Testimony submitted by: 10/10/2016

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To the Members of the Massachusetts Board of Registration in Nursing:

Thank you for receiving our testimony. We would like to be recorded in opposition to the proposed revisions to 244 CMR 3.00 in their current form, regarding delegation of medication administration. As former and current unlicensed personnel who are also nursing students and have completed educational requirements towards bachelor degrees in nursing, we believe that these proposed regulatory changes will endanger patient safety in Massachusetts. They are vaguely written, permitting broad interpretation and potentially unsafe application. We believe that patients deserve to receive their medications from nurses, who have been trained to perform this complex task.

During the course of our nursing educations we are required to complete several clinical rotations, a course in pharmacology, and a closely supervised preceptorship lasting one semester. Even after completing this preceptorship, new nurses are frequently not allowed to administer medications independently until after completing lengthy agency-specific trainings. As students nearing the end of our nursing educations, we are in a strong position to assess our own current abilities and limitations.

Our assessment is that we are not ready. Even at our current levels of nursing education, it is not safe for us to administer most medications without the direct physical presence of an RN at the bedside, assisting in pre and post-assessments and ensuring that all the “rights” of medication administration are followed. Based on our personal experience working as nursing assistants (unlicensed personnel) and our current knowledge as developing nurses, we know that it is not possible for nurses to safely delegate many (if any) tasks of medication administration to the unlicensed personnel they supervise.

We have always provided quality, intelligent patient care while working in positions that require less formal education and do not require a license. We do not feel that it would be fair to us - as caregivers who take pride in our work - to assign us tasks that we are not educated to perform safely. Some of us have worked in states where medication delegation is permitted, and have been asked to administer medications without adequate training and supervision. These have been profoundly negative moments in our working lives.

At a time when medical error is the third leading cause of death in the United States, it would be a great act of responsibility for the Massachusetts BORN to abandon these proposed regulatory changes in their current form, and reconsider these regulatory standards from a patient-centered, safety-centered perspective. Thank you once again for receiving our testimony.

Sincerely,

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