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Position: FAV

SUPPORT—HB 95 AND SB 476

Testimony of the American Association of Medical Assistants (AAMA) and the Maryland Society of Medical Assistants regarding 2021 Maryland House Bill 95 and Senate Bill 476 “Advanced Practice Registered Nurses—Delegation of Tasks”

Donald A. Balasa, JD, MBA, CEO and Legal Counsel, AAMA

dbalasa@aama-ntl.org, 847/445-7511 (C)

January 2021

This testimony is being submitted on behalf of the American Association of Medical Assistants (AAMA), the national professional society representing over 80,000 members and CMAs (AAMA), and the Maryland Society of Medical Assistants, an affiliated state society of the AAMA, regarding 2021 Maryland House Bill 95 and Senate Bill 476 “Advanced Practice Registered Nurses—Delegation of Tasks.” This legislation would require the Maryland Board of Nursing to promulgate regulations clarifying APRN delegation to unlicensed assistants (which would include medical assistants).

The AAMA and the Maryland Society of Medical Assistants urge the enactment of this legislation because permitting APRNs (including nurse practitioners) to delegate to knowledgeable and competent unlicensed assistants a reasonable set of tasks (performed under APRN authority and supervision) would increase the availability of health care services for the people of Maryland without decreasing the quality of such services.

An increasing number of states have authorized APRNs to delegate to unlicensed assistants certain tasks. The following are examples of the laws of some states that currently allow such delegation. (The emphases are added.)

Alaska

12 AAC 44.966. DELEGATION OF THE ADMINISTRATION OF INJECTABLE MEDICATION. (Board of Nursing regulation)

(a) The administration of injectable medication is a specialized nursing task that may be delegated under the standards set out in 12 AAC 44.950(a), (c), and (d) and this section.

(b) The administration of injectable medication may be delegated only by an advanced nurse practitioner to a certified medical assistant. The certified medical assistant may only perform the delegated duty in a private or public ambulatory care setting, and the advanced nurse practitioner must be immediately available on site when the certified medical assistant is administering injectable medication.

(c) The certified medical assistant to whom the administration of an injectable medication is to be delegated must successfully complete a training course in administration of medication that is approved by the board and specific to the allowed medications.

(d) To delegate to a certified medical assistant the administration of an injectable medication to a patient the written instructions provided to the certified medical assistant under 12 AAC 44.950(a)(7) must also include the information required in 12 AAC 44.965(d)(1) – (3).

(e) The delegating advanced nurse practitioner is responsible for ensuring that the certified medical assistant maintains a national certification and for reviewing a current criminal background check upon hire, to be reviewed at five-year intervals. If the certified medical assistant has been convicted of a crime that, under AS 08.68.270 and 12 AAC 44.705, is substantially related to the qualifications, functions, or duties of a certified nurse aide, registered nurse, or practical nurse, the advanced nurse practitioner may not delegate the administration of injectable medications to that certified medical assistant.

(f) Repealed 3/19/2014.

(g) The delegating advanced nurse practitioner is responsible for ensuring that the certified medical assistant monitors the patient's response to the injection for a minimum of 15 minutes and reports and responds to any adverse reactions.

(h) In this section, (1) "certified medical assistant" means a person who is currently nationally certified as a medical assistant by a national body accredited by the National Commission for Certifying Agencies (NCCA) and meets the requirements of this section;

(2) "immediately available on site" means that the advanced nurse practitioner is present on site in the unit of care and not otherwise engaged in a procedure or task that the nurse practitioner may not immediately leave when needed;

(3) "allowed injectable medication" means

(A) B vitamins;

(B) diphenhydramine;

(C) medroxyprogesterone acetate;

(D) epinephrine delivered by autoinjector;

(E) ketoralac;

(F) vaccines;

(G) purified protein derivative (PPD);

(H) antibiotics that do not require reconstitution;

(I) rocephin;

(J) kenalog;

(K) rhogam;

(L) imitrex;

(M) clindamycin;

(N) reglan;

(O) erythropoietin stimulating agent (procrit, aranesp) – SQ

California

Business and Professions Code Section 2069 – 2071 (statute)

2069. (a) (1) Notwithstanding any other law, a medical assistant may administer medication only by intradermal, subcutaneous, or intramuscular injections and perform skin tests and additional technical supportive services upon the specific authorization and supervision of a

licensed physician and surgeon or a licensed podiatrist. A medical assistant may also perform all these tasks and services upon the specific authorization of a physician assistant, a nurse practitioner, or a certified nurse-midwife.

