

**TO:** Department of Public Health

**FROM:** Betty Sanisidro, DNP, MSN, RN, COHN-S, APHN-BC, FAAOHN

*Director Division of Nursing, Health & Safety and Labor Education*

**DATE:** August 11, 2025

**RE:**  **Proposed Regulations: 105 CMR 775.000: Certified Medication Aides in Long Term Care Facilities**

On behalf of the Massachusetts Nurses Association (MNA), representing over 26,000 nurses and healthcare professionals across the Commonwealth, I offer this testimony regarding proposed new regulations 105 CMR 775.000: Certified Medication Aides in Long Term Care Facilities.

The MNA strongly opposed the change to state law permitting medication administration by unlicensed personnel, such as certified medication aides. Administering medications to a patient – even oral medication, or non-narcotic medication – should be the job of a properly trained and licensed individual. We continue to be concerned that the complex and frail state of many long-term care residents requires a comprehensive assessment before, during and after medication is administered- something certified medication aides cannot provide. Despite these objections and concerns, we acknowledge that permitting the administration of medication by unlicensed personnel in long term care settings is the law and offer these comments to safeguard the practice as much as possible.

**Training and Nationally Accredited Certification Program**

Given the absence of a license and licensing program, the training provided to Certified Medication Aides will be vital to the success or failure of this program. To this end, we propose adding language specifying that training include, at a minimum: (1) theoretical education,  (2) practical skills training, and (3) a competency evaluation. Additionally, training should be reviewed at least every two years to reflect current best practices and regulatory changes. Proposed edits in red reflect these proposals.

Additionally, to be sure certified medication aides are adhering to established standards, we propose the following edits in red to specify that any required training and competency testing developed by the Department of Public Health (DPH) be part of an existing nationally accredited certification program.

*775.002: Definitions*

*Certified Medication Aide means an employee of a long-term care facility who satisfies eligibility criteria established by the Department and has successfully completed the required training, including (1) theoretical education, (2) practical skills training*, *and competency testing developed by the Department as part of a nationally accredited certification program to administer medications to residents of long-term care facilities.*

*775.003: Certification Requirements*

*(3) Temporary Certification by Reciprocity. The Department may issue a certificate to an applicant who holds a current, valid nationally accredited certification as a medication aide or technician in another state*

**Reciprocity**

As noted previously, any reciprocity should be granted only when the individual holds a certification that has been nationally accredited. This reciprocity should also be on a temporary basis not to exceed one year. Once that year is up, the certified medication aide should complete the training and competency testing developed by the DPH as part of a nationally accredited certification program. We propose the addition of the language below in red.

*775.003: Certification Requirements*

*This temporary certification is valid for up to one year, at which time the individual must complete the required training and competency training and testing developed by the Department as part of a nationally accredited certification program to administer medications to residents of long-term care facilities.*

**Supervision**

As unlicensed personnel, certified medication aides require the supervision of licensed staff to do administer medication. We are extremely concerned that the supervision will not be as rigorous as it should be due to the lack of supervisory staff- and are especially concerned that the proposed regulations do not specify that the supervisor be physically present on the premises when in a supervisory role. We also feel that the supervisory role should not be performed by a licensed practical nurses (LPN). Both the registered nurse (RN) and LPN educational curriculum includes basic anatomy and physiology, but the RN education includes pathophysiology, or the study of disordered physiological processes associated with disease processes. The RN includes that knowledge of disease processes when making decisions and recommendations for interventions. The RN curriculum includes pharmacology, or the study of uses, effects and modes of action of drugs; pharmacology is not included in the approximately 10-16 months-long LPN curriculum. Additionally, the art and science of assessing the physical and emotional status of patients are skills that are reserved for frontline registered nurses. RNs conceptualize treatment plans and LPNs are more task driven to carry out those plans. The RN is responsible to interpret and analyze data whereas the LPN is responsible to participate in analyzing and interpreting recorded data.  The RN also takes the lead in planning and implementing interventions whereas the LPN participates in the implementation and planning.  As we transition to a new world of unlicensed personnel administering medications to a vulnerable population with complex medical needs, we should be as protective as possible. We propose that LPNs are not placed in a supervisory role at this time.

*775.005: Practice Requirements for Certified Medication Aides*

*(1) A certified medication aide may administer medications to residents of long-term care facilities in accordance with 105 CMR 775.000.*

*(2) Certified medication aides may not administer medications unless they are supervised by:*

*~~(a) a practical nurse licensed by the Board of Registration in Nursing pursuant to 244 CMR 3.00: Registered Nurse and Licensed Practical Nurse;~~*

Additionally, we are concerned by the lack of specificity that anyone supervising certified medication aides must be physically present and on the premises at the long term care facility. This sort of supervisory role cannot be conducted remotely- and the regulations now do not specify if the supervisor must be in the same city or state at the time they are in a supervisory role. We propose the addition of language below in red to clearly state that the supervisor must be physically present on the premises when in that role.

*775.005: Practice Requirements for Certified Medication Aides*

*(3) A supervisor must be physically present at the long-term care facility when the Certified Medication Aide is administering medication under his or her supervision.*

Finally, we are concerned about any disciplinary action that could be taken against the supervisor for mistakes made by the Certified Medication Aide. Improper administration of medication by an unlicensed individual can lead to medication errors, complications, and harm to patients. This is a concern that remains and should not hamper the license of the supervisor. We proposed the following additional language in red below.

*(5) The license of a supervisor may not be encumbered due to actions, inactions nor disciplinary measures related to the job of the Certified Medication Aide. The responsibility shall lie with the long-term facility.*

Patients in long-term care settings deserve high quality health care. Safe management of medication for the elderly is important, as older persons are vulnerable due to their age and any related cognitive and physical impairment. These proposed changes will improve safety for patients and protections for nurses and physicians.

Thank you.

Submitted electronically to [Reg.Testimony@mass.gov](mailto:Reg.Testimony@mass.gov)