



COMMONWEALTH of VIRGINIA

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TO: The Honorable Mark D. Sickles
Chair, House Committee on Health and Human Services

The Honorable Ghazala F. Hashmi
Chair, Senate Committee on Education and Health

FROM: Arne W. Owens *Arne W. Owens*
Director, Virginia Department of Health Professions

DATE: November 27, 2024

RE: Report Regarding Advanced Registered Medication Aides

This report is submitted in compliance with Chapter 284 of the 2024 Acts of Assembly which required:

That the Board of Nursing (the Board) shall convene a work group of stakeholders, including the Virginia Health Care Association, the Virginia Nurses Association, and LeadingAge Virginia, to develop recommendations to enable medication aides registered by the Board to administer drugs to residents in a certified nursing facility licensed by the Department of Health. The work group's recommendations shall be reported to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health and Human Services by November 1, 2024.

Should you have questions about this report, please feel free to contact me at (804) 367-4648 or arne.owens@dhp.virginia.gov.

AO/EB
Enclosure

CC: The Honorable Janet Kelly, Secretary of Health and Human Resources

Preface

This report is submitted in compliance with Chapter 284 of the 2024 Acts of Assembly which required:

That the Board of Nursing (the Board) shall convene a work group of stakeholders, including the Virginia Health Care Association, the Virginia Nurses Association, and LeadingAge Virginia, to develop recommendations to enable medication aides registered by the Board to administer drugs to residents in a certified nursing facility licensed by the Department of Health. The work group's recommendations shall be reported to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health and Human Services by November 1, 2024.

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I. Executive Summary

Pursuant to Chapter 284 of the 2024 General Assembly (House Bill 349), the Board of Nursing convened a workgroup on July 22, 2024, to develop recommendations to enable a subset of medication aides registered by the Board to administer drugs to residents in a certified nursing facility licensed by the Department of Health. These medication aides are a new type of practitioner under the Board of Nursing titled advanced registered medication aides (“advanced RMA”).

The workgroup identified several impediments to implementation of HB349. Those impediments require legislative action and are detailed in this report.

Additionally, the workgroup considered training hours for registration and other potential requirements for registration of the new practitioner group. In this report, the Board provides considerations of the workgroup as well as recommendations based on the Board’s registration of RMAs and the differences between RMAs and advanced RMAs.

Workgroup Members

Carol Cartte, RN, BSN
Board of Nursing, Chair of the workgroup

Delia Acuna, FNP-C
Board of Nursing, Member

Andrew Lamar
Virginia Nurses Association

April Payne
Virginia Health Care Association/Virginia Center for Assisted Living

Scott Johnson
Virginia Health Care Association/Virginia Center for Assisted Living

Allyson Flinn
Virginia Department of Health

Melissa Green
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Karen Riley
Leading Age Virginia

II. Overview of differences in patient population

Currently, registered medication aides (“RMAs”) practice in assisted living facilities and administer drugs to residents that would otherwise be self-administered. (Va. Code §§ 54.1-3041(A), 54.1-3408(M).) Chapter 284 of the 2024 Acts of Assembly added the practitioner category of advanced RMA to the jurisdiction of the Board of Nursing. The legislation defined an advanced RMA as a medication aide who administers drugs “to residents in a certified nursing facility licensed by the Department of Health.” (Va. Code § 54.1-3041(B).) The legislation allowed the Board of Nursing to determine permissible drugs for administration. Under the language of the legislation, advanced RMAs can work in a skilled nursing facility or portions of hospitals which are licensed as certified nursing facilities.

Skilled nursing facilities (“SNFs”) serve individuals with higher acuity care needs in a medical environment. In contrast, assisted living facilities (“ALFs”) serve individuals that may need assistance with activities of daily living but do not require the level of care provided in SNFs. Staff of ALFs assist with activities of daily living as well as provide medication support and administration in a residential environment. The medication list of an ALF resident is typically static and includes medications that the resident has been on for some time. SNF staff also assist with activities of daily living and medication administration, but individuals receiving care in a SNF may have more clinically complex individual care needs. The difference in care needs for these two populations is significant. Individual care requirements for SNF patients may include but not be limited to:

- An evolving medication regime;
- Intravenous medication administration;
- Intramuscular medication administration;
- Complex wound care;
- Parenteral nutrition;
- Percutaneous endoscopic gastrostomy feeding tube care to include medication administration;
- Tracheostomy care; and
- Daily thorough clinical assessment.

III. Challenges to implementation

In its discussion, the workgroup determined that the intent of HB349 is not reflected in the effect of the statutory language. Additional legislation is needed to allow advanced RMAs to practice in licensed nursing homes.