(1) "Medical assistant" means a person who may be unlicensed, who performs basic administrative, clerical, and technical supportive services in compliance with this section and Section 2070 for a licensed physician and surgeon or a licensed podiatrist, or group thereof, for a medical or podiatry corporation, for a physician assistant, a nurse practitioner, or a certified nurse-midwife as provided in subdivision (a), or for a health care service plan, who is at least 18 years of age, and who has had at least the minimum amount of hours of appropriate training pursuant to standards established by the board. The medical assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the required training. A copy of the certificate shall be retained as a record by each employer of the medical assistant.

(3) "Supervision" means the supervision of procedures authorized by this section by the following practitioners, within the scope of their respective practices, who shall be physically present in the treatment facility during the performance of those procedures:

(A) A licensed physician and surgeon.

(B) A licensed podiatrist.

(C) A physician assistant, nurse practitioner, or certified nurse-midwife as provided in subdivision (a).

Georgia

§ 43-34-44. Role of medical assistants clarified (statute)

Nothing in this article shall be construed to prohibit the performance by medical assistants of medical tasks, including subcutaneous and intramuscular injections; obtaining vital signs; administering nebulizer treatments; or other tasks approved by the board pursuant to rule, if under the supervision by a physician in his or her office; provided, however, that this shall not require on-site supervision at all times, or the performance by medical assistants of medical tasks ordered by a physician assistant or advanced practice registered nurse delegated the authority to issue such an order in accordance with law and pursuant to rules of the board.

360-3-.05 Medical Assistants, Polysomnography Technologists, and Radiology Technologists. (regulation)

(a) Medical Assistants

1. For purposes of this rule, a medical assistant is an unlicensed person employed by the physician to whom he or she delegates certain medical tasks.

(i) A physician may delegate to a medical assistant the following medical tasks:

subcutaneous and intramuscular injections; obtaining vital signs; administering nebulizer treatments; or removing sutures and changing dressings.

(ii) Physicians or physician assistants under basic job description and/or advanced practice nurses under protocol must be on-site for a medical assistant to administer subcutaneous and intramuscular injections, to administer nebulizer treatments, and to remove sutures and change dressings. It is not required for a physician to be on-site for a medical assistant to obtain vital signs.

Massachusetts

Circular Letter: DCP 16-12-664

TO: Primary Care Providers

FROM: Monica Bharel, MD, MPH, Commissioner, Department of Public Health

CC: George Zachos, Executive Director, Board of Registration in Medicine

DATE: December 16, 2016

RE: Immunization Administration by Medical Assistants

The purpose of this Circular Letter is to inform primary care providers, including Physicians, Certified Nurse Practitioners (CNPs), Certified Nurse Midwives (CNMs), and Physician Assistants (PAs) about a new law relating to the administration of immunizations by Certified Medical Assistants (CMAs), effective November 8, 2016.

Chapter 234 of the Acts of 2016 creates a new law, Massachusetts General Law Chapter 112, Section 265, that allows a primary care provider (PCP) acting within his or her designated scope of practice to delegate the administration of an immunization of a patient to a CMA who meets specified qualifications. The new law also updates Massachusetts General Law Chapter 94C (Controlled Substances Act) to recognize this new provision.

.....

The PCP may delegate the administration of immunizations to a CMA who:

- (1) has graduated from a post-secondary medical assisting education program accredited by the committee on allied health education and accreditation of the American Medical Association, the Accrediting Bureau of Health Education Schools or another certificate program that the commissioner of public health may approve;
- (2) is employed in the clinical practice of a licensed primary care provider; and
- (3) performs basic administrative, clerical, and clinical duties upon the specific authorization and under the direct supervision of a licensed primary care provider.

Ohio

4723.48 Delegation of authority to administer certain drugs. (statute)

(A) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who holds a license to practice nursing issued under section 4723.42 of the Revised Code may delegate to a

person not otherwise authorized to administer drugs the authority to administer to a specified patient a drug, unless the drug is a controlled substance or is listed in the formulary established in rules adopted under section 4723.50 of the Revised Code. The delegation shall be in accordance with division (B) of this section and standards and procedures established in rules adopted under division (O) of section 4723.07 of the Revised Code.

(B) Prior to delegating the authority, the nurse shall do both of the following:

(1) Assess the patient and determine that the drug is appropriate for the patient;

(2) Determine that the person to whom the authority will be delegated has met the conditions specified in division (D) of section 4723.489 of the Revised Code.

4723.489 Delegated authority to administer drugs.

A person not otherwise authorized to administer drugs may administer a drug to a specified patient if all of the following conditions are met:

(A) The authority to administer the drug is delegated to the person by an advanced practice registered nurse who is a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner and holds a license issued under section 4723.42 of the Revised Code.

(B) The drug is not listed in the formulary established in rules adopted under section 4723.50 of the Revised Code, is not a controlled substance, and is not to be administered intravenously.

(C) The drug is to be administered at a location other than a hospital inpatient care unit, as defined in section 3727.50 of the Revised Code; a hospital emergency department or a freestanding emergency department; or an ambulatory surgical facility, as defined in section 3702.30 of the Revised Code.

