Thank you for the opportunity to comment on Chapter 4723-27, Medication Administration by Certified Medication Aide. The Ohio Health Care Association represents nearly 600 skilled nursing facilities and over 300 residential care facilities in Ohio. Many member organizations employ medication aides and administer medication aide training programs. We support the changes enacted by Senate Bill 144 in the 135th General Assembly, which we feel will increase access to Certified Medication Aide pathways for direct care workers.

Many of our comments reflect the legislative intent in Senate Bill 144 to more closely align the regulation of certified medication aides with the regulation of certified nurse aides instead of licensed nurses. Our additional recommendations on the draft rule are:

* 4723-27-01 (C) "As-needed medication" means any medication that is not scheduled to be administered at a routine time, but is given in response to a resident's complaint or expression of discomfort or other indication of a specified condition.
The rule no longer references " as-needed,” and this definition is no longer needed.
* 4723-27-01 (DD) Senate Bill 144 includes a definition of Prescription medication under 4723.63 “means a medication that may be dispensed only pursuant to a prescription.". We suggest adding this under (DD) of this rule.
* 4723-27-02 (F)(4) “Administer any medication without the task having been delegated by a nurse.”
In other sections of this rule, the word “delegate” has been changed to “supervise” to comply with the language from Senate Bill 144.
* 4723-27-02 (F)(5) “Administer medications to pediatric residents; or”. There is no such restriction in statute.
* 4723-278-03 “A registered nurse or a licensed practical nurse acting at the direction of a registered nurse, who provides nursing care to residents in nursing homes or residential care facilities, may delegate supervise the task of medication administration to by a certified medication aide according to section 4723.67 of the Revised Code and this chapter.”
We believe the word “delegate” should be struck as it is being replaced with “supervise”.
* 4723-27-04 (A)(3) The applicant must submit a completed “Medication Aide Application”.
Amend to “Certified Medication Aide Application” to be consistent with 4723-27-05(A)(2)(a) and with the new “certified medication aide” designation.
* 4723-27-04 (C) “If a medication aide certificate is issued by the board on or after February first of an even-numbered year, the certificate shall be valid, unless the certificate is made inactive or if disciplinary action has rendered it invalid, through April thirtieth of the next even-numbered year.” Senate Bill 144 has no provisions regarding disciplinary action against CMAs, aside from the pre-existing abuse registry statute, so we recommend removing the words “or if disciplinary action has rendered it invalid.” Alternatively, a specific reference to the abuse registry could be included; although technically, an aide doesn’t lose their certification by being placed on the registry, it renders them unable to use it to work in long-term care.
* 4723-27-07(C)(5) The supervised clinical practice component shall be provided in nursing homes that the Ohio Department of Health has found to be free from deficiencies related to the administration of medications in the two most recent annual surveys or in residential care facilities that the Ohio department of health has found to be free from deficiencies, related to the administration of medications and the provision of skilled nursing care, in the two most recent annual surveys.

The Ohio Department of Health has been working through a backlog of surveys for RCFs and SNFs since the COVID19 pandemic. Currently, 58% of surveys are more than 15 months from their last average survey, and 25.5% are over 24 months overdue. The two most recent surveys could be over 4-6 years. The requirement should be that the facility has no active survey issues and is compliant. Our suggested language reads:

The supervised clinical practice component shall be provided in nursing homes that, at the time of application, are in compliance with licensure and certification regulations related to the administration of medications or in residential care facilities that, at the time of application, are in compliance with licensure regulations related to the administration of medications.

* 4723-27-08(B)(6) Basic pharmacology, drug classifications and medications affecting body systems, twelve hours, including:
The hourly requirement has been removed from all other curriculum-related topics in this section. This reference to a specific number of hours should be removed to balance the curriculum with the different topics.
* 4723-27-08 (C)(3) While engaged in medication administration, a student shall be under the one-on-one direction and supervision of a nurse.

We feel that this creates logistical challenges for programs teaching multiple medication aides in a single facility. If there are multiple students, there would need to be a one-to-one match for the instructor, which is not comparable to other nurse aide training program protocols. We suggest that this be revised to say, “While engaged in medication administration, a student shall be under the direct supervision of a nurse.”

* 4723-27-09 “Disciplinary actions; investigations”

As previously noted, there are no provisions in SB 144 regarding disciplinary actions against CMAs. Instead, the statute calls for OBN to create a registry for them. We suggest titling this rule “Certified Medication Aide Registry” and removing references to disciplinary actions (e.g., paragraph (A)) and investigatory/enforcement activities (e.g., paragraphs (D) to (G)). A description of the registry should replace those paragraphs and how people come on, stay on, or are taken off of the registry. We are happy to discuss any of these items in greater detail. Thank you for your consideration.

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