Written Testimony on Sub. H.B. No. 33
Megan Kelley, Ohio Assisted Living Association (OALA)
Senate Health Committee
May 3, 2023

Chair Huffman, Vice Chair Johnson, Ranking Member Antonio, and members of the Senate Health Committee, thank you for the opportunity to provide testimony on Substitute House Bill 33. I am Megan Kelley, the Executive Director of the Ohio Assisted Living Association (OALA).

About OALA

Since its inception in 1993, OALA has served as a leading voice for the assisted living industry in the state, today representing approximately 72% of Ohio's Residential Care Facilities (RCFs). Our membership today is diverse, encompassing all the models of assisted living in Ohio – small to large; free-standing to part of a continuing care campus; individually owned to corporately owned and/or religiously affiliated; ALW recipients to private pay – all united by a commitment and belief in assisted living.

OALA's **MISSION** is to support an aging Ohio by promoting choice, accessibility, and quality of care in Ohio's assisted living communities. To support this mission, OALA works to advance innovation, excellence, and sustainability in the assisted living industry. OALA's **VISION** is a strengthened and versatile assisted living industry that innovates to meet the changing needs of a rapidly aging Ohio and the aging services workforce.

Ohio's Assisted Living Waiver (ALW): The Challenge

Even prior to COVID-19, Ohio's ALW program was struggling to survive amid the crushing convergence of demographic and economic pressures: inflating costs; growing need; a dwindling workforce; and, most critically, a relatively stagnant and deeply inadequate Medicaid reimbursement. While the population in greatest need of this waiver service has and is growing to historic levels, it has become impossible for many providers to sustain the ballooning losses associated with caring for ALW recipients (i.e., Medicaid *and* nursing home eligible). COVID-19 has accelerated these pressures dramatically, and today's assisted living industry is at a critical tipping point. This means that an increasing number of our elders will be left with no residential care options outside of far costlier nursing homes.

Increasing Cost of Care

In Ohio, the average cost of care in assisted living increased by 6.55% from 2020 to 2021, averaging $152 per day, or $55,620 per year.[1] On average, the cost of providing memory care services within assisted living are 20%-30% higher than that. The core driver of increases in the costs of care remains the relationship between the supply of professional labor and the immense—and growing—

[1] https://www.genworth.com/aging-and-you/finances/cost-of-care.html. Based on 12 months of care in a private, one bedroom unit.

demands of an aging society that is both more medically frail and less affluent than preceding generations, while also having fewer unpaid family caregivers to fill the gaps and informal care needs. *It's important to note that, even with increasing cost, assisted living remains the most cost-effective setting for full-time care in a home-based setting, when compared with other long-term care options.*

Impact of Ohio's Inadequate ALW Reimbursement

Ohio's Medicaid provider rates for the ALW service are $54.76/day at Tier 1, $65.73/day at Tier 2, and $76.67/day for Tier 3.2 Even at Tier 3, this equates to **an average loss of $75.33 per day, per resident**. These levels have remained largely stagnant since the inception of the ALW in 2006, with only modest increases in the last few budget cycles that, while appreciated, were inadequate to compensate for years of flatlined funding. Not only do these rates fail to provide the cost of care for the "average" assisted living resident, but they make any kind of enhanced or special care for residents with memory care needs all but impossible.

What does this mean, practically speaking? It means that many providers are faced with the difficult decision of not accepting any ALW recipients at all, which means that once a resident "spends down" his or her private resources, they may have to leave the place they consider home (an especially difficult outcome for a memory care resident). For providers who do accept ALW, they are scaling back how many waivers they can sustainably take – again invoking very difficult decisions. And for those providers whose mission is to serve primarily our most vulnerable Medicaid clientele, they are facing dire economic forecasts involving potential closure in the very near future. In fact, we are seeing an alarming increase in facility closures and smaller providers conceding to these industry pressures by selling. The development of new "affordable" assisted living in Ohio is all but impossible, despite other available state and federal resources, because of the low reimbursement.

