August 11, 2025

William Anderson, Office of the General Counsel  
Department of Public Health  
250 Washington Street  
Boston, MA 02108  
  
Re: **105 CMR 775.000: *Certified Medication Aides In Long Term Care Facilities*.**

On behalf of LeadingAge Massachusetts, I am pleased to offer comments on the proposed regulation: **105 CMR 775.000: *Certified Medication Aides In Long Term Care Facilities*.**

With a mission to expand the world of possibilities for aging, LeadingAge Massachusetts is a statewide association representing the continuum of not-for-profit providers of housing, health care and services for older adults including nursing and rehab facilities, residential care facilities (rest homes), assisted living residences, life plan communities/continuing care retirement communities, subsidized senior housing and home and community based service providers. Our members provide mission-driven housing and services to more than 30,000 older adults across the Commonwealth.

LeadingAge Massachusetts was extremely pleased when the legislature passed and Governor signed into law, section 16 of Chapter 197 of the Acts of 2024, An Act to improve quality and oversight in long term care, requiring the Department of Public Health to establish a program of certified Medication Aides (CMAs) in Long Term Care Facilities. Many states, including neighboring states Rhode Island and New Hampshire, have allowed certified medication aides or Med Techs to safely administer medications in long term care for many years. With the shortage of licensed nurses expected to continue into the foreseeable future, and with nursing facilities struggling to fill vacant positions, the introduction of certified medication aides (CMAs) in long term care here in Massachusetts is a critical step towards strengthening the long-term care workforce. By enabling trained CMAs to perform routine medication administration, RNs and LPNs will be able to focus on assessments, clinical decision-making, and higher-acuity tasks—improving operational efficiency and resident care. At the same time the CMA role provides CNAs a concrete advancement opportunity within the facility, helping with retention and offering a pathway to increased responsibility and higher wages. The CMA role builds on the commitment of LeadingAge MA members to invest in staff development and create clear career pathways within the long-term care workforce. This program will enhance existing efforts and strengthen the ability of all providers to offer growth opportunities within their organizations.

We commend the Department for issuing proposed regulations that establish a CMA program that is based on rigorous requirements to ensure quality and most importantly, resident safety. While we wish to voice our strong support of the regulations, we have a few areas where we would like to seek additional clarification as part of sub regulatory guidance.

We are in strong support of the requirement that prohibits CMAs from administering any narcotics. We also believe that **CMAs** **should not be involved in administering any injectable medications like insulin.** Similarly, we do not believe that CMAs should be able to administer **medications like Coumadin,** which require specific lab work, review of that lab work and use of nursing assessment skills. We therefore ask the Department to clarify that these types of medications can not be administered by a certified medication aide.

A safe and successful CMA program will rely on strong supervision. While the proposed regulations indicate the types of licensed providers that may supervise a medication aide, the level and type of supervision is unclear. Does this mean any nurse on the unit where the medication aide is working? Can it be a day, evening or night supervisor covering the building? Are there specific supervisory ratios that will be expected? We would also like to seek additional clarity on the requirement that a medication aide be evaluated by a supervisor once every six months. The requirements of that evaluation should be spelled out, such as inclusion of a competency test, as well as an observation of medication administration process similar to that done during a DPH survey process. We ask to work with the Department on additional clarification regarding supervisory and evaluation requirements as part of any subregulatory guidance.

One area we would like to see clarification within the regulation relates to CMAs and level IV rest homes. LeadingAge MA had been previously assured by Department staff that the CMA program was not intended for rest homes. However, the regulations are silent regarding Level IV facilities. Rest homes rely on a model of Responsible Persons to administer medications which has been in operation successfully for many decades. We want to ensure that rest homes will continue to be able to operate under the current requirements for Responsible Persons and will not be required to use Certified Medication Aides. **We request that 105 CMR 775.000 explicitly state that these regulations do not apply to Level IV resident care homes (rest homes)** and that they shall not be interpreted to alter or supersede existing rules that permit the use of responsible persons to administer medications in Level IV rest homes.

LeadingAge Massachusetts appreciates the Department’s efforts to create a Certified Medication Aide pathway. With the requested clarifications — particularly the explicit exclusion of Level IV rest homes, additional medication restrictions and clear supervisory and evaluation standards — the program can achieve its dual goals of safe medication administration and meaningful workforce development. We stand ready to work with the Department to refine regulatory language, review training standards and curricula, and any additional implementation guidance to ensure the program’s successful rollout across Massachusetts.

Sincerely,

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AI-generated content may be incorrect.

Elissa Sherman  
President