

Testimony
Study of Registration of Long-Term Care Professionals
Long-Term Care Committee
Wednesday, March 10, 2010 – 2:30 p.m.
North Dakota Department of Health

Good afternoon, Chairman Kriedt and members of the Long-Term Care Committee. My name is Darleen Bartz, PhD, and I am section Chief of the Health Resources Section of the North Dakota Department of Health. I am pleased to be here today to provide the committee with information regarding the Department's Registration of Long-Term Care Professionals Workgroup discussions and recommendations.

The workgroup includes members representing the Department of Health (DoH), the Board of Nursing (BON), the North Dakota Healthcare Association, the North Dakota Long Term Care Association, the Department of Human Services, Developmental Disabilities, and Home Health Care. Every effort was made to include representatives from the various entities that utilize individuals on both the Board of Nursing's Registry and the Department's registry. A listing of the members on this workgroup is attached to this testimony for your reference.

The workgroup met for the first time on February 2, 2010 and has a second meeting scheduled for March 22, 2010. At the initial meeting, HB 1296 Section 3 was reviewed and the purpose of the workgroup was identified as:

1. To study the steps necessary to enable the State Department of Health to administer the registry for certified nurse assistants, nurse assistants, and unlicensed assistive persons,
2. To examine the possibility of one registry,
3. To examine the potential location of the registry, and
4. To report back to the Long Term Interim Committee regarding the recommendations of the workgroup.

Presentations were provided by Dr. Connie Kalanek representing the North Dakota Board of Nursing (BON) regarding the BON Unlicensed Assistive Person (UAP) registry and by Bruce Pritschet representing the North Dakota Department of Health (DoH) regarding the DoH Certified Nurse Aide (CNA) registry. At the conclusion of each presentation, the respective website was reviewed and a demonstration provided related to verification, renewal, and address changes. The workgroup members had an opportunity to ask questions throughout both presentations.

The rest of the meeting was spent discussing a series of questions including:

- **In what settings and capacities do individuals on the BON UAP registry and the DoH CNA registry work?**

BON UAP Registry	DoH CNA Registry
<ul style="list-style-type: none"> • Acute Care • Dialysis • Surgery • Home Health Care • Hospice • Basic Care • Assisted Living • Developmental Disability settings • Correctional Facilities • Other 	<ul style="list-style-type: none"> • Long Term Care • Acute Care • Swingbeds • Home Health • Hospice • Developmental Disability settings • Basic Care • Assisted Living • Hospice • Clinics • Private Home Settings • Other

- **What do you believe are the benefits of having two registries, BON UAP registry and the DoH CNA registry?**
 - No benefits were identified, most states have one registry.
 - Nursing oversight is present with both.

Discussion was held on the benefits and concerns related to the BoN or the DoH overseeing both registries:

Benefits of the BON having both registries	Benefits of the DoH having both registries
<ul style="list-style-type: none"> ○ Reports disciplinary actions to the Office of Inspector General ○ Regulates all patient safety issues including chemical dependency 	<ul style="list-style-type: none"> ○ The most volume currently resides with the DoH ○ Less cost to the individual ○ Ability to hold facilities accountable ○ Trained individuals to complete onsite investigations/surveys of facilities, nurse aide training programs, and nurse aide investigations ○ Sufficient volume of staff to handle the current registry responsibilities amongst other duties ○ Cost is currently covered through Medicare/Medicaid (however additional funding would be needed to complete state work) ○ Infraction responsibilities are placed on the facility and they have to submit a plan of correction ○ The Code of Federal regulations requires the State Survey Agency to be the entity to place a finding of abuse on the registry
Concerns related to the BON having both registries	Concerns related to the DoH having both registries
<ul style="list-style-type: none"> ○ The enforcement of the Nurse Practice Act relates to the individual only. ○ The BON has no jurisdiction over facilities and is unable to seek change in facility practice. ○ Increased cost for staff and oversight related to the BON overseeing both registries. ○ BON does not have staff to conduct the onsite surveys of 	<ul style="list-style-type: none"> ● Currently does not report validated finding of abuse to the Office of Inspector General ● UAP registry is for more than nurse aides, and includes medication assistants and technicians

nurse aide training programs.	
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- **What considerations do you believe the workgroup should examine when looking at the possibility of one registry?**

- Reduce confusion
- Cost
- One entry point to verify certification/registration of nurse aides
- Oversight responsibilities beyond abuse and neglect
- Compliance with federal regulations
- Consider workforce and demands
- Tiered registry process
- Patient safety
- Criminal Background Checks

Additional discussion included what considerations should be examined related to a potential location of one registry. The meeting concluded with identification of information the workgroup members would like the BON and DoH to present at the next meeting which is scheduled for March 22, 2010. Topics to be presented include Medication Assistant levels, approved courses, and survey process by the BON; Nurse Aide Registries in other states by the BON and DoH, UAP Disciplinary Actions and Processes by the BON.

The department has been pleased by the willingness of the individuals to serve on the workgroup to study this issue. We anticipate that this group will meet at least two to three more times to continue our research and discussions on the possibility of one registry, the potential location of the registry, and the steps necessary to enable the State Department of Health to administer the registry for certified nurse assistants, nurse assistants, and unlicensed assistive persons. We appreciate this opportunity to update you as we proceed with our discussions and look forward to providing you with recommendations from the workgroup at a future meeting.

This concludes my testimony. I am happy to answer any questions you may have.