1994	2008
Recommended continuation of licensure	Recommended regulation of psychiatric technicians until 2014, then allow the regulation to repeal by operation of law
Stated that the mentally ill or developmentally disabled are institutionalized and are at great risk of inadequate care due to the often extreme nature of their illnesses. The patients require specialized care not necessarily available in a traditional medical setting	Stated that "the practice of psychiatric technicians in the United States is largely unregulated and most aspects of practice do not require oversight by the Board." Report goes on to state that possibly CNAs, who do not have specialized training, could be a possible alternative. This would involve extensive "substantial changes" to the Nurse Aide Practice Act, requiring the Board to write a whole new set of rules and no reason is given as to why this huge transition would be any more effective than what is already in place.
"Board of Nursing and staff performed their responsibilities in this program competently, effectively and efficiently"	Extended description of Board of Nursing makeup and duties, but yet stated "it is reasonable to question whether the Board even has the necessary expertise to regulate them effectively [illegible]
Recommended the Legislature remove the practice restriction and expand to facilities outside the state system	Recommended that the duties of the LPTs be restricted so that they no longer have to be regulated, i.e. dispensing of medications
Stated the purpose of the review is to determine whether the licensure continue "for the protection of the public"	Same
General Assembly's major objective since implementing the program in 1967 is to "ensure that properly trained personnel were available to provide interpersonal and technical care for mentally ill patients.."	Provided a description of other states where licensure has declined, mostly because of lack of approved schools or educational programs.
The federal government pressured Colorado to have licensed personnel administering medications in federally funded Colorado State Hospitals, and "some state hospitals had difficulty in recruiting LPTs to care for patients."	"Regulation can serve to restrict the supply of practitioners."

12-42-103 CRS gives the Board of Nursing the power to survey, adopt and approve educational programs, review licenses, adopt regulations concerning qualifications needed to practice and the power to discipline where needed.	Same
Education required includes the general nursing curriculum, plus additional standards for LPTs who are working with mentally ill	The population-specific licensure is "incongruent with the psychiatric technician licensure in other states."
"The primary question answered by a Sunset Review is whether …licensing of psychiatric technicians assists in ensuring that the quality of patient care is kept at a high standard and will not be jeapardized."	"Licensure provides the greatest level of public protection…These requirements afford the highest level of consumer protection in that they ensure that only those who are deemed competent may practice.", but then goes on to state that "certification programs offer a level of consumer protection similar to licensing programs, although narrative does conclude "they afford a level of consumer protection that is lower than a licensing program."
"Treatment often does not result in major observable behavior changes, at least to the inexperienced eye. Without proper treatment, the patients welfare would be jeopardized."	"LPT-MIs work in environments requiring specialized skills and training and are authorized to administer medications under the supervision of a professional nurse. Feedback gleaned from stakeholders emphasized the complex skill set LPTs must use in their daily practice. All LPTs need sophisticated communication skills to allow them to communicate effectively with people who may have cognitive impairments, mental disabilities or psychiatric disorders. LPTs use milieu management skills to create and maintain a safe, stable highly structured environment for patients."
"Special training is required to handle patients effectively. Caregivers must have adequate knowledge of psychology and therapy skills to be effective.."	"In most states, psychiatric technicians learn their skills on the job from experienced workers."
"It is clear that caregiving to this special population is a skill and requires special education and knowledge. Lack of such could jeopardize the health and welfare of these patients, and society as well, since their welfare is a public concern."	"LPT-MIs can provide vital information on patients' progress to evaluating psychiatrists, LPT-MIs are trained to address behavioral issues before they escalate, and appropriately de-escalate dangerous situations." Also there is a reference to the fact that LPT-MIs play a role in preparing patients for restoration to

	competency hearings.
In order to keep operating with staffing patterns in congruence with Federal funding, institutions had to have licensed psychiatric technicians if they wanted those employees to administer treatments and medications. In the 1994 review, it was stated that "there were concerns in the community" if LPTs were able to practice outside the state system, because they were afraid there might not be enough of the LPTs to go around. This illustrates just how valuable the LPTs are and the concerns of the community to keep them as needed.	"The employment prospects for psychiatric technicians are projected to change very little or not at all. Any growth in demand for psychiatric technicians might be fueled by the aging population's need for mental health services and an increasing number of mentally disabled adults who were formerly cared for by elderly parents who will continue to need care."
"The Legislature determined that psychiatric technicians should be licensed…based upon the assessment of public risk."	Because there are different training and licensure paths for DDs and MIs, the statement is made that "this regulatory structure, which essentially licenses LPTs based on their area of specialty, runs counter to Colorado's regulatory philosophy of regulating for minimal competency." And an additional statement: "It is reasonable to conclude that most aspects of psychiatric technician practice do not require oversight by the Board.
	Section included about duties and make-up of the Board of Nursing, plus an extended description of hearings and disciplinary procedures if warranted.
	"There is no evidence base documenting that the quality of mental health care provided in Colorado and California—the only two states with fully functional licensing programs—is superior to the mental health care provided in the rest of the states.
	"LPT-MIs at CMHIP lead the way in creating and maintaining a safe and secure environment for patients and employees. LPTs receive more training in psychiatric nursing than LPNs. Registered nurses, LPNS and physicians recognize that while they may