OALA Supports the ALW Provisions in Sub. H.B. 33

Sub. H.B. 33 modernizes the ALW program in the following ways, all of which will work together to bolster our struggling workforce, improve the provision of care for ALW recipients to better manage chronic conditions and avoid costlier alternatives, and improve access to the assisted living setting for all Ohioans.

1. **Compression of Tiers**: At present, this waiver has three service level tiers, providing one of three reimbursement levels depending on the relative service needs of each recipient. While this may have been a logical approach at the inception of the program, the needs of today's average assisted living resident are very different. As a result, nearly all current waiver recipients fall into the highest Level III. Compressing this structure into one base reimbursement level will streamline the program and eliminate unnecessary administrative burden.

2. **Improved Reimbursement**: At the collective urging of industry advocates, Sub. H.B. 33 proposes a base payment rate that "shall be no less than one hundred thirty dollars per day."[2] This amount,

[2] Sub. H.B 33 Section 333.240(B).

while still not covering the entire cost of care, goes a long way to overcome almost two decades of stagnant reimbursement. This base reimbursement rate will stabilize the ALW program, keeping quality providers in the program, will further expand access, and will give our waiver providers the means to recruit and retain desperately needed staff.

3. **Memory Care Add-On**: Assisted living is increasingly the preferred community-based, residential setting for residents with Alzheimer's and Dementia-related conditions and their families. However, because the cost of care in a memory care setting is approximately 20-30% higher, it is virtually impossible for providers to offer that care to ALW residents. To address this, Sub. H.B. 33 establishes an assisted living memory care service payment rate of at least $25.00 per day more than the base rate, assuming certain criteria are met.[3] This measure is necessary to ensure that Ohio's growing population of residents with Alzheimer's and dementia can get the care they need, when and where they want to receive it.

4. **Critical Access Add-On**: Because the ALW reimbursement, even at the higher levels proposed here, represents a financial loss, facilities that accept a higher proportion of waivers reach a point of unsustainability relatively quickly. There are assisted living providers with a specific focus on serving primarily ALW recipients in what is sometimes referred to as "affordable assisted living." These facilities serve a critical purpose in expanding access to assisted living, especially for low-and-moderate income seniors, but are difficult (if not impossible) to develop and operate without some consideration for the compounding loss incurred with high Medicaid census. This provision does just that, providing an additional $15.00 per day per resident for facilities comprised of more than 50% Medicaid recipients. This measure will not only make it possible for existing communities to accept more ALW but will also unlock the potential of new development in this space leveraging other proven public programs, including but not limited to the Low-Income Housing Tax Credit Program (LIHTC).

Certified Medication Aide Reforms: A Workforce Solution

In addition to the ALW provisions in Sub H.B. 33, OALA is advancing a workforce proposal in the Budget that would modernize Ohio's Certified Medication Aide Program (MA-C) to streamline and expand this underutilized program intended to alleviate the demands on licensed medical staff and allow the delegation of the task of passing medications. Based on an analysis of similar programs in other states, this proposal seeks to modify applicant experience requirements, Certification program standards, and to expand the scope of permissible delegated duties in a manner that would safeguard resident safety while also creating an accessible career pathway and staffing solution in assisted living. This measure, coupled with the ALW reimbursement changes outlined above, would bring significant relief to the assisted living industry. *For more information on this proposal, please see attached*.

[3] Sub. H.B. 33 Section 333.240(C).

Conclusion

On behalf of OALA's members, we are grateful that the current version of Sub. H.B. 33 acknowledges assisted living as a solution to some of our state's most pressing policy concerns and takes bold action to invest in it accordingly. We respectfully request that the Ohio Senate affirm these investments and magnify the workforce impact of this Budget by including this Certified Medication Aide proposal.