(D) The person has successfully completed education based on a recognized body of knowledge concerning drug administration and demonstrates to the person's employer the knowledge, skills, and ability to administer the drug safely.

(E) The person's employer has given the advanced practice registered nurse access to documentation, in written or electronic form, showing that the person has met the conditions specified in division (D) of this section.

(F) The advanced practice registered nurse is physically present at the location where the drug is administered.

Washington

RCW 18.360.010 (statute)

(5) "Health care practitioner" means:

(a) A physician licensed under chapter 18.71 RCW;

(b) An osteopathic physician and surgeon licensed under chapter 18.57 RCW; or

(c) Acting within the scope of their respective licensure, a podiatric physician and surgeon licensed under chapter 18.22 RCW, a registered nurse or advanced registered nurse practitioner licensed under chapter 18.79 RCW, a naturopath licensed under chapter 18.36A RCW, a physician assistant licensed under chapter 18.71A RCW, an osteopathic physician assistant licensed under chapter 18.57A RCW, or an optometrist licensed under chapter 18.53 RCW.

.....

RCW 18.360.050

(f)(i) Administering medications. A medical assistant-certified may only administer medications if the drugs are:

(A) Administered only by unit or single dosage, or by a dosage calculated and verified by a health care practitioner. For purposes of this section, a combination or multidose vaccine shall be considered a unit dose;

(B) Limited to legend drugs, vaccines, and Schedule III-V controlled substances as authorized by a health care practitioner under the scope of his or her license and consistent with rules adopted by the secretary under (f)(ii) of this subsection; and

(C) Administered pursuant to a written order from a health care practitioner.

(ii) A medical assistant-certified may not administer experimental drugs or chemotherapy agents.

The secretary may, by rule, further limit the drugs that may be administered under this subsection (1)(f). The rules adopted under this subsection must limit the drugs based on risk, class, or route.

(g) Intravenous injections. A medical assistant-certified may administer intravenous injections for diagnostic or therapeutic agents under the direct visual supervision of a health care practitioner if the medical assistant-certified meets minimum standards established by the secretary in rule. The minimum standards must be substantially similar to the qualifications for category D and F health care assistants as they exist on July 1, 2013.

West Virginia

Board Position Statement

Delegation of Medication Administration by an Advanced Practice Registered Nurse (APRN)

Licensed by the

West Virginia Board of Examiners for Registered Professional Nurses

to

Qualified Medical Assistants in the Primary Care Setting.

The Advanced Practice Registered Nurse (APRN) holding a license issued by the West Virginia Board of Examiners for Registered Professional Nurses, whose license and certification is in good standing, is permitted to delegate medication administration to any national certified medical assistants in primary care settings under the following conditions:

1. Patient safety is maintained;

2. In person patient assessment has been completed by the APRN;
3. Circumstances don't allow for further decision making by the qualified Medical Assistant;
4. Patients are determined to have a stable condition;
5. The administration of medication has an expected specific determined outcome; and,
6. Facility policies support the practice.
Prior to delegating any medication administration, the APRN is responsible for validating the credentials of the medical assistant to assure completion of a program of study with a curriculum that included pharmacology and medication administration, the medication assistant has a current national certification, and related competencies have been validated within the past twelve months. Each APRN must validate the competencies of the medical assistant. This validation includes direct observation of all routes of medication delivery to patients across the lifespan. This validation must be documented and verified by the signature of the APRN. Each APRN is responsible for the delegated act and related follow through.

Board Revised Statement Approved: June 29, 2018

National Council of State Boards of Nursing

In its December 15, 2020, Policy Brief "COVID-19 Vaccine Administration" (attached), the National Council of State Boards of Nursing (NCSBN) stated that knowledgeable and competent "certified medical assistants, medication aides, and emergency medical technicians/paramedics" may be delegated COVID-19 vaccine administration:

Waivers by the [state or territorial] governor or [board of nursing] may be necessary to authorize an RN or LPN/VN to delegate vaccine administration to certified medical assistants, medication aides, and emergency medical technicians/paramedics that have been trained in COVID-19 informed consent, vaccine administration, COVID-19 vaccine side effects, emergency management of adverse reactions and the principles of reconstitution and proper storage.

