

To the Board of Registration in Nursing:

On behalf of the American Nurses Association Massachusetts, I would like to submit the following comments of the proposed regulations based upon recommendations articulated in the 3.05 Collaborative Task Force report that the members of the ANA Massachusetts Health Policy Committee and the Board of Directors have reviewed and discussed.

We compliment the Board of Registration in Nursing (BORN) for proceeding with this important public protection initiative while remembering to be inclusive of the many arenas where nurses care for patients and their families. We also thank the BORN for your due diligence with collecting, analyzing, synthesizing and incorporating current and contemporary evidence into the recommendations. Lastly, we appreciate the references to the American Nurses Association, of which ANA Massachusetts is a constituent member and who has at its core, the mission to advocate for the more than 130,000 professional registered nurses across the Commonwealth. We do however, have concerns regarding the regulatory language. We would encourage the BORN to extend the changes to the regulations for 60 days in which time the nursing community may be able to further discuss this important document with all stakeholders.

While we agree that the UAP med administration model has been demonstrated as safe and appropriate for UAPs under nurse supervision with proper training in some settings such as assisted living and schools, the general nature of the language implies that RN/LPN delegation of med administration may be appropriate and could be extended – based on RN or LPN assessment – to any setting. We are concerned that while the stated intent is not to expand this delegation model beyond currently designated settings, it lays the groundwork for that to happen. We can foresee, without additional language to clarify that stated intent, that some employers could use the regulations to pressure staff to delegate med administration to UAPs as a mechanism for not adequately staffing their units. Granted, you would hope RNs and even LPNs would choose not to delegate under those circumstances. We are concerned, however, that expanding workload and staffing pressures could create untenable decisions for staff.  We are also not sure why the BORN would be unwilling to more clearly state the intended boundaries of these changes to the current regulations. This is our key reservation and concern regarding the proposed regulations.

We also have the following additions for your consideration while promulgating regulations:  The Massachusetts' Nurse Practice Act designates the "licensed nurse" to include both RNs and LPNs. It states that the LPN "participates" in higher level planning and evaluation of nursing care, while the RN practices these parts of the nursing process independently. We advise that the language of the regulations clearly designate that the care plan is developed by the registered nurse, who frequently assesses the patient’s condition and delegates tasks to either the LPN or the UP.  Schools in MA have been involved in Delegation of Medication through oversight by the MA DPH School of Heath for some time now. Overall, it has proven to be very successful and more importantly, safe. This is related to the strict guidelines and protocols that have been implemented. We would recommend that similar training programs and competencies are used to ensure safety for all individuals, patients, UAP's and nurses. There is a need for language that identifies settings deemed appropriate for delegation of med administration by UAPs.

We are satisfied with the language that reinforces and respects the rights of the registered nurse to decide at the point of care whether or not delegation of a skill or task to either a LPN or a UP is appropriate, based on the registered nurse’s professional frequent and ongoing assessment and analysis of what is in the patient’s best interest.   Whether nurses have the capacity and time, given the number of patients they are legally and professionally accountable for, to adequately supervise UAPs is questionable. Regardless of that reality, it is important to note that nurses remain concerned about professional accountability for delegation of tasks with potential to harm patients - especially when the number of patients they are caring for is beyond what is safe.

It would be good to confirm that DPH oversight of training programs and outcome data exists and demonstrates that this program works and poses no potential threat to patient safety. ANA Massachusetts supports language and continues to advocate for regulatory language that protects the rights of the registered nurse to exercise his/her full autonomy inherent in the license issued by the BORN. ANA Massachusetts would like further clarification on how the Massachusetts General Laws, Chapter 94C will be amended relative to other state-wide initiatives to allow unlicensed assistive personnel to participate with medication administration. We are most concerned with this area and wish for further clarification in the best interest of the public and registered nurses in the Commonwealth.

In closing, the ANA Massachusetts Board of Directors welcomes future collaborations with the BORN and continuing our work together for the benefit of the nurse and the public which we both serve.

Sincerely,



Cathleen Colleran-Santos DNP, RN

President, ANA Massachusetts