Respectfully submitted,

Megan Kelley, Esq.
Executive Director

Certified Medication Aides:
A Staffing Solution for Assisted Living

OALA
Ohio Assisted Living Association

Background: Medication Aides in Assisted Living

The Ohio Assisted Living Association (OALA) represents over 600 Residential Care Facility (RCFs) in the state of Ohio – approximately 72% of Ohio's assisted living (AL) communities. OALA formed in 1993 to ensure the assisted living profession has its own unique voice and is differentiated from skilled nursing facilities (SNFs). The combined experience of our OALA's staff make-up over 85 years in senior living.

The Covid-19 pandemic changed many things in AL, and it particularly exhausted an already lean staffing pool, elevating the workforce issue to crisis levels in many RCFs. At present, one of the most difficult positions to fill is that of the licensed nurse. The scope of RCF nursing is largely centered around medication management as an important component of the overall Service Plan. Medication passes typically occur three (3) or more times per day during a regulated window of no more than two (2) hours for each medication pass. This requires a focused, dedicated person to manage the process of getting all medications passed within the required two-hour time frame. This element of the Service Plan can take upwards to 6 hours or more out of each shift, every day.

Another consideration is physician-ordered special medications that can take an exorbitant amount of time, including but are not limited to insulin management, injections, nebulizers, oxygen management, g-tube, and other special medication related tasks. These compounded tasks often result in rapid turnover of nursing positions and/or eventual nurse burnout.

To alleviate the licensed nurse time and cost burden for the long-term care profession (SNFs and RCFs), in 2006, the Ohio Board of Nursing created a Certified Medication Aide Program (MA-C) for unlicensed staff in assisted living, nursing homes, and homes for the developmentally disabled. This program permits the delegated task of passing medications (with restrictions) under the supervision of licensed nurses.

Certified Medication Aides:
A Staffing Solution for Assisted Living Continued...

The Problem: The MA-C Program is Underutilized in Assisted Living

The MA-C program, while well-intended, is not operating effectively in the AL setting and is therefore woefully underutilized:

- **Over 85%** of OALA members indicate that they are not utilizing the program **but would** if changes were made to make it more efficient and accessible.
- There have been only 1,140 total certifications for AL in the history of the program.
- There are only 375 total certifications currently active in the entire state.
- 717 Certifications have lapsed, been abandoned, or closed.
- At last review, only 47 new certifications were under review.

OVER 85% of OALA members indicate that they are not utilizing the program **but would** if changes were made to make it more efficient and accessible.

In practice, the rules have proven to be impractical with too many barriers that yield low value for the AL industry. As a result, Ohio RCFs have largely not embraced the program, or have tried and then abandoned efforts. The program also has not been updated or evolved since the inception in 2006. The industry's already lean workforce has magnified the issue, and OALA has recently received may member requests and outcries for reforms to this program to alleviate staffing pressures and reinforce the RCF workforce, especially from providers who are successfully operating programs in other states.

A review of similar programs in those other states, including but not limited to Illinois, Georgia, Indiana, Pennsylvania, Iowa, West Virginia, Kentucky, Maryland, and Missouri, in addition to Ohio's Department of Disabilities (DODD) Medication Aide program, suggest that Ohio is on the more restrictive end with limitations in scope, program entry requirements, and number of education hours required.

The Solution:

Modernizing this program for the assisted living setting, modeling after programs working well in other states and sectors, would unlock a powerful workforce resource that is desperately needed to combat our industry's staffing shortages. To that end, OALA is advancing a proposal to modify **applicant experience requirements**, MA-C Certification **program standards**, and expand the **scope of permissible delegated duties** for medication aides *only* in assisted living. These measures have been identified by a Working Group of experienced, multistate assisted living providers, clinicians, and medication administration experts as the key elements of a successful program. *Note that these proposed measures do not impact program requirements for other service lines.*