The American Association of Medical Assistants (AAMA) and the Maryland Society of Medical Assistants appreciate this opportunity to present this testimony regarding 2021 Maryland House Bill 95 and Senate Bill 476. Please direct questions to:

Donald A. Balasa, JD, MBA, CEO and Legal Counsel, AAMA
dbalasa@aama-ntl.org, 847/445-7511 (C)

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Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen

Position: FAV



Board of Nursing

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

February 16, 2021

The Honorable Paul G. Pinsky
Chair, Education, Health, and Environmental Affairs Committee
2 West Miller Office Building
Annapolis, MD 21401-1991

RE: Senate Bill 476 – Health Occupations – Nurses – Delegation of Tasks – Letter of Support

Dear Chair Pinsky and Committee Members:

The Maryland Board of Nursing (“the Board”) respectfully submits this letter of support for Senate Bill (SB) 476 – Health Occupations – Nurses – Delegation of Tasks. This bill provides that a registered nurse, a licensed practical nurse, and an advanced practice registered nurse is not precluded from delegating a nursing or other technical task to an unlicensed individual under certain circumstances. SB 476 also allows a registered nurse, a licensed practical nurse, and an advanced practice registered nurse to delegate a nursing or other technical task to an assistant with medical training if the assistant performs only tasks that the assistant is trained and able to perform.

The Board supports the delegation of nursing tasks by the registered nurse (RN), licensed practice nurse (LPN), and advanced practice registered nurse (APRN) as a necessary means of providing effective and efficient care to patients. Although APRNs work with medical assistants daily, our Nurse Practice Act precludes them from delegating to medical assistants. This bill recognizes current practice.

The Board supports the APRN having the ability to delegate nursing or other technical tasks to an assistant. SB 476 appropriately reflects current practice in that assistants are only performing tasks that the assistant is trained to perform and that the APRN instructs the assistant on the task as well as provides on-site supervision of the assistant performing the delegated task. The Board believes that regulations are essential to provide guidance and safety in the practice of delegation by APRNs to assistants.

For the reasons discussed above, the Board of Nursing respectfully submits this letter of support for SB 476.

I hope this information is useful. For more information, please contact Iman Farid, Health Policy Analyst, at (410) 585 – 1536 (iman.farid@maryland.gov) or Rhonda Scott, Deputy Director, at (410) 585 – 1953 (rhonda.scott2@maryland.gov).

Sincerely,

A handwritten signature in black ink, appearing to read 'G. Hicks', with a long horizontal stroke extending to the left.

Gary N. Hicks
Board President

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.

SB476 Testimony.pdf

Uploaded by: Eckardt, Adelaide

Position: FAV

ADDIE C. ECKARDT
Legislative District 37
Caroline, Dorchester, Talbot
and Wicomico Counties



Annapolis Office
James Senate Office Building
11 Bladen Street, Room 322
Annapolis, Maryland 21401
410-841-3590 · 301-858-3590
800-492-7122 Ext. 3590
Fax 410-841-3087 · 301-858-3087
Adelaide.Eckardt@senate.state.md.us

Budget and Taxation Committee

Health and Human Services
Subcommittee

Joint Committees
Administrative, Executive,
and Legislative Review

Audit

Children, Youth, and Families

Fair Practices and
State Personnel Oversight

Pensions

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

District Office
601 Locust Street, Suite 202
Cambridge, MD 21613
410-221-6561

Testimony for Senate Bill 476
Health Occupations - Nurses - Delegation of Tasks
Education, Health, and Environmental Affairs Committee
February 16, 2021

Chairman Pinsky and Members of the Committee:

Thank you for the opportunity to present Senate Bill 476: Health Occupations - Nurses - Delegation of Tasks. Senate Bill 476 clarifies that an advanced practice registered nurse (APRN) may delegate a nursing or other technical task to an assistant. This bill passed the House of Delegates last year unanimously but, unfortunately, the bill did not get a hearing in the Senate ahead of the early adjournment.

Current law and regulations do not specify that APRN's can delegate tasks to assistants, however registered nurses (RN's) and licensed practical nurses (LPN's) can delegate tasks provided it "does not become a routine part of the unlicensed individual's job duties." The lack of clarity in the law has caused inconsistencies in its application.

Senate Bill 476 allows APRN's to delegate nursing or technical tasks as part of regular job duties, if the assistant is trained in performing the task and the APRN provides instruction to and supervision of the assistant performing the task. The nurse must remain onsite and available should the need arise. The bill also requires the Board of Nursing to adopt regulations regarding the delegation of tasks.

Senate Bill 476 will increase access to care and ensure that we continue to meet the healthcare needs of Marylanders, especially important in light of the growing demand on healthcare professionals given the COVID-19 Pandemic. Thank you for your consideration and I respectfully ask for a favorable report of Senate Bill 476.

Best regards,

A handwritten signature in black ink that reads "Addie C. Eckardt".

Senator Addie C. Eckardt

2021 ACNM SB 476 Senate Side.docx.pdf

Uploaded by: Elliott, Robyn

Position: FAV



Committee: Senate Education, Health, and Environmental Affairs Committee

Bill Number: Senate Bill 476

Title: Health Occupations – Nurses – Delegation of Nursing Tasks

Date: February 16, 2021

Position: Support

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports *Senate Bill 476 – Health Occupations – Nurses – Delegation of Nursing Tasks*. The bill clarifies that advanced practice registered nurses (APRNs), just as other types of nurses, can delegate nursing tasks.