The workgroup recommended the following legislative changes be pursued during the 2025 General Assembly Session:

- Amendment to Virginia Code § 54.1-3408 of the Drug Control Act to permit advanced RMAs to administer drugs to patients;
- Clearly defined scope of practice of advanced RMAs added to Virginia Code § 54.1-3041, as described below;
- Changes in deadlines and allowances for Board of Nursing and Department of Health regulatory actions in enactment clauses.

A. Amendments to the Drug Control Act

Virginia Code § 54.1-3408 lists the allowable methods for administration of drugs and devices in Virginia. Each category of individual allowed in some manner to administer drugs and devices is addressed in a subsection of § 54.1-3408. Registered medication aides are permitted to administer certain medication in § 54.1-3408(M):

M. Medication aides registered by the Board of Nursing pursuant to Article 7 (§ [54.1-3041](#) et seq.) of Chapter 30 may administer drugs that would otherwise be self-administered to residents of any assisted living facility licensed by the Department of Social Services. A registered medication aide shall administer drugs pursuant to this section in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration; in accordance with regulations promulgated by the Board of Pharmacy relating to security and recordkeeping; in accordance with the assisted living facility's Medication Management Plan; and in accordance with such other regulations governing their practice promulgated by the Board of Nursing.

Virginia Code § 54.1-3408 should be amended with a new subsection to read:

N. Advanced medication aides registered by the Board of Nursing pursuant to Article 7 (§ 54.1-3041 et seq.) of Chapter 30, may administer drugs that would be administered by a registered medication aide pursuant to subsection M in addition to drugs determined permissible by the Board of Nursing in a nursing home licensed by the Department of Health. Advanced medication aides

shall administer drugs pursuant to this section in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration; in accordance with regulations promulgated by the Board of Pharmacy relating to safekeeping and recordkeeping; in accordance with the nursing home's policies and procedures; and in accordance with such other regulations governing their practice promulgated by the Board of Nursing.

B. Clearly defined scope of practice contained in statute

As communicated by the stakeholders, the intent of the legislation was to create a new category of registered medication aides to work in nursing homes that are able to provide more advanced care than RMAs currently provide in the assisted living facility setting. This would permit advanced RMAs to provide care to certain patient populations with non-complex needs, such as certain short-term rehabilitation patients. The legislation was not intended to allow advanced RMAs to provide care for all skilled nursing facility patients. As written, however, the legislation permits advanced RMAs to practice in skilled nursing facilities and certified nursing facilities licensed by the Department of Health with no limitations on patient type. The Board of Nursing cannot limit the scope of advanced RMAs provided in statute by the General Assembly; therefore, this is not an impediment that the Board can address with regulation. Stakeholders expressed that the intent of the legislation was to permit an advanced RMA to provide Schedule V and VI medications orally; provide intramuscular injections; and provide subcutaneous injections such as insulin.

To capture the intent of the legislation and allow advanced RMAs to practice with the intended populations, the scope of practice of advanced RMAs in Virginia Code § 54.1-3041 should be amended as follows:

B. A medication aide who administers drugs as determined permissible by the Board for administration to long-term care residents that do not have a clinical condition that requires evaluation by a registered nurse or licensed practical nurse for the administration of medications in a ~~certified nursing facility~~ nursing home licensed by the Department of Health shall be registered by the Board as an advanced registered medication aide.

Additionally, Virginia Code § 54.1-3042(A)(5) should be amended as follows:

In the case of medication aides who will administer drugs as determined permissible by the Board for administration to residents in a ~~certified nursing facility~~ nursing home licensed by the Department of Health, has successfully completed all educational requirements established by the Board for administering drugs in a

~~certified nursing facility~~ licensed nursing home, which shall reflect the medically complex patient population found in ~~certified nursing facilities~~ licensed nursing homes and the resulting medication regime for that population.

C. Changes in deadlines and regulatory allowances for Board of Nursing

Currently, Chapter 284 of the 2024 Acts of Assembly becomes effective July 1, 2025. Enactment clause 5 requires the Board of Nursing to promulgate regulations to become effective July 1, 2025. That timeline requires the Board to promulgate emergency regulations despite the obstacles described above. Any revised legislation should repeal enactment clause 5 of the 2024 legislation to ensure regulations which reflect revised legislation may be implemented. In place of that enactment clause, the following language should be added to allow the Board of Nursing a swift method to implement regulations for advanced RMA practice in the Commonwealth consistent with the revised legislation:

2. That the Board of Nursing shall promulgate regulations to implement the registration of advanced registered medication aides no later than November 1, 2025. The Board's initial adoption of regulations shall be exempt from the provisions of the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia), except that the Board shall provide an opportunity for public comment on the regulations prior to adoption.