OALA
Ohio Assisted Living Association

Contact Megan Kelley, Esq., Executive Director • Megan@ohioassistedliving.org

Reviewed As To Form By
Legislative Service Commission

I_135_0362

135th General Assembly
Regular Session . B. No.
2023-2024

A BILL

To amend sections 4723.651, 4723.66, 4723.67, and 4723.69 and to amend, for the purpose of adopting a new section number as indicated in parentheses, section 4723.61 (4723.63) of the Revised Code to revise the law governing medication aides.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 4723.651, 4723.66, 4723.67, and 4723.69 be amended and section 4723.61 (4723.63) of the Revised Code be amended for the purpose of adopting a new section number as indicated in parentheses to read as follows:

Sec. ~~**4723.61**~~ **4723.63**. As used in this section and in sections 4723.64 to 4723.69 of the Revised Code:

(A) "Intermediate care facility for individuals with intellectual disabilities" and "ICF/IID" have the same meanings as in section 5124.01 of the Revised Code.

(B) "Medication" means a drug, as defined in section 4729.01 of the Revised Code.

fuydwwenkd6ibn3hepnujp

(C) "Medication error" means a failure to follow the prescriber's instructions when administering a prescription medication.

(D) "Nursing home" and "residential care facility" have the same meanings as in section 3721.01 of the Revised Code.

(E) "Prescription medication" means a medication that may be dispensed only pursuant to a prescription.

(F) "Prescriber" and "prescription" have the same meanings as in section 4729.01 of the Revised Code.

Sec. 4723.651. (A) To be eligible to receive a medication aide certificate, an applicant is subject to both of the following:

(1) The applicant shall meet all of the following conditions:

~~(1)~~ (a) Be at least eighteen years of age;

~~(2)~~ (b) Have a high school diploma or a certificate of high school equivalence as defined in section 5107.40 of the Revised Code;

~~(3) If the applicant is to practice as a medication aide in a nursing home, be a nurse aide who satisfies the requirements of division (A)(1), (2), (3), (4), (5), (6), or (8) of section 3721.32 of the Revised Code;~~

~~(4) If the applicant is to practice as a medication aide in a residential care facility, be a nurse aide who satisfies the requirements of division (A)(1), (2), (3), (4), (5), (6), or (8) of section 3721.32 of the Revised Code or an individual who has at least one year of direct care experience in a residential care facility;~~

~~(5) If the applicant is to practice as a medication aide in an ICF/IID, be a nurse aide who satisfies the requirements of division (A)(1), (2), (3), (4), (5), (6), or (8) of section 3721.32 of the Revised Code or an individual who has at least one year of direct care experience in an ICF/IID;~~

~~(6)~~ (c) Successfully complete the course of instruction provided by a training program approved under section 4723.66 of the Revised Code;

~~(7)~~ (d) Not be ineligible for licensure or certification in accordance with section 4723.092 of the Revised Code;

~~(8)~~ (e) Have not committed any act that is grounds for disciplinary action under section 3123.47 or 4723.28 of the Revised Code or be determined by the board to have made restitution, been rehabilitated, or both~~;~~

~~(9) Meet all other requirements for a medication aide certificate established in rules adopted under section 4723.69 of the Revised Code~~.

(2)(a) If the applicant is to practice as a medication aide in a nursing home, then in addition to meeting the eligibility conditions described in division (A)(1) of this section, the applicant must be a nurse aide who satisfies the requirements of division (A)(1), (2), (3), (4), (5), (6), or (8) of section 3721.32 of the Revised Code.

(b) If the applicant is to practice as a medication aide in a residential care facility, then the applicant must meet only the eligibility conditions described in division (A)(1) of this section.

(c) If the applicant is to practice as a medication aide in an ICF/IID, then in addition to meeting the eligibility

conditions described in division (A)(1) of this section, the applicant must either be a nurse aide who satisfies the requirements of division (A)(1), (2), (3), (4), (5), (6), or (8) of section 3721.32 of the Revised Code or an individual who has at least one year of direct care experience in an ICF/IID.