Certified nurse-midwives and nurse practitioners have full practice authority, meaning that they practice independently within a health care team at a facility or in their own private practices. The bill recognizes the need for CNMs to be able to delegate routine nursing tasks to individuals with medical training. As an example, CNMs can prescribe contraception, such as the Depo Provera injection. The bill clarifies that the CNM may delegate the administration of Depo Provera to an assistant as long as: 1) the assistant is trained by the CNM to perform that function; and 2) the CNM is on-site. Delegation of these types of tasks makes patient care more efficient, thus allowing the CNM to focus their time on higher level clinical tasks.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2021 MNA SB 476 Senate Side.docx.pdf

Uploaded by: Elliott, Robyn

Position: FAV



Committee: Senate Education, Health, and Environmental Affairs Committee

Bill Number: Senate Bill 476

Title: Health Occupations – Nurses – Delegation of Nursing Tasks

Date: February 16, 2021

Position: Support

The Maryland Nurses Association (MNA) supports *Senate Bill 476 – Health Occupations – Nurses – Delegation of Nursing Tasks*. The bill clarifies that advanced practice registered nurses (APRNs), just as other types of nurses, can delegate nursing tasks.

MNA supports this legislation because nurses, including APRNs, must make decisions about delegation every day in all health care environments. The bill makes it clear when delegation of routine tasks is appropriate to ability: 1) when the nurse must be on-site; and 2) the nurse has determined that the individual has the training to complete the delegated task.

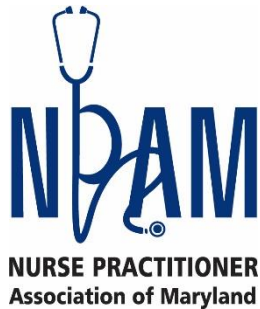
This bill will also provide clarity to health facilities and programs, as they will understand how nurses can delegate to assistants and other similar personnel. This information is critical as health care facilities plan on how to structure their care teams.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

Jafari Support SB 0476.pdf

Uploaded by: Jafari, Dale

Position: FAV



"Advocating for NPs since 1992"

Bill: HB 95/SB 476- Health Occupations – Nurses – Delegation of Nursing Tasks

Position: SUPPORT

Committees: Senate Education, Health, and Environment Affairs & House Health & Government Operations

Sponsors: Senator Adelaide Eckardt
Delegate Susan Krebs

Dear Chair, Vice-Chair, and Members of the Committee:

My name is Dale Jafari, DNP, FNP-BC and I am actively employed as a Nurse Practitioner on the Eastern Shore of rural Maryland. I respectfully request your **support** for **HB 95/SB 476, Health Occupations – Nurses – Delegation of Nursing Tasks**, so that I, along with my colleagues, may more efficiently and effectively care for patients in the clinical setting. I work for an outpatient, ambulatory care office, which includes Physicians, Nurse Practitioners, Nurse Midwives, Certified Nursing Assistants, and Medical Assistants at five different locations throughout the Mid-Shore. You can imagine the scheduling challenges we face with different provider types and needs in different locations on any given clinical day. This complexity is further exacerbated by the need to match the Certified Nursing Assistants with Nurse Practitioners whenever the Nurse Practitioners are in satellite offices without a Physician present. **SB 476** and the ability to delegate will have a profound impact on the delivery of daily healthcare to populations, especially in medically underserved communities, and amidst the COVID -19 pandemic.

SB 476 would allow a registered nurse, a licensed practical nurse, and an advanced practice registered nurse to delegate a nursing task or other technical task to an assistant with medical training if the assistant performs only tasks that the assistant is trained and able to perform, and the unlicensed individual is provided training and supervision.

Improving the efficiency of the workforce will maximize the quality of care for patients in Maryland. This is especially important now given COVID-19, the surge in cases, and the

The Nurse Practitioner Association of Maryland, Inc.
5372 Iron Pen Place Columbia, MD 21044
Office: 443-367-0277 Fax: 410-772-7915
www.npamonline.org NPAM@npedu.com

shortage of healthcare providers including staff members who are in quarantine or ill with this contagious disease.

All Nurse Practitioners in Maryland are licensed Registered Nurses. I have worked in inpatient as well as outpatient settings and I speak from experience when I say that the role of the Certified Nursing Assistant and the role of the Medical Assistant are very different in the two different settings. I cannot function without a staff member who can room my patients, measure vital signs, administer appropriate vaccinations under my direct supervision, chaperone and assist with gynecologic examinations and procedures, decontaminate each room, and reset it for the next patient. The increased availability of staff to serve those needs will increase the number of patients evaluated and treated for healthcare screenings, common acute conditions, and maintenance of long-term conditions within the restrictions set forth by COVID – 19.

