

Part W, § 27-29, A3007/S4007 – Medication Aide Pilot

The American Nurses Association-New York (ANA-NY) is a professional nursing organization representing the interests of New York State's 340,000 registered nurses. ANA-NY advances the nursing profession by fostering high standards of nursing care, supporting the professional and educational advancement of nurses, and promoting the welfare of nurses to the end that all people may have better health care.

While the ANA-NY appreciates the staffing crisis that is confronting all aspects of healthcare delivery services in New York, we have reservations about § 27 - § 29 of Part W of the proposed Health Budget bill. These sections are designed to amend the Education and Public Health Laws to authorize certified medication aides to administer routine and prefilled medications in residential health care facilities for a two-year period.

ANA-NY is sympathetic to the staffing crisis facing residential health care facilities in New York and acknowledges that we must explore options to address this shortage. However, we have concerns with the medication aide proposal because while the bill purports to allow for the administration of routine and prefilled medications and appears to prohibit a medication aide from administering medications by injection, sterile procedures and central line, there is an exception to this for the administration of insulin and other injectables for diabetes and injections for low molecular weight heparin. ANA-NY strongly feels that if medication aides are going to be allowed in New York, there must be a total prohibition on the administration of injectables. It is not appropriate for untrained medication aides to use injectables.

While insulin and heparin may seem easy to administer, a medication aide would not have the training or medical knowledge necessary to administer these medications. Both insulin and heparin can be fatal if given in the wrong dose and/or in the wrong circumstances. For example, if given in the wrong dosage, heparin can cause a massive bleed.

Further, when you're talking about residential health care facilities, you are talking about the most vulnerable patients. Often the patient is fragile in some way and is in the facility because there are multiple issues at play. The nurse has a holistic understanding of the patient and their needs. A medication aide may get to know the patients through the administration of the routine medications but would not have the medical training and background to assess the bigger picture.

Finally, the critical staffing shortage also means that there is a critical shortage of supervisors at these facilities. There is typically one registered nurse per facility and given that shortage, it means the nurse is not in the building at all times. If something were to go wrong in the administration of the medication, there are potentially limited personnel, with the appropriate training, that could intervene in a timely manner.

For these reasons, ANA-NY has concerns about the medication aide pilot program.