(B) If an applicant meets the requirements specified in division (A) of this section, the board of nursing shall issue a medication aide certificate to the applicant. ~~If~~

If a medication aide certificate is issued to an individual ~~on the basis of having at least one year of direct care experience working in a residential care facility, as provided in division (A)(4)~~ described in division (A)(2)(b) of this section, the certificate is valid for use only in a residential care facility. ~~If~~ The board shall state such limitation on the certificate issued to the individual. After demonstrating to the board that the certificate holder has at least one year of direct care experience in a residential care facility, the board shall issue to the holder an updated copy of the certificate stating that the certificate is now valid for use in either a residential care facility or ICF/IID. The date by which the updated certificate is to be renewed remains the same as the renewal date for the initial certificate.

If a medication aide certificate is issued to an individual on the basis of having at least one year of direct care experience ~~working~~ in an ICF/IID, as provided in division ~~(A)(5)~~ (A)(2)(c) of this section, the certificate is valid for use only in an ICF/IID. The board shall state ~~the~~ such limitation on the certificate issued to the individual.

(C) A medication aide certificate is valid for two years, unless earlier suspended or revoked. The certificate may be

renewed in accordance with procedures specified by the board in rules adopted under section 4723.69 of the Revised Code. ~~To~~

The board shall provide each holder of a certificate access to a renewal application that may be completed and submitted to the board online, except that the board is not required to provide such access when it is aware that a holder may be otherwise ineligible for renewal, including for any disqualifying offense listed on the internet web site maintained by the board as described in division (C) of section 9.78 of the Revised Code.

To be eligible for renewal, an applicant shall ~~pay~~ meet all of the following conditions:

(1) Have submitted on or before the thirtieth day of April of an even-numbered year a completed renewal application;

(2) Paid the renewal fee ~~established in the rules and meet all renewal qualifications specified in the rules~~in an amount as follows:

(a) For an application submitted on or before the first day of March of an even-numbered year, fifty dollars;

(b) For an application submitted after the first day of March but before the first day of May of an even-numbered year, one hundred dollars.

(3) Have demonstrated to the board that the applicant successfully completed fifteen contact hours of continuing education from one or more continuing education programs or courses approved by the board and that included the following:

(a) One hour directly related to this chapter and any rules adopted under it;

(b) One hour directly related to establishing and maintaining professional boundaries;

(c) At least ten hours related to medications or the administration of prescription medications.

Sec. 4723.66. (A) A person or government entity seeking approval to provide a medication aide training program shall apply to the board of nursing on a form prescribed and provided by the board. The application shall be accompanied by the fee established in rules adopted under section 4723.69 of the Revised Code.

(B) Except as provided in division (C) of this section, the board shall approve the applicant to provide a medication aide training program if the content of the course of instruction to be provided by the program meets the standards specified by the board in rules adopted under section 4723.69 of the Revised Code and includes all of the following:

(1) ~~At~~ In the case of an applicant seeking to provide a medication aide training program for practice in nursing homes or ICFs/IID, at least seventy clock-hours of instruction in medication administration, including both classroom instruction ~~on medication administration~~ and at least twenty clock-hours of supervised clinical practice ~~in medication administration~~;

(2) In the case of an applicant seeking to provide a medication aide training program for practice in residential care facilities, thirty clock-hours of instruction in medication administration, including fifteen clock-hours of classroom instruction and fifteen clock-hours of supervised clinical practice;

(3) A mechanism for evaluating whether an individual's

reading, writing, and mathematical skills are sufficient for the individual to be able to administer prescription medications safely;

~~(3)~~ (4) An examination that tests the ability to administer prescription medications safely and that meets the requirements established by the board in rules adopted under section 4723.69 of the Revised Code.

(C) The board shall deny the application for approval if an applicant submits or causes to be submitted to the board false, misleading, or deceptive statements, information, or documentation in the process of applying for approval of the program.