This bill will enhance the ability of Nurse Practitioners to provide high quality, evidenced-based health care to more patients in Maryland and will be incredibly important as Maryland continues to care for patients with COVID-19.

For these reasons, I speak on behalf of the Nurse Practitioner Association of Maryland to respectfully request a favorable vote on **HB 95/SB 476, Health Occupations – Nurses – Delegation of Nursing Tasks**.

Should you have any questions, please feel free to contact me at dalejafari@gmail.com or at 410 430-6386.

Sincerely,

S. Dale G. Jafari

Doctor of Nursing Practice, Certified Registered Nurse Practitioner, Board Certified
Nurse Practitioner Association of Maryland

CC: J. William Pitcher, HB Strategies
Sarah Peters, HB Strategies
Beverly Lang, Executive Director, NPAM

MANA_FAV_SB476 2021.pdf

Uploaded by: Kress, William

Position: FAV

Maryland Association of Nurse Anesthetists

February 12, 2021

SB 476 - Health Occupations – Nurses – Delegation of Tasks

Before the Senate Education Health and Education Committee

Position: Favorable

Dear Chair Pinsky:

The Maryland Association of Nurse Anesthetists (MANA) strongly supports SB476 - Health Occupations – Nurses – Delegation of Tasks. This House HGO Committee passed similar legislation during the shortened 2020 session. However, the Senate did not take up the legislation during the abbreviated session.

SB 476 will allow an advanced practice registered nurse (APRN) to delegate a nursing or other technical task to an assistant provided the assistant is trained to perform the task and the APRN provides instruction and appropriate supervision to the assistant. The Maryland Board of Nursing would further regulate the delegation and scope of the tasks.

SB 476 will allow highly trained and skilled APRNs to safely delegate tasks thereby allowing for more cost-efficient delivery of healthcare. Certified Registered Nurse Anesthetists (CRNAs) that practice in a clinic setting for example will be able to delegate certain tasks such as taking vital signs (blood pressure and heart rate) to appropriately trained assistants in order to facilitate the seamless flow of providing quality care in a timely manner.

We respectfully request a favorable report on SB476.

Respectfully submitted,

Diane Dy

MANA President

Cathy Chapman- SB 476- Support.pdf

Uploaded by: Peters, Sarah

Position: FAV

Bill. SB 476- Health Occupations - Nurses - Delegation of Nursing Tasks

Position: SUPPORT

Committees: Senate Education, Health, and Environment Affairs

Dear Chair, Vice-Chair, and Members of the Committee:

I would like to speak in support of SB 476 which gives nurse practitioners the authority to delegate to medical assistants. I am the owner of an integrated practice providing primary care and behavioral health services in Allegany County, Maryland. When I first opened my practice in 2012, I employed a medical assistant. When I became aware that nurse practitioners could not delegate to medical assistants (MAs), our MA became an over-qualified front desk employee. I now employ LPNs and CNAs. Although our providers value the services of our CNAs, the limited scope of CNA practice adds additional responsibilities to the LPN. The CNA gets height, weight, and vital signs when taking patients to the exam room. All other tasks including medication reconciliation in the health record, injections, urine dipsticks, throat swabs, urine drugs screens are the responsibility of the LPN along with triage calls, test notifications to patients, and answering patient questions. Utilizing LPNs instead of MAs add to health care costs for those practices that do adhere to the scope of practice restriction.

Our LPN is currently off on unexpected medical leave, her 2nd cardiac event in 3 months. The responsibility of much of the LPN's duties as noted above is now falling to the nurse practitioners. It is very frustrating knowing that we have a competent, trained medical assistant who could perform these tasks. SB 476 would allow us as advanced practice registered nurse to delegate a nursing task or other technical tasks to this employee.

Allowing every member of the healthcare workforce to work to the full scope of their practice is particularly important in this COVID-19 pandemic. Approximately 1 month ago, our LPN was off due to cardiac reasons and our CNA was off due to COVID quarantine. The nurse practitioners were doing both the CNA and the LPN duties. Again, our front desk medical assistant could have helped during this difficult time but was not legally able to do so.

For these reasons, I respectfully request your favorable vote on SB 476.

Sincerely,

Cathy S. Chapman, CRNP-BC, FNP, PMHNP, APMH CNS

Russell delegation testimony v2.pdf

Uploaded by: Russell, Naila

Position: FAV

Bill: SB 476

Position: SUPPORT

Committees: Senate Education, Health, and Environment Affairs & House Health % Government Operations

Dear Chair, Vice-Chair, and Members of the Committee:

My name is Dr. Naila Russell. I am a family nurse practitioner practicing in Charles and St. Mary's county and a resident of Charles county. I am writing today to ask your support for SB 476. As a nurse practitioner I quickly realized the value of a skilled and well-trained medical assistant. Even while in school, I noted that the medical assistant was the person who drove the pace and alerted the provider to any irregularities in the day or with a particular patient. A medical assistant is a provider's right-hand man – or often time woman. I would imagine this is akin to a legislator's most trusted aide.

