

SENATE BILL REPORT

ESHB 1409

AS OF FEBRUARY 24, 1994

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

SPONSORS: House Committee on Health Care (originally sponsored by Representatives Flemming, Mielke, Leonard, Dyer, R. Johnson, Thibaudeau, Cooke, King, H. Myers, Ballasiotes, Wineberry, Jones, Roland, Romero, Campbell, Rayburn, Orr and J. Kohl)

HOUSE COMMITTEE ON HEALTH CARE

SENATE COMMITTEE ON HEALTH & HUMAN SERVICES

Staff: Don Sloma (786-7319)

Hearing Dates: February 24, 1994

BACKGROUND:

The Nurse Practice Act provides for the registration and certification of two levels of nursing assistants who practice under the direction and supervision of a registered nurse or licensed practical nurse respectively. These nursing assistants currently practice in nursing homes and hospitals.

There is no level of nursing assistant or other practitioner authorized under current law to provide routine health care services to individuals with developmental disabilities (DD) in either community residential programs or adult family homes.

SUMMARY:

Nursing assistants providing services to persons with developmental disabilities are required to register with the Board of Nursing.

This level of nursing assistant must be employed as direct care staff in DSHS/DDD certified community residential programs or certified adult family homes to administer specified medications and treatments, prescribed by qualified health care practitioners, under the supervision of a registered nurse. Supervision does not require the supervising nurse to be on the premises. However, oral and written instructions related to the specific task must be given, as well as an assessment of the client's needs.

The scope of health care services that can be administered by a nursing assistant is limited, when authorized by a registered nurse, to oral medication; topical medication; nose, ear, and eye drops; suppositories; home glucose testing;

enemas in unit doses; emergency procedures; and gastrostomy tube feeding.

The nursing assistant must be trained by a licensed registered nurse, but no nurse is required to provide training. The training must encompass the nature of conditions requiring treatment; observation of the nursing assistant; written instructions specific to clients; documentation of evaluation of the nursing assistant's performance in training; and an annual evaluation of administration of medications.

A registered nurse may delegate administration of gastrostomy tube feeding, but not nasogastric tube feedings. Delegation is conditioned on the nature of the task, significance of the risk, frequency of treatment, ability of the nursing assistant to respond to consequences, performance, annual proficiency reviews, documentation of delegation process, and documentation of frequency of reassessment.

The responsibility of the registered nurse is limited to teaching and delegating, including gastrostomy tube feeding, as well as the competence of the nursing assistant, but each is accountable for his/her own actions in the delegation.

Verification of nursing assistant credentialing is the responsibility of the employer.

Rules implementing this act shall be adopted jointly by the Department of Social and Health Services and the state Board of Nursing.

In addition to training by the registered nurse, the Department of Social and Health Services shall provide by rule a basic core training program for nursing assistants.

The use of the nursing assistant in this act is not applicable to persons living in residential habilitation centers, or persons not developmentally disabled, nor to any setting other than a community residential program and adult family home.

The nursing assistant is subject to the disciplinary process and sanctions of the Uniform Disciplinary Act.

The Secretary of the Department of Health, in consultation with the Board of Nursing, is required to monitor and evaluate the effectiveness of this nursing assistant program and report on December 1, 1995 and by December 31, 1996, with specific recommendations on the appropriateness of the level of credentialing.

Appropriation: none

Revenue: none

Fiscal Note: requested January 28, 1994