



Senate Fiscal Agency
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House Bill 4885 (Substitute S-1 as reported)
House Bill 4923 (as reported without amendment)
Sponsor: Representative Donovan McKinney (H.B. 4885)
Representative Joseph Aragona (H.B. 4923)
House Committee: Regulatory Reform
Senate Committee: Health Policy

CONTENT

House Bill 4885 (S-1) would amend Part 219 (Nurse Aide Training and Registration Program) of the Public Health Code to do the following:

- Require the Department of Licensing and Regulatory Affairs (LARA) to administer a medication aide training and permit program as established in rules promulgated by LARA.
- Rename the "Nurse Aide Registration Fund" as the "Nurse Aide and Medication Aide Registration Fund".
- Modify certain rulemaking provisions.
- Prohibit an individual from engaging in practice as a medication aide unless the individual held a registration to engage in that practice.
- Prohibit a person from offering a medication aide training program or providing training or instruction to a medication aide candidate unless the person held a permit to offer that training program or provide that training or instruction.
- Allow LARA to grant a registration to engage in practice as a medication aide or a permit as a medication aide trainer or a medication aide training program if certain requirements were met.
- Require LARA to grant a registration to an out-of-State applicant if specified requirements were met.
- Prescribe initial and renewal application fees for a registration to practice as a medication aide and for a permit to conduct training or instruction of a medication aide candidate.

House Bill 4923 would amend Part 219 of the Public Health Code to define terms used in House Bill 4885 (S-1).

The bills are tie-barred, and each bill would take effect 90 days after its enactment.

MCL 333.21907 et al. (H.B. 4885)
MCL 333.21903 & 333.21905 (H.B. 4923)

BRIEF RATIONALE

According to testimony, Michigan's population is aging faster than ever while the country is experiencing a shortage of nurses. To accommodate this nationwide shortage, 32 other states have implemented medication aide certification programs. Medical aides allow nurses to provide better care and spend more time with each patient, and reportedly, other states' implementations of medication aide programs have been found to improve the average time nurses spend with patients. Accordingly, it has been suggested that a similar program be enacted in the State.

Legislative Analyst: Alex Krabill

FISCAL IMPACT

The bills would have an indeterminate fiscal impact on LARA.

House Bill 4885 (S-1) would require LARA to establish and administer registration, training, and permit programs for medication aides and medication aide trainers. The table below shows the new biennial fees pertaining to medication aides and medication aide training established under the bill.

Registration or Permit	Initial and Biennial Renewal Fee
Medication aide	\$160
Medication aide trainer	\$200
Medication aide training program (per site)	\$500
Examination fee	\$175

The amount of revenue generated by the new fees would depend on the number of individuals who register or apply for a permit.

House Bill 4885 (S-1) also would increase the registration and permit fees for nurse aides and nurse aide trainers from \$20 to \$40 and \$40 to \$60, respectively. Program costs had previously exceeded revenue for a period. The increase is expected to ensure the program is funded at the level necessary for executing LARA's responsibilities. Based on current departmental figures, this change would generate approximately \$925,000 in additional revenue over the biennial permitting and registration cycle.

The name of the Nurse Aide Registration Fund would be revised to the "Nurse Aide and Medication Aide Registration Fund." Revenue from fees would be deposited into the Fund and used for the regulation and administration of the nurse aide and medication aide programs. It is unclear whether these fee levels would be sufficient to fully cover the costs of the new programs and related regulatory activities. It is possible that one or more additional full-time equivalents (FTEs) would be required to perform this work. The average cost of an FTE is approximately \$137,500 per year.

Promulgation of rules related to the bill would be sufficiently funded by existing appropriations.

Date Completed: 11-9-23

Fiscal Analyst: Elizabeth Raczkowski