These changes will allow the Board of Nursing time to implement the changes in additional legislation that may be passed by the 2025 General Assembly.

IV. Eligibility requirements

The workgroup felt that an advanced RMA should first hold an RMA and CNA prior to applying for registration as an advanced RMA. This can be included in the Board's regulations of the practitioner type.

The Board currently regulates advanced certified nurse aides ("advanced CNAs") pursuant to Virginia Code § 54.1-3025.1. Under those regulations, an applicant for advanced CNA must hold a CNA to be eligible for the advanced CNA certificate. *See* 18VAC90-25-110. The advanced CNA must maintain the CNA for renewal purposes as an advanced CNA. *See* 18VAC90-25-120. This model can be used to regulate advanced RMAs in that the Board can require that an initial applicant hold an RMA and a CNA prior to application for an advanced RMA. The Board can additionally require an advanced RMA to concurrently renew the CNA and advanced RMA credentials with the Board.¹

The workgroup, in discussions regarding eligibility criteria, considered the requirement that an advanced RMA applicant hold a CNA. Without holding a CNA, the advanced RMA would not be able to provide direct care to a patient, such as blood pressure readings, glucose readings, or taking other vital signs. Providing this type of direct care may be necessary prior to administration of the types of medications the Board will approve advanced RMAs to administer. Only nurses or CNAs may provide direct care to patients in a nursing home.

These criteria will be included in the regulations promulgated by the Board of Nursing to govern advanced RMAs and do not require a statutory change to implement.

¹ Once the Board issues an advanced RMA, there will be no need for a practitioner to maintain the RMA (non-advanced) as an advanced RMA can perform the duties of an RMA pursuant to Virginia Code § 54.1-3041(C).

V. Training requirements

Requirements for RMAs vary across the nation. As indicated by these varied scopes of practice and training requirements, this is a unique profession with qualifications and practice depending largely on location. No national exam exists for registration as a medication aide, for example.

The workgroup considered the variety of training required by other states for professions similar to advanced RMAs. A summary of requirements in other states is included as Appendix A. The workgroup felt that a requirement of 120 hours would provide appropriate training for advanced RMAs given the complexities of patient care and the types of medications that will be used. The workgroup also stated that additional clinical experiences should be included in the education of the Advanced RMA.

The Board will provide defined guidelines and approve training programs consistent with Virginia Code § 54.1-3042(A)(3)(a).

VI. Testing and associated concerns

Currently, the Board requires RMA applicants to successfully complete a written examination. (18VAC90-60-90(A)(5)(b).) A separate written examination would be provided to advanced RMA applicants to demonstrate competence given the types of medications an advanced RMA may administer.

The need for such an examination to protect the public will require the Board to work with a private company to develop an appropriate test. Based on experience from administering an exam for RMAs, the Board estimates it may take up to one year to obtain a contractor to develop questions and implement the exam.

A stakeholder workgroup managed by the testing contractor develops examination questions. The contractor must create enough examination questions to allow randomized provision of questions to exam takers for multiple exam attempts. As an example, if the forthcoming regulations limit examination attempts to three, and the examination uses 50 questions, then 150 questions must be in the question bank for the exam. After development of questions, it takes approximately 60 to 90 days for the contractor to upload exam questions into the system and begin administration. Questions are continually reviewed and revised as needed for ongoing maintenance of the exam.

VII. Conclusion

As detailed in this report, the workgroup noted additional legislation that is required for advanced RMAs to practice as the legislation was intended. Without additional legislation, the Board will move forward with emergency regulations in 2025. Advanced RMAs will not, however, be able to practice without the revision to Virginia Code § 54.1-3408. Additionally, a defined scope of practice centered around patient type is needed to ensure advanced RMAs are practicing in a manner that is safe for the public.

APPENDIX A

State	Agency	Settings allowed	Hours of training
Maryland	MD Board of Nursing	SNF, AL	At least 60 hours (30 didactic/30 clinical)
North Carolina	Division of Health Service	SNF, AL, RCF, ADC, ICF, hospitals	24
Ohio	OH Board of Nursing	Nursing homes and AL RCF	120 (80 didactic/40 clinical)
Tennessee	TN Board of Nursing	SNF, AL	60 (40 didactic/20 clinical)
West Virginia	State Survey Agency	Eligible in “any facility when supervised by an authorized registered professional nurse”	Unclear. All references to laws and statutes that govern the requirements of programs have been repealed or expired.

Key:

AL = assisted living

SNF = skilled nursing facility

RCF = residential care facilities

ADC = adult day care

ICF = intermediate care facilities