



February 6, 2025

Testimony of Matt Barrett, President and CEO of the Connecticut Association of Health Care Facilities / Connecticut Center For Assisted Living (CAHCF/CCAL):

Good afternoon Senator Hochadel, Representative Garibay, and to the members of the Aging Committee. My name is Matthew Barrett. I am President and CEO of the Connecticut Association of Health Care Facilities and the Connecticut Center For Assisted Living (CAHCF/CCAL). Thank you for this opportunity to testify in support of H.B. No. 6773 (RAISED) AN ACT ALLOWING TRAINED NURSE'S AIDES AND ASSISTED LIVING AIDES TO ADMINISTER MEDICATION TO NURSING HOME AND ASSISTED LIVING RESIDENTS.

H.B. 6773 would authorize (1) A registered nurse employed by a nursing home to delegate the administration of medication to persons residing in a nursing home when such medication is administered by a trained nurse's aide and (2) a registered nurse employed by an assisted living services agency to delegate the administration of medication to persons receiving services from the assisted living services agency when such medication is administered by a trained assisted living aide employed by the assisted living services agency.

Further, H.B. 6773 would require that any nursing home or assisted living services agency that allows a registered nurse to delegate the administration of medication to indemnify, defend and hold harmless any registered nurse from financial loss and expense, including legal fees and costs, if any, arising out of any claim, demand, suit or judgment by reason of alleged negligence or other act resulting in personal injury, which acts are not wanton, reckless or malicious, and that occurred within the scope of such administration of medication.

Finally, the legislation requires the Commissioner of Public Health to adopt regulations to carry out these provisions.

Our association supports this bill because our members believe that authorizing the administration of medications by certified medication aides can improve quality outcomes while providing an important and badly-needed additional recruitment and retention tool in both the nursing home and assisted living settings. A nurse aide with specific medication administration training would offer a critical career ladder opportunity for CNAs. Meanwhile, nursing home LPNs and RNs would be able to better focus their work on more complex resident care responsibilities. This proposed authority is similar to the authority currently provided to certified medication technicians serving Residential Care Homes and home health agencies in Connecticut.

We recommend the following provisions added to the legislation to address issues and concerns that have been expressed to our association in the past:

- The language should make clear that delegation by the nurse is authorized and not required under any circumstances.

- The delegation does not include the administration of medications administered by injection.

- The certification for medication administration be required in accordance with regulations adopted by the Commissioner of Public Health

- A registered nurse may not delegate administration of medications in either setting if the prescribing practitioner specifies that a medication shall only be administered by a licensed nurse.

- We are reviewing the indemnification limitation provision in subsection (c) on the issue of whether, and to what extent, negligent acts are included in the limitation along with “wanton, reckless or malicious acts”.

Finally, we offer the following research in support of the bill:

The certified medication aide role is well established and widely used nationally providing decades of experience.

- 35 states allow skilled nursing facilities to employ CMAs¹
- CMAs reduced the probability that a nursing facility received a deficiency for unnecessary drug use or medication errors by 5%.²

The National Council of State Boards of Nursing (NCSBN) conducted a study affirming the safety of this delegation:

- “Medication aides are capable of safely administering medications and that there is no evidence that medication aides have higher error rates than licensed nurses.”³

The medication aide expands the caregiving team, providing immediate relief to overburdened RNs and LPNs, freeing up the amount of time they spend on routine medication administration and resulting in higher nurse and patient satisfaction.

- A study on The Impact of Medication Aide Use on Skilled Nursing Facility Quality published in the Gerontologist found that, “using medication aides allows licensed nurses more freedom to engage in more critical nursing care and supervision of CNAs.”⁴
- Certified Medication Aides do not replace nurses
 - “there was no statistically significant reduction in RN or LPN hours in states that use MAs.”⁵

¹ CMS Payroll Based Journal, Q2, 2023.

² Walsh, Lane, Troyer, The Impact of Medication Aide Use on Skilled Nursing Facility Quality, The Gerontologist, Vol. 54, No. 6, 2014.

³Budden, Jill, Journal of Nursing Regulation, Volume 2/Issue 2, July 2011.

⁴ Walsh, Lane, Troyer, The Impact of Medication Aide Use on Skilled Nursing Facility Quality, The Gerontologist, Vol. 54, No. 6, 2014.

⁵ Walsh, Lane, Troyer, The Impact of Medication Aide Use on Skilled Nursing Facility Quality, The Gerontologist, Vol. 54, No. 6, 2014.

- “MAs cannot replace the licensed nurse’s role in the administration of medications, as nurses must still exercise their judgement regarding medication administration”
 . . . “assessing patients such as evaluating the need for or response to medications, educating the patient. . .”

Thank you for your consideration of our testimony in support of the H.B. 6773.

For additional information on this testimony, please contact Matt Barrett, President and CEO of CAHCF/CCAL, at mbarrett@cahcf.org.