In my current position as a dermatology nurse practitioner, I am able to safely and efficiently see four to five patient's per hour - in part because of my competent and skilled medical assistant. She is responsible for bringing the patient back into the room, collecting the reason for the visit, updating any changes in the patient history, assisting me with any procedures, administering medications, and acting as a scribe for the visit.

Because I am employed by a physician owned dermatology practice, I do not have the luxury of choosing who I work with. But as an experienced nurse practitioner who was new to dermatology, I was thankful when I was paired with an assistant who had been working with the practice for a number of years; she was essential for my success in transitioning to dermatology.

Working for a physician owned practice, affiliated with a large medical group, presents unique challenges related to delegating to unlicensed personnel. Mainly because, unlicensed personnel are hired, staffed, and assigned to providers. Medical groups traditionally have been unaware of the ambiguous language in COMAR when making hiring decisions. The best person for the job who can function in the necessary role is hired. If that person is a medical assistant, then I can delegate to them legally only when the physician is in the office. As our practice has a number of locations, two-thirds of my time is spent practicing without a physician in the building. Technically as a licensed registered nurse in the state of Maryland, I can delegate to a medical assistant. The fact that COMAR is not explicit about the inclusion of APRNs is reflective of the period in which the regulations were written – a time when nurse practitioners were not so heavily entrenched in the Maryland healthcare system.

Nurse practitioners provide high quality access to care, that is cost effective and safe. Many of us do this with the aid of a medical assistant. We would like the language updated to reflect our role in the healthcare system as independent practicing providers. Updating this language will allow nurse practitioners – with the help of their medical assistants – to continue serving their communities legally. This bill easily passed the 2020 legislative session, and I am requesting a positive report from this committee in 2021. In doing so, you will be

acknowledging the role nurse practitioners and medical assistants have in assuring the health and wellbeing of Marylanders.

Support-SB476 Health Occupations-Nurses-Delegation

Uploaded by: Ward, Lindsay

Position: FAV



Support-SB476 Health Occupations-Nurses-Delegation of Nursing Tasks

02/01/2021

Maryland Senate
Education, Health and Environmental Affairs Committee
Miller Senate Office Building, 2 West Wing
11 Bladen St., Annapolis, MD 21401

Dear Education, Health and Environmental Affairs Committee Members:

On behalf of the pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) of the National Association of Pediatric Nurse Practitioners (NAPNAP) Chesapeake Chapter, I am writing to express our support of HB95/SB476 bill, the "Health Occupations-Nurses-Delegation of Nursing Tasks".

The Maryland Chesapeake Chapter of NAPNAP believes this piece of legislation will play a vital role in protecting pediatric patients and improving access to care.

Currently COMAR allows Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) to delegate tasks to unlicensed trained personnel including Medical Assistants (MAs). However, there is an omission in COMAR that would allow Advanced Practice Registered Nurses (APRNs) to delegate to unlicensed trained personnel. APRNs have advanced education, certification and training that allow them to evaluate, diagnose and treat patients based on their particular specialty. This omission prevents an APRN from delegating tasks such as obtaining vital signs, giving immunizations, and collecting samples for in-office testing. In addition, APRN-owned and sole provider practices cannot utilize medical assistants.

Passage of this bill will result in APRNs being able to delegate tasks and improve access to care and increase the number of patients seen daily. These will all ensure better outcomes for these patients. It would also allow practices to employ medical assistants whether they are MD or APRN-owned, which is both fiscally responsible and increase access to care.

For these reasons, the Maryland Chesapeake Chapter of NAPNAP extends their support to HB95/SB476 bill, the "Health Occupations-Nurses-Delegation of Nursing Tasks".

The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The members of Chesapeake Chapter of the National Association of Pediatric Nurse Practitioners are committed to improving the health and advocating for Maryland's pediatric patients. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact Deborah Busch, the Chesapeake Chapter President at 410-614-6284 or dbusch1@jhu.edu.