	have more medical training, LPTs have superior skills in communication and milieu management. The stakeholders agree that LPT training as it exists now is critical in preparing individuals for practice as psychiatric technicians. Who will assure that a new hire is properly trained: the employer." The suggestion is that the Board would not have to give its blessing to a new hire, the entire burden of this would fall on DHS. [illegible]
	"Stakeholders have emphasized that CAN-MAAs would IN NO WAY be qualified to practice as psychiatric technicians. This is true." They would require additional training. [illegible]
	"Nursing supervisors and administrators have legitimate concerns regarding the delegation law and rules, and whether CAN-MAAs will place undue burdens on RNs as supervisory personnel. The delegation rules would have to be revised. [illegible]
	The report implies that the current LPTs report a high level of job satisfaction and that 44,000 psychiatric technicians across the US have substantially the same job duties. There is no comparison to job duties in this report, nor is there a survey of other psychiatric technicians to determine if the loss of their licensure affected their job duties, satisfaction or morale. There IS a high level of communication from the California LPTs, however, that express support and justification for keeping the program licensed.
	The report dismisses the loss of status by saying "status alone does not justify such

	regulation." However, status alone is not what is being considered for the justification of the regulation, so this train of thought is being taken out of context.
	There is a discussion of the concern about downgrading of positions and classifications. The report then suggests "DPA would be able to change the minimum qualifications for this class to accommodate DHS' needs." DPA does not change classifications in order to accommodate individual agencies, and this is yet another change and revision that would be required.
	The concern about maintaining Joint Commission accreditation is dismissed by saying that "other states undoubtedly face the same staffing challenges."

In summary, the 1994 report emphasizes the great need for specialized training and the care standards practiced by the LPTs, and also perpetuating the reasons why it was formulated in the first place in 1967. There is no indication that the Board is overly extended by the oversight of the LPT program, quite the contrary. The public safety is of utmost concern. The new report has numerous flaws:

- It assumes that the public safety and specialization of skills would somehow be incorporated in a new CNA program;

- It requires that CNAs would have to undergo specialized training, so how does that differ or become more efficient than what already exists;

- It places an undue burden on the RNs and supervisory roles, and admits there would have to be changes in delegation, yet there is no particular reason to take on this burden, which would ultimately result in staffing shortages and dissatisfaction, which places a great risk on the public safety and wellbeing;

- It does not consider any fiscal ramifications if DHS were to assume a regulation role, which is already established and perfected with the Board of Nursing and in fact, there is quite a lot of documentation in the report about what the Board can and does do;

- There are numerous changes in regulations, statutes, programs, trainings, staffing, classifications, policies, procedures and oversights, which again translates into a danger of affecting the wellbeing of the public. There is no documentation or analysis in the new report that justifies the total turnaround in thinking from the 1994 report. The only reasoning seems to be "other states don't have it."

- Both reports acknowledge that one of the primary functions of a Sunset Review is to determine if the regulation is necessary to protect the public health, safety and welfare; whether conditions which led to the initial regulation have changed, whether the existing regulations establish the least restrictive form of regulation consistent with the public interest, whether the agency operates in the public interest and whether the operation is impeded or enhanced by existing statues, rules, procedures and practices. The current confirguration of the Licensure matches all of these litmus tests. The proposed plan answers none of them. The Board of Nursing has not expressed a concern of being overly burdened by their oversight of the Licensure.

- The new plan describes training, oversight, regulation and requirements that are already required, but that the LPTs have mastered and which CNAs would just have as an afterthought of their job duties. Why change the existing structure if it already works and dovetails with all of the other existing classes in the team of health care providers?

- There are numerous sweeping generalizations in the new report, which imply that psychiatric technicians across the country are happy, functioning, skilled employees when we really have no documentation about what they do vs. what they used to do when they were licensed, how they feel about the change, how effective the programs are. Our state can be proud of the fact that our program offers, through the licensure program, the highest standards of patient care. We absolutely have to continue to deliver this high threshold of expertise in order to maintain the publics' trust and the mission of caring for the mentally ill. Not only do we have Federal funding requirement standards, but other factors hinging on our ability to continue to deliver the highest standard of care, including the recent lawsuits against CMHIP dictating this.

- There would have to be a total revision of 12-42-103 CRS, which would require legislation to totally change the oversight system. This would require a whole new set of bills to be carried through the Legislature, with no viable justification, but with an increased fiscal responsibility in this time of budget constraints.

- To require that DHS regulate its own programs would be like the fox in the henhouse. This is not something the public would consider objective, safe or effective.

- Licensure requirements, disciplinary procedures, training requirements are all detailed and are documented by quite a lengthy description in the new report. This implies that there are very high standards and transferring them all to an unknown zone would be counterproductive as well as dangerous for the wellbeing of the citizens.