(D)(1) The board may deny, suspend, or revoke the approval granted to a medication aide training program for reasons specified in rules adopted under section 4723.69 of the Revised Code.

(2) The board may deny the application for approval if the program is controlled by a person who controls or has controlled a program that had its approval withdrawn, revoked, suspended, or restricted by the board or a board of another jurisdiction that is a member of the national council of state boards of nursing. As used in division (D)(2) of this section, "control" means any of the following:

(a) Holding fifty per cent or more of the program's outstanding voting securities or membership interest;

(b) In the case of a program that is not incorporated, having the right to fifty per cent or more of the program's profits or in the event of a dissolution, fifty per cent or more of the program's assets;

(c) In the case of a program that is a for-profit or not-for-profit corporation, having the contractual authority presently to designate fifty per cent or more of the program's directors;

(d) In the case of a program that is a trust, having the contractual authority presently to designate fifty per cent or more of the program's trustees;

(e) Having the authority to direct the program's management, policies, or investments.

(E) Except as otherwise provided in this division, all actions taken by the board to deny, suspend, or revoke the approval of a training program shall be taken in accordance with Chapter 119. of the Revised Code.

When an action taken by the board is required to be taken pursuant to an adjudication conducted under Chapter 119. of the Revised Code, the board may, in lieu of an adjudication hearing, enter into a consent agreement to resolve the matter. A consent agreement, when ratified by a vote of a quorum of the board, constitutes the findings and order of the board with respect to the matter addressed in the agreement. If the board refuses to ratify a consent agreement, the admissions and findings contained in the agreement are of no effect.

In any instance in which the board is required under Chapter 119. of the Revised Code to give notice to a program of an opportunity for a hearing and the program does not make a timely request for a hearing in accordance with section 119.07 of the Revised Code, the board is not required to hold a hearing, but may adopt, by a vote of a quorum, a final order that contains the board's findings.

(F) When the board denies, suspends, or revokes approval of a program, the board may specify that its action is permanent. A program subject to a permanent action taken by the board is forever ineligible for approval and the board shall not accept an application for the program's reinstatement or approval.

Sec. 4723.67. (A) ~~Except for the prescription medications specified in division (C) of this section and the methods of medication administration specified in division (D) of this section~~Subject to the standards and conditions of this section, a medication aide who holds a current, valid medication aide certificate issued under this chapter may administer prescription medications to the residents of nursing homes, residential care facilities, and ICFs/IID ~~that use medication aides pursuant to section 4723.64 of the Revised Code. A medication aide shall administer prescription medications~~, but only pursuant to the delegation of a registered nurse or a licensed practical nurse acting at the direction of a registered nurse.

~~Delegation of~~ (B) In delegating medication administration to a medication aide, all of the following apply:

(1) The delegation shall be carried out in accordance with the rules for nursing delegation adopted under this chapter by the board of nursing. ~~A~~

(2) A nurse who has delegated to a medication aide responsibility for the administration of prescription medications ~~to the residents of a nursing home, residential care facility, or ICF/IID~~ shall not withdraw the delegation on an arbitrary basis or for any purpose other than patient safety.

~~(B)~~ (3) A nurse may delegate to a medication aide responsibility for administration of initial doses of prescription medications.

(4) A nurse may delegate to a medication aide responsibility for the administration of prescription medications with designations authorizing or requiring administration on an as-needed basis, but the delegation may occur only after the nurse has completed a nursing assessment of the patient.

(C) In exercising the authority to administer prescription medications pursuant to nursing delegation, ~~a~~ all of the following apply:

(1) A medication aide may administer prescription medications in any of the following categories:

~~(1)~~ (a) Oral medications;

~~(2)~~ (b) Topical medications;

~~(3)~~ (c) Medications administered as drops to the eye, ear, or nose;

~~(4)~~ (d) Rectal and vaginal medications~~;~~

~~(5) Medications~~ .

