title of “medication aide certified” to “medication aide.” Deletes statute prohibiting the use of one or more medication aides as the basis for a reduction in a facility’s licensed nursing staff.

Adds the exploitation of an adult, under Tenn. Code Ann. § 39-14-111, and the abuse, neglect or exploitation of an adult, under Tenn. Code Ann. § 71-6-117, to the list of convicted crimes for which the Board of Nursing may deny, revoke or suspend any certificate to practice as a medication aide, or to otherwise discipline a certificate holder, including, but not limited to civil monetary penalties.

Reduces, from 75 to 65, the number of required hours of instruction in a medication aide training program. Redefines the standard curriculum of a medication aid training program. Deletes statute prohibiting a medication aide from: administering medications containing a controlled substance; administering medications administered as drops to the eye, ear or nose; administering rectal and vaginal exams; administering medications delivered by metered hand held inhalers; and administering medications delivered by aerosol/nebulizer. Effective January 1, 2017.

FISCAL IMPACT OF ORIGINAL BILL:

NOT SIGNIFICANT

SUMMARY OF AMENDMENT (015505): Deletes and rewrites the bill such that the substantive changes are as follows: (1) reduces from 65 to 60 the number of required hours of instruction in a medication aide training program; (2) reduces from 50 to 40, and from 20 to 15, the number of required hours that a medication aide training program must devote, respectively to classroom hours and clinical hours; (3) reduces from 25 to 20 the number of required hours that a medication air training program must devote to a supervised clinical practice component that is conducted under the discretion and supervision of a licensed nurse; (4) establishes that a medication aide may not administer medications delivered by aerosol or nebulizers, or administer medications by metered hand-held inhalers without a spacer or a non-metered inhaler; (5) authorizes the use of medication aides in any Program for All-Inclusive Care for the Elderly (PACE); and (6) adds language to require any nursing home, assisted-care living facility, or PACE program that utilizes one or more medication aides to administer medications to implement a policy to track and record any incidents of medication errors and opioid or benzodiazepine diversions, and requires such incidents be made available to the Department of Health.

FISCAL IMPACT OF BILL WITH PROPOSED AMENDMENT:

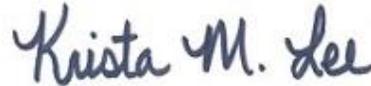
Unchanged from the original fiscal note.

Assumptions for the bill as amended:

- Based on information from the Department of Health, the proposed changes to statute regarding medication aides will have no significant fiscal impact on the Department.
- Any rulemaking required by the Board of Nursing can be accomplished during regularly scheduled Board meetings.
- Pursuant to Tenn. Code Ann. § 4-29-121, all health related boards are required to be self-supporting over any two-year period. The Board of Nursing had surpluses of \$1,168,922 in FY13-14, \$1,363,944 in FY14-15, and a cumulative reserve balance of \$7,635,110 on June 30, 2015.

CERTIFICATION:

The information contained herein is true and correct to the best of my knowledge.



Krista M. Lee, Executive Director

/jdb