

Testimony on HB 1041
Testimony before House Human Services Committee
January 10, 2011

Good Morning Chairman Weisz and members of the House Human Services Committee. My name is Shelly Peterson with the North Dakota Long Term Care Association. Our Association represents assisted living facilities, basic care facilities and nursing facilities in North Dakota. I am here to testify in support of HB 1041 and urge your passage. HB 1041 has been a long time in coming and I'm here to share with you that it reduces duplication, confusion and is good public policy. The purpose of the bill is to move the regulation and registration of nurse aides, home health aides, and Medication I and IIs into the existing CNA registry at the Department of Health. Currently North Dakota is one of six states that have two registries for this group of caregivers. The vast majority of all states have one registry for this group of individuals and it is housed in almost all instances in State Departments of Health.

From our perspective and the facilities we represent, having two registries has been confusing, burdensome and not in the public interest of the greater good. We have talked about this issue for many years and finally in this interim under your directive a study was commissioned. In the 2009 legislative session, you passed HB 1269 which directed a study of the steps necessary to enable the Department of Health to administer the registry for certified nurse assistants (which they already do) and to bring over unlicensed assistive persons (currently at the Board of Nursing). The study was to examine the possibility of one registry and a location for that registry. Although each registry calls the registrant (CNA vs. UAP) by a different name, they essentially provide the hands on care and support to individuals unable to care for themselves. The study looked at the requirements of a person to obtain their initial registration, the renewal process, investigation of complaints, disciplinary process and the function of each entity (Board of Nursing and Health Department) in relation to the registry.

The Health Department convened a workgroup to study this issue and periodically members of the workgroup reported back to the Long Term Care Interim Committee, Chaired by Representative Gary Kreidt. In the end, the workgroup brought forward draft legislation for the Interim Committee to consider and ultimately it was adopted and supported by the Interim Committee.

Workgroup representatives included:

North Dakota Department of Health (Chair)

North Dakota Board of Nursing

North Dakota Hospital Association

North Dakota Department of Human Services

Developmental Disability Community Providers

Home Health Care Representative

North Dakota Long Term Care Association

Several meetings of the workgroup were held and there were some points where I thought we would never reach agreement. In the end we did reach agreement. We stayed focused on the goal of one registry while ensuring the health and safety of the citizens of North Dakota. This bill is not budget neutral but the money necessary will ensure a streamlined process which better serves the public and the individuals employed in numerous caregiving positions. Today there are over 13,000 individuals on the Health Department registry and approximately 1,400 UAPs and 230 technicians on the Board of Nursing registry (02-02-10 workgroup). We spent a lot of time to determine who from the Board of Nursing registry should remain with the Board. The consensus was Medication IIIs who are generally working in clinics waiting for licensure as a nurse and technicians working as medical assistants and surgical technicians would be most appropriate to stay with the Board of Nursing.

All nurse assistants, certified nurse assistants, Medication I's and II's and UAP's would now all be under one registry in HB 1041. With the passage of this legislation the work of designing and administrating the registry will continue. The Department of Health is given the authority to develop rules and must work in consultation with the Board of Nursing and other key stakeholders. The rules will address:

1. Training and competency for those on the registry.
2. Initial registration and the renewal process.
3. Reporting and investigation of complaints against registrants.
4. Discipline process for someone with a validated finding.

HB 1041 states that no fees will be charged for the initial registration or renewal. We hope you retain this important feature. Currently federal law requires the Health Department registry for CNAs be free for registrants and we would like this to be uniform for all the registrants that would be coming over from the Board of Nursing. The Health Department will be further addressing the fiscal note.

In conclusion we urge your support of HB 1041. It is good public policy, reduces the duplication of two registries and maintains public safety. Thank you for your consideration of HB 1041. I would be happy to answer any questions you may have.

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