(2) In the case of a medication prescribed with a designation authorizing or requiring administration on an as-needed basis, ~~but only if a nursing assessment of the patient is completed before the medication is administered~~a medication aide may administer the medication regardless of whether the delegating nurse is present at the facility.

~~(C)~~ (3) A medication aide shall not administer

prescription medications in either of the following categories:

~~(1) Medications~~ (a) Except as provided in division (C)(5) of this section, medications containing a schedule II controlled substance, as defined in section 3719.01 of the Revised Code;

~~(2)~~ (b) Medications requiring dosage calculations.

~~(D)~~ (4) A medication aide shall not administer prescription medications by any of the following methods:

~~(1) Injection~~(a) Except as provided in division (C)(6) of this section, injection;

~~(2)~~ (b) Intravenous therapy procedures;

~~(3)~~ (c) Splitting pills for purposes of changing the dose being given.

~~(E)~~ (5) A medication aide who practices in a residential care facility may administer to residents of that facility oral medications containing a schedule II controlled substance.

(6) A medication aide who satisfies training and competency requirements specified in rules adopted by the board may administer insulin to residents by injection, but only if the medication is injected using an insulin pen device that contains a dosage indicator.

(D) A nursing home~~, residential care facility,~~ or ICF/IID that uses medication aides shall ensure that medication aides do not have access to any schedule II controlled substances within the home~~, facility,~~ or ICF/IID for use by its residents.

Sec. 4723.69. (A) The board of nursing shall adopt rules to implement sections ~~4723.61~~ 4723.63 to 4723.68 of the Revised Code. All rules adopted under this section shall be adopted in

accordance with Chapter 119. of the Revised Code.

(B) The rules adopted under this section shall establish or specify all of the following:

(1) ~~Fees~~Except for renewal fees established by division (C) of section 4723.651 of the Revised Code, fees, in an amount sufficient to cover the costs the board incurs in implementing sections ~~4723.61~~ 4723.63 to 4723.68 of the Revised Code, for certification as a medication aide and approval of a medication aide training program;

(2) ~~Requirements to obtain a medication aide certificate that are not otherwise specified in~~ Application procedures for medication aide certificates issued under section 4723.651 of the Revised Code;

(3) ~~Procedures for renewal of~~ Renewal procedures for medication aide certificates;

(4) The extent to which the board determines that the reasons for taking disciplinary actions under section 4723.28 of the Revised Code are applicable reasons for taking disciplinary actions under section 4723.652 of the Revised Code against an applicant for or holder of a medication aide certificate;

(5) ~~Standards~~ Subject to division (C) of this section, standards for medication aide training programs, including the examination to be administered by the training program to test an individual's ability to administer prescription medications safely;

(6) Standards for approval of continuing education programs and courses for medication aides;

(7) Reasons for denying, revoking, or suspending approval

of a medication aide training program~~;~~

~~(8) Other standards and procedures the board considers necessary to implement sections 4723.61 to 4723.68 of the Revised Code~~.

(C) Both of the following apply with respect to rules adopted under this section governing approval of and participation in medication aide training programs:

(1) In establishing or specifying standards for the supervised clinical practice components of the training programs, when such training is provided in a residential care facility and the facility has been notified by the department of health of real and present danger related to its administration of medications or provision of skilled nursing care, the board shall prohibit the facility from commencing any further supervised clinical practice components until either of the following occurs:

(a) A plan of correction is approved;

(b) The facility resolves the danger.

The board shall allow a training program to continue any supervised clinical practice components that commenced prior to the department of health notifying the facility.

(2) If the rules establish a minimum or maximum number of days for participation in or completion of a training program, the board shall base that number on calendar days, rather than business days.

Section 2. That existing sections 4723.61, 4723.651, 4723.66, 4723.67, and 4723.69 of the Revised Code are hereby repealed.