Sincerely,

Deborah W. Busch DNP, CRNP



Deborah W. Busch DNP, CRNP, FAANP ASSISTANT PROFESSOR
Certified Registered Nurse Practitioner- Pediatric Primary Care
International Board-Certified Lactation Consultant
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter President
P. 410-614-6284
E. dbusch1@jhu.edu

Lindsay J. Ward CRNP, RN, IBCLC, MSN, BSN
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter President Elect and Legislative Co-Chair
Chesapeake Pediatrics
410-224-3663
lward@chesapeakepediatrics.com

Linda Aveni Murray, DNP, CRNP- Ped

Linda Aveni Murray, DNP, CRNP-Ped
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter Legislative Chair

SB 476_Favorable_Nurse Practitioner_Ware PDF.pdf

Uploaded by: Ware, Kathy

Position: FAV

TESTIMONY

SB 476/HB 95 -Health Occupations-Nurses-Delegation of Technical Tasks

Position: Support

Committees: Senate Education, Health and Environmental Affairs; House Health and Government Operations

Dear Chair, Vice Chair, and Members of the Committee,

I am an adult nurse practitioner living in Queen Anne's County and I recently retired from a specialty practice on the Eastern Shore. I am a member of the Maryland Medical Reserve Corp and will be working with the Covid 19 vaccination program in Baltimore City, Anne Arundel County and other jurisdictions as needed. I am writing today in support of **SB 476/HB 95 – Health Occupations – Nurses – Delegation of Technical Tasks**.

SB 476/HB 95 provides that an advance practice registered nurse (APRN) may delegate a technical task to an unlicensed or certified individual if that individual has been properly trained, has demonstrated competency and is appropriately supervised. **SB 476/HB 95** will clarify the ambiguous language in the Nurse Practice Act to specifically include APRNs.

In my work with the Covid 19 vaccination program, I must be able to delegate tasks in order to maximize my efficiency in safely educating, vaccinating, and monitoring Maryland's underserved and vulnerable populations.

In fact, it has come to my attention, that because many Covid vaccination sites are not staffed with a physician, medical assistants who would typically be able to vaccinate are not allowed to volunteer. As the Covid 19 vaccine program continues to expand we are going to need as many vaccinators as possible to meet the need, especially in rural and underserved areas of the state.

When I delegate a technical task, it allows me to provide services commensurate with the education, training and expertise required by my profession. This team approach to the care of patients is the hallmark of high quality healthcare leading to excellent outcomes which is my number one goal. **SB 476/HB 95** will greatly improve the ability of all APRNs to achieve this goal.

The coronavirus pandemic has created an unprecedented crisis in Maryland. It has never been more vital for me, and providers at all levels, to practice efficiently, effectively, and safely to meet the healthcare needs of all Marylanders. **SB 476/HB 95** is a necessary means to that end.

I appreciate your consideration of this bill and I respectfully encourage a favorable report on **SB 476/HB 95**. Please do not hesitate to contact me with any questions.

Sincerely,

Kathrine Ware, RN, MSN, CRNP

warekathrine@gmail.com

530-220-9085

SB 476- Health Occupations – Nurses – Delegation o

Uploaded by: Witten, Jennifer

Position: FAV



Maryland
Hospital Association

February 16, 2021

To: The Honorable Paul G. Pinsky, Chair, Senate Education, Health & Environmental Affairs Committee

Re: Letter of Support - Senate Bill 476 - Health Occupations – Nurses – Delegation of Tasks

Dear Chair Pinsky:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 476.

SB 476 clarifies that under current practice Advanced Practice Registered Nurses (APRN) can delegate nursing tasks to an unlicensed person, such as a medical assistant, if the person has medical training, only performs tasks he or she is trained to do and has on-site supervision from the delegating APRN. SB 476 also clarifies a registered nurse or licensed practical nurse can delegate a technical task other than a nursing task to an unlicensed individual, like an assistant. The bill requires the Maryland Board of Nursing to promulgate regulations to provide guidance and ensure delegation is safe.

Entrusting nursing tasks to other team members, when appropriate, is common in the health care field. The American Nurses Association and the National Council of State Boards of Nursing reference delegation as a critical competency for registered nurses, which must be taught and practiced in order to be proficient in delivering care.^{1,2} Since licensure as a registered nurse is a prerequisite for APRNs, these providers should be able to delegate nursing tasks.

During the COVID-19 pandemic, Maryland's health care workforce rose to the challenge, supplemented by retired medical professionals, students, and volunteers. By 2030, many of the state's 24 jurisdictions are expected to have shortages in primary care, mental health, and addiction providers.³ It is vital that to maximize the existing health care workforce by promoting efficiency and effectiveness to ensure Marylanders have access to the highest quality of care.

For these reasons, we urge a ***favorable report*** on SB 476.

For more information, please contact:

Jennifer Witten, Vice President, Government Affairs
Jwitten@mhaonline.org

¹ American Nurses Association. (2012). "[ANA's Principles for Delegation by Registered Nurses to Unlicensed Assistive Personnel \(UAP\)](#)."

² National Council of State Boards of Nursing. (April 29, 2019). "[National Guidelines for Nursing Delegation](#)."

³ IHS Markit. (n.d). Maryland Primary Care and Selected Specialty Health Workforce Study