

HOUSE BILL REPORT

HB 2071

As Reported By House Committee On:

Health Care

Title: An act relating to authorizing the delegation of nursing care tasks for the provision of health treatment to individuals in community residential programs for the developmentally disabled, residents in adult family homes, and residents of licensed boarding homes contracting to provide assisted living services.

Brief Description: Concerning health treatment for individuals with developmental disabilities.

Sponsors: Representatives Dyer, Dellwo, Backlund and Hymes.

Brief History:

Committee Activity:

Health Care: 3/3/94, 3/6/95 [DP].

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: Do pass. Signed by 9 members: Representatives Dyer, Chairman; Backlund, Vice Chairman; Hymes, Vice Chairman; Dellwo, Ranking Minority Member; Casada; Conway; Crouse; Kessler and Sherstad.

Minority Report: Do not pass. Signed by 3 members: Representatives Cody, Assistant Ranking Minority Member; Campbell and Skinner.

Staff: John Welsh (786-7133).

Background: Currently, the practice of nursing is licensed by the Department of Health through the Nursing Quality Assurance Commission. Unlicensed persons such as family members may perform nursing services without compensation if they do not represent themselves as nurses, and often perform delegated nursing tasks.

Nurses may by law delegate nursing services to licensed practical nurses under supervision. Registered and certified nursing assistants assist in nursing tasks under the direction and supervision of a nurse or licensed practical nurse.

However, nursing assistants are not otherwise authorized by law to perform the nursing regimen.

Summary of Bill: A nurse is authorized to delegate specific nursing care tasks to registered or certified nursing assistants serving patients in three settings: community residential programs serving the developmentally disabled; adult family homes; and boarding homes providing assisted-living services.

The nursing assistant qualifying for delegated nursing tasks must first complete a basic core training program provided by the Department of Social and Health Services, and meet any additional training requirements identified by the Nursing Care Quality Assurance Commission.

The nursing tasks that can be delegated are limited to oral and topical medications; nose, ear, eye drops, and ointments; dressing changes and catheterization; suppositories, enemas, ostomy care; blood glucose monitoring; and gastrostomy feedings.

The commission is required to develop by rule nurse delegation protocols which specify the requirements for the delegating process and identify any additional training. These requirements provide that the delegating is at the discretion of the nurse; is only for a specific patient in a stable and predictable condition and is not transferable; requires the informed consent of the patient as well as the consent of the nurse and nursing assistant; provides assessment of competence, a plan of supervision, documentation and written instructions on the tasks; and requires a determination of any additional training or other requirements specified by the act.

The development of a basic core training curriculum by the Department of Social and Health Services, in conjunction with advisory panels, is required for nursing assistants providing delegated tasks. The department is also required to develop and clarify reimbursement policies and barriers to current delegation.

Immunity from legal liability is accorded nurses and nursing assistants, accountable for their own individual actions, and acting within the guidelines of the delegation protocol. They may not be coerced into delegating, and are not subject to any employer reprisal or discipline for refusing, nor may the facility discriminate or retaliate against any person who files a complaint. A toll-free phone line must be established to receive complaints related to nurse delegation which are to be forwarded to the commission.

The Secretary of Health, in consultation with the commission, the University of Washington's schools of public health and nursing and the Department of Social and Health Services, must monitor the implementation of the act and report to the Legislature by December 31, 1996, and again by December 31, 1997, on the effectiveness of nurse delegation and associated problems, with recommendations for improvement.

Appropriation: None.

Fiscal Note: Requested on March 6, 1995.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: The delegation of nursing tasks for patients in community settings is important for establishing a viable alternative to more expensive institutional care in nursing homes. Elderly patients prefer more home-like settings as long as health needs can be safely met. The Sunrise Report by the Department of Health and Board of Health substantiates the need for these services and verifies the safeguards that must be in place to assure patient safety consistent with the provisions of this bill. This bill is a compromise measure negotiated after long and diligent efforts by all interested parties and is agreeable with the professional nursing organizations.

Testimony Against: None.

Testified: Barb McLain, Department of Health (pro); Charles Reed, Department of Social and Health Services (pro); Michael Doctor, Association of Retarded Citizens (pro); and Ann Simons and Ellie Merjjs, Service Employees International Union.