

**Testimony of Beth Boutot BSN, RN, RAC-CT**

To the Joint Standing Committee on Health and Human Services

In Opposition to:

**LD 2083, An Act to Expand Access to Certified Residential Medication Aide Training**

Public Hearing: January 27, 2026

Senator Ingwersen, Representative Meyer, and distinguished members of the Health and Human Services Committee, my name is Beth Boutot and I serve as the Documentation Integrity Project Lead and a Nurse Educator for First Atlantic HealthCare.

I am writing in opposition to **LD 2083, An Act to Expand Access to Certified Residential Medication Aide Training**. As a nurse educator that currently does CRMA training, I am writing to share my perspective on LD 2083. While I overwhelmingly support efforts to update the Certified Residential Medication Aide (CRMA) curriculum and initiatives that would expand access to training, I do have concerns with the bill as drafted.

I am aware that DHHS hired someone to rewrite the CRMA curriculum in 2023 and a few of us instructors had minimal input into reviewing the rewrite. That project was completed in 2023; however, the updated training curriculum was never put in place. The state's goal was to create something that was clearer and easier to teach. The Department was also re-writing the exams and the final, but they were not changing anything within the rules at that time. That appears to have changed.

Now it sounds like the Department is moving to an online curriculum via a learning management system. As an instructor, I can share that an online curriculum is not going to meet the needs of more than  $\frac{1}{2}$  of the students. Most adults have difficulty learning a practical skill online. I would strongly disagree with ONLY online curriculum. I had the opportunity of teaching the CRMA course during COVID and much of it was online. This created significant challenges when faced with the practical portion of the course. Even with online--we mailed pill packs and practical tools for students to use and practice with while on Zoom. But it was still a challenge. There needs to be time built into any CRMA curriculum for clinical time to practice med passes, and I would recommend at least 2-4 clinical days.

In addition, I understand LD 2083 would provide the Department with rulemaking authority to set fees for certification, decertification, and sanctions for instructors and individuals. The course currently costs students \$350-\$400 and the cost is determined by the instructor. This cost is often covered by a company hiring a person to work as a CRMA. If instructors were required to recertify, they would likely build that cost into the course cost. However, the addition of penalty fees and sanctions would likely drive many instructors, and residential care companies offering their own CRMA courses, out of the market.

The 2023 curriculum revision by the State maintained the 40-hour CRMA training requirement, but was structured in a strict ten days, four-hour each day format. However, the curriculum had in-class med passes **only** on day 9 and 10 (which was also the final exam). From actual experience, I can tell you that we had to start our practical skills on day 2 or 3 of the class for students to actually comprehend what they were learning, to practice those skills, and to talk through scenarios so that the really understood it. If the Department's goal is to increase access to training and to improve the quality of the curriculum and the instructors, then any new curriculum and training process needs to be developed collaboratively with stakeholder input. I understand that Maine Health Care Association (MHCA) submitted a **proposed amendment to LD 2083** to create a stakeholder group. **I fully support a stakeholder group being formed, and I would also be willing to serve on it.**

I would like to add a note of caution. Over the years, I have also observed that it is **very difficult** to find RNs to do the med passes with students. One of the most common reasons for a student to take the course and never obtain their CRMA certificate was this final step. At First Atlantic, our CRMA courses provided the RN med pass for those students who were going to be working with us. With that in mind, the med pass was usually completed AFTER some floor training and orientation so that the student was familiar with the EMR and a complete med cart set up. (They were not passing meds but were able to observe another staff member to become more familiar).

Students who took a CRMA class with no place of employment lined up, had a very difficult time 1) finding a RN (and facility) where they could do their med pass, and 2) successfully completing their med pass in a strange environment with different resources than the classroom. The CRMA DHHS requirement is that the final med pass be done 'in a licensed facility'. There are not many licensed facilities that will let someone walk in 'off the street' with the CRMA course paperwork--and then: a.) let that person near their residents and b.) supply an RN to do the med pass with them (even for an additional fee).

RN's with their own business of training have an added burden of finding places to do the med passes, or leave it up to the student to find a place to complete their med pass. **I envision this as being a huge barrier for a student who took an online class.**

In conclusion, there are areas of the state where it is very difficult to find a CRMA class and/or instructor. An online class might be helpful, but it doesn't solve the barriers of the final med pass, or the economics of course payment/ time for the instructor, and the fact that some RNs will likely not continue teaching this course with changes the Department is proposing.

Thank you for your time and attention. I will do my best to attend the work session and make myself available to answer questions.