Why nurses oppose Amendment #164 (Rep. Khan) Altering the Nurse Practice Act

Amendment #164 seeks to alter the Nurse Practice Act and “deskill” nursing and allow unlicensed personnel to perform registered nurse functions. This is harmful to patients.

About Amendment #164
Amendment 164 would have unlicensed personnel replace RNs with sensitive administering of medications in acute home-care settings. The MNA strongly opposes any attempt to further delegate the function of medication administration to unlicensed personnel. It is unsafe for patients. Home health aides already administer medications to less acute, more independent patients in group homes. The MNA opposes this in the case of acute and less independent patients.

Home health aides are an integral part of a full home care plan. We could not provide the quality of care that we do without their critical help. But this amendment goes too far, focusing on more acute patients who demand more care and services. These patients are less independent and less cognizant – typically they are the most vulnerable patients.

Harmful to patient safety
Administering medication to a patient – even oral medication, or non-narcotic medication – is not about the simple task of handing the patient some pills. The most critical function in administering medication is assessing the patient before, during, and after you give them the medication. This can involve taking vital signs, assessing mental status, looking at the patient’s color, demeanor, affect, level of energy and other factors. It often involves asking some questions about how the patient is feeling, how much pain they’re in, what they’ve eaten that day, etc. The RN takes all that information in, and then makes a clinical judgment about the patient – particularly with less independent and more acute patients.

This is the proper way to administer medication whether you are in a nursing home, or hospital, or other facility or in home care, and skipping these steps is what leads to costly medication errors, complications, and harm to patients. RNs are trained specifically to do this job. They are also trained in pharmacology, pharmodynamics and pharmokinetics – in other words, RNs learn how a drug works on the body and how the body works on the drug. Unlicensed personnel simply do not have this training, and shifting this responsibility to unlicensed workers will harm patients.

The value of the RN, their training and experience is in the assessment of the patient. Each time you choose to remove the RN from that opportunity you are leaving the patient at risk.

Don’t be fooled by the rhetoric
This proposal may sound like a good idea, but don’t be fooled. That home care patient has been assigned RN care for a reason – they need it – they need the advanced care, training, licensure and skill assessment of the RN. When you replace a licensed, highly trained and skilled registered nurse with unlicensed personnel mistakes can happen.

For more information contact Maryanne McHugh at 781-249-9581 or mmchugh@mnarn.org
Research continues to demonstrate that Registered Nurses are a critical key to quality care, patient safety and good patient outcomes which save health care dollars. On behalf of the more than 23,000 members of the Massachusetts Nurses Association we ask for your consideration of our position on the following amendments to H. 4127. An Act improving the quality of health care and reducing costs through increased transparency, efficiency and innovation.

Please OPPOSE

Amendment 164 (Rep. Khan). Home health aides
Nurses strongly oppose efforts to alter the nurse practice act, and deskill nursing care by replacing RNs with unlicensed personnel. It endangers patient safety. The education, training, background and assessment skills of registered nurses is critical to safety, improved patient outcomes and cost savings. We oppose this in any health care setting – home health, nursing home, hospitals, etc. Nurses strongly oppose this amendment as it alters the nurse practice act, desskills nursing care by replacing RNs with unlicensed personnel and endangers patient safety.

Please SUPPORT

Amendment 6 (Rep. Canavan). Consumer health website
This amendment would include nurse staffing level data on a consumer health website so that consumers can use this information to make informed decisions about their health care.

Amendment 11 (Rep. Mahoney). MNA representative Health Care Cost & Quality Board
Places a representative of the Massachusetts Nurses Association on the Health Care Cost and Quality Board.

Amendment 29 (Rep. O’Day). Mandatory Overtime
Clarifies exemptions to the ban on mandatory overtime and protects health care workforce.

Amendment 42 (Rep. Scaccia). Behavioral Health Task Force
Adds MNA representation to the Behavioral Health Task Force.

Amendment 86 (Rep. Cantwell). Bureau of Managed Care Advisory Council
Adds MNA representation to the Bureau of Managed Care Advisory Council.

Amendment 91 (Rep. Lawn). Behavioral Health Task Force
Adds MNA representation to the Behavioral Health Task Force.

Amendment 96 (Rep. Brady). Workplace violence plans
Directs health care facilities to develop workplace violence prevention plans. Workplace violence is a predominant dilemma in today’s health care settings. Health care facilities would simply be required to develop and implement facility specific plans to ensure the safety of its workforce, patients and visitors.

Amendment 160 (Rep. Pignatelli). Loan repayment program
Provides a loan repayment program for registered nurses’ education.

Amendment 207 (Rep. Dykema). Health Information Technology Council
Adds a Registered Nurse to the Health Information Technology Council.

The following amendments expand labor workforce representation on various boards and commissions: 22, 44, 137, 242, 244, 245, 246.

For more information contact Maryanne McHugh at 781-249-9581 or mmchugh@mnarn.org