



Sub HB 483 Interested Party Testimony of the OSRC – May 10, 2016

House Finance Committee

Key concerns:

Nursing Delegation of Authority:

This use of nursing delegation of authority to MR/DD personnel is a stretch of the intent of the nursing law. The nursing delegation law was written to allow a nurse to delegate limited types of care to a non-licensed care provider with nursing supervision of this provider's care. The nurse must assess the safety of such delegation on an on-going basis, weighing the skills of her team and the patient's condition. The nurse retains liability in her delegation of authority.

The use of a medication aide for medication delivery in a nursing home would have nursing supervision. However, medication delivery or application of medical devices such as CPAP by a medication aide would not likely have nursing supervision in an ICF/IID.

Slippery Slope:

This use of unlicensed personnel to deliver this wide variety of services in the ICF/IID facilities without direct nursing supervision could easily be expanded to other locations, such as home care or to more medically fragile populations. This opens up every health care professional's scope of practice to these assistive personnel. We understand the need for this role for in home programs to maintain medical stability but do not want this wide scope of practice to be extended to home care, skilled nursing facilities or waivers involving medically fragile individuals who have tracheostomies, are dependent on mechanical ventilations, etc.

Lines 1837-38:

Without nursing delegation, MR/DD personnel may perform...: oral, topical, and meter-dose inhaled prescribed medications and administer oxygen. **This appears to be a direct violation of the Ohio Respiratory Care Law to assign paid unlicensed health care providers licensed practice.**

Liability:

Sec. 5123.422 exempts the assistive personnel who administer medications, perform health related activities or perform tube feedings pursuant to the authority granted...from liability if they acted in accordance with the training completed and they do not act in a manner that constitutes willful or wanton behavior. **Quality training and competency requirements will be key to safe practice.**

Training:

Sec. 5123.43: The DODD will develop course for training MR/DD personnel in the administration of medications and health related activities and will adopt rules on content and length of training. The DODD will also develop courses that train RN's to provide the training, adopt rules on content and length. Each assistive personnel shall be provided training by an RN who has an authorizing certificate. Included in section 5123.41 are health related activities of oxygen administration, metered dose inhaled medication, aerosolized medications, use of continuous positive airway pressure (CPAP), application of percussion vests and use of cough assist devices and insufflators. These are all therapies that typically provided within the scope of respiratory. If this bill does move forward, the Ohio Society for Respiratory Care and the Ohio Respiratory Care Board would like to be a part of developing this training for these respiratory specific competencies to assure resident safety.

Limited scope of MRDD personnel:

Maintenance of routine settings by MR/DD personnel does not include adjusting of oxygen, CPAP or pressure settings which requires the assessment and expertise of licensed home care or nursing personnel.

Pilot:

To our knowledge, there has been no test of this use of unlicensed staff to provide the range of services to residents of these ICF/IID facilities. Should there not be a pilot of this concept to assess impact on resident health before legislating it statewide?