

Testimony
House Bill 1041
Senate Human Services Committee
Wednesday, March 2, 2011; 9:00 a.m.
North Dakota Department of Health

Good morning, Madam Chair and members of the Senate Human Services Committee. My name is Bridget Weidner, and I am a program manager in the Health Resources Section for the North Dakota Department of Health. I am here today to provide information about House Bill 1041.

The purpose of House Bill 1041 is to move the regulation and registration of nurse aides, home health aides and medication assistants I and II from the North Dakota Board of Nursing to the North Dakota Department of Health.

Currently, the Department of Health operates the federal registry for certified nurse aides (CNAs) and the Board of Nursing operates the state registry for unlicensed assistive persons (UAPs), which include nurse aides, home health aides, medication assistants, medical assistants, and surgical and dialysis technicians. The Department of Health's registry for CNAs is recognized by the Board of Nursing as specified in North Dakota Administrative Code 54-07-01-03.

The Department of Health, Division of Health Facilities, is designated by the U.S. Centers for Medicare & Medicaid Services for registration of CNAs in North Dakota. The federal certification requirements for CNAs can be found in the Social Security Act at 1819(e)(2)(A) and 1919(e)(2)(a). The cost to operate the CNA registry is covered by Medicare and Medicaid. Federal regulations require that no fee be charged to CNAs for initial registration or renewal, or for other costs associated with the regulation of CNAs.

During the 2009 Legislative Assembly, Section 3 of House Bill 1269 directed a study of the steps necessary to enable the Department of Health to administer the registry for certified nurse aides, nurse aides and unlicensed assistive persons and to examine the feasibility of one registry and a potential location for that registry. The study resulted from a need identified by the long-term care industry for one location to check the registry status of nurse aides in North Dakota.

At the request of the Long Term Care Interim Committee, the Department of Health convened a workgroup to study this issue and report back to the committee. The workgroup included members representing the Department of Health, the

Board of Nursing, the North Dakota Hospital Association, the North Dakota Long Term Care Association, the Department of Human Services, Developmental Disabilities, and Home Health Care.

The workgroup held several meetings to study this issue. All members of the workgroup agreed that ensuring the health and safety of the recipients of care was of utmost importance. With this in mind, the workgroup made the following recommendations:

- Transfer the regulation and registry of nurse aides, home health aides and medication assistants (I and II) from the Board of Nursing to the Department of Health.
- Not to charge registration fees for individuals on the nurse aide registry consistent with the federal prohibition of charging for the registration of CNAs on the department's registry.
- To seek positions and general fund support for the time and costs related to this activity.

House Bill 1041 was amended by the House to transfer the remaining individuals on the Board's UAP Registry to the Department of Health.

During the workgroup meetings, much discussion was held related to who should be transferred from the Board of Nursing's UAP Registry to the department's Nurse Aide Registry. The workgroup decided that individuals who had received formal technical training from an accredited school, and/or held national certification in their specialty area, should remain with the Board of Nursing and the individuals trained or competency evaluated as nurse aides should be transferred to the Department of Health. Examples of professions that the workgroup felt should stay with the Board of Nursing included medication assistant IIIs, medical assistants, surgical technicians and dialysis technicians.

The original fiscal note on House Bill 1041 estimated that it would require a minimum of 1.5 FTEs and \$287,870 to handle the additional workload. The cost to the department included \$238,576 for review of applications, complaint intake and investigation, disciplinary actions as needed, and review and approval of medication assistant training programs and one-time start-up costs of \$49,295 for data migration of the nurse aides, home health aides, and medication assistants I and II from the Board of Nursing registry to the Department of Health database, to make the associated web changes, and to conduct rulemaking.

With the amendment added in the House which includes the registry and regulation of all individuals and categories on the Unlicensed Assistive Persons Registry, the Department of Health would need a minimum total of 2 FTEs to handle the workload, and the total cost for the 2011-2013 biennium would increase to \$385,085.

As currently written, House Bill 1041 does not include the appropriation or FTEs needed to complete this work. Also, there is no appropriation or FTEs included in House Bill 1004, the Department of Health's budget, to complete the added workload in this bill. If this bill is passed without the needed resources, other work within the department currently covered with state funds would need to be halted to do this work. This could include activities such as surveys of basic care facilities, onsite construction visits, or programs in other areas of the department's budget.

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