



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB3746

Introduced 2/17/2023, by Rep. Natalie A. Manley

SYNOPSIS AS INTRODUCED:

20 ILCS 1705/15.4

Amends the Mental Health and Developmental Disabilities Administrative Act. In provisions requiring the Department of Human Services to develop a medication administration training program for authorized directed staff at certain facilities for persons with a developmental disability, provides that non-licensed authorized direct care staff must, in addition to other specified requirements, (i) score 100% on the competency-based assessment demonstrating proficiency in the skill of passing medication and (ii) have received additional competency-based assessment by the nurse-trainer as deemed necessary by the nurse-trainer whenever it is determined that additional skill development and training is needed to administer a medication. Provides that every facility health care program shall adopt written policies and procedures for assisting individuals who choose to obtain preventative health and self-medication skills in consultation with a professional nurse or other medical personnel as specified. Provides that if an individual desires to gain independence in self-medication administration the individual shall be evaluated to determine the individual's ability to self-medicate by the nurse-trainer through the use of the Department's required, standardized screening and assessment instruments.

LRB103 29607 KTG 56002 b

1 AN ACT concerning State government.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Mental Health and Developmental
5 Disabilities Administrative Act is amended by changing Section
6 15.4 as follows:

7 (20 ILCS 1705/15.4)

8 Sec. 15.4. Authorization for nursing delegation to permit
9 direct care staff to administer medications.

10 (a) This Section applies to (i) all residential programs
11 for persons with a developmental disability in settings of 16
12 persons or fewer that are funded or licensed by the Department
13 of Human Services and that distribute or administer
14 medications, (ii) all intermediate care facilities for persons
15 with developmental disabilities with 16 beds or fewer that are
16 licensed by the Department of Public Health, and (iii) all day
17 programs certified to serve persons with developmental
18 disabilities by the Department of Human Services. The
19 Department of Human Services shall develop a training program
20 for authorized direct care staff to administer medications
21 under the supervision and monitoring of a registered
22 professional nurse. The training program for authorized direct
23 care staff shall include educational and oversight components

1 for staff who work in day programs that are similar to those
2 for staff who work in residential programs. This training
3 program shall be developed in consultation with professional
4 associations representing (i) physicians licensed to practice
5 medicine in all its branches, (ii) registered professional
6 nurses, and (iii) pharmacists.

7 (b) For the purposes of this Section:

8 "Authorized direct care staff" means non-licensed persons
9 who have successfully completed a medication administration
10 training program approved by the Department of Human Services
11 and conducted by a nurse-trainer. This authorization is
12 specific to an individual receiving service in a specific
13 agency and does not transfer to another agency.

14 "Medications" means oral and topical medications, insulin
15 in an injectable form, oxygen, epinephrine auto-injectors, and
16 vaginal and rectal creams and suppositories. "Oral" includes
17 inhalants and medications administered through enteral tubes,
18 utilizing aseptic technique. "Topical" includes eye, ear, and
19 nasal medications. Any controlled substances must be packaged
20 specifically for an identified individual.

21 "Insulin in an injectable form" means a subcutaneous
22 injection via an insulin pen pre-filled by the manufacturer.
23 Authorized direct care staff may administer insulin, as
24 ordered by a physician, advanced practice registered nurse, or
25 physician assistant, if: (i) the staff has successfully
26 completed a Department-approved advanced training program

1 specific to insulin administration developed in consultation
2 with professional associations listed in subsection (a) of
3 this Section, and (ii) the staff consults with the registered
4 nurse, prior to administration, of any insulin dose that is
5 determined based on a blood glucose test result. The
6 authorized direct care staff shall not: (i) calculate the
7 insulin dosage needed when the dose is dependent upon a blood
8 glucose test result, or (ii) administer insulin to individuals
9 who require blood glucose monitoring greater than 3 times
10 daily, unless directed to do so by the registered nurse.

11 "Nurse-trainer training program" means a standardized,
12 competency-based medication administration train-the-trainer
13 program provided by the Department of Human Services and
14 conducted by a Department of Human Services master
15 nurse-trainer for the purpose of training nurse-trainers to
16 train persons employed or under contract to provide direct
17 care or treatment to individuals receiving services to
18 administer medications and provide self-administration of
19 medication training to individuals under the supervision and
20 monitoring of the nurse-trainer. The program incorporates
21 adult learning styles, teaching strategies, classroom
22 management, and a curriculum overview, including the ethical
23 and legal aspects of supervising those administering
24 medications.

25 "Self-administration of medications" means an individual
26 administers his or her own medications, or a portion of his or

1 her own medications. To be considered capable to
2 self-administer their own medication, individuals must, at a
3 minimum, be able to identify their medication by size, shape,
4 or color, know when they should take the medication, and know
5 the amount of medication to be taken each time. The use of
6 assistive or enabling technologies can be used to demonstrate
7 a person's capability to administer his or her own
8 medications.

9 "Training program" means a standardized medication
10 administration training program approved by the Department of
11 Human Services and conducted by a registered professional
12 nurse for the purpose of training persons employed or under
13 contract to provide direct care or treatment to individuals
14 receiving services to administer medications and provide
15 self-administration of medication training to individuals
16 under the delegation and supervision of a nurse-trainer. The
17 program incorporates adult learning styles, teaching
18 strategies, classroom management, curriculum overview,
19 including ethical-legal aspects, and standardized
20 competency-based evaluations on administration of medications
21 and self-administration of medication training programs.

22 (c) Training and authorization of non-licensed direct care
23 staff by nurse-trainers must meet the requirements of this
24 subsection.

25 (1) Prior to training non-licensed direct care staff
26 to administer medication, the nurse-trainer shall perform

1 the following for each individual to whom medication will
2 be administered by non-licensed direct care staff:

3 (A) An assessment of the individual's health
4 history and physical and mental status.

5 (B) An evaluation of the medications prescribed.

6 (2) Non-licensed authorized direct care staff shall
7 meet the following criteria:

8 (A) Be 18 years of age or older.

9 (B) Have completed high school or have a State of
10 Illinois High School Diploma.

11 (C) Have demonstrated functional literacy.

12 (D) Have satisfactorily completed the Health and
13 Safety component of a Department of Human Services
14 authorized direct care staff training program.

15 (E) Have successfully completed the training
16 program, pass the written portion of the comprehensive
17 exam, and score 100% on the competency-based
18 assessment demonstrating proficiency in the skill of
19 passing medication ~~specific to the individual and his~~
20 ~~or her medications.~~

21 (F) Have received additional competency-based
22 assessment by the nurse-trainer as deemed necessary by
23 the nurse-trainer whenever it is determined that
24 additional skill development and training is needed to
25 administer a medication ~~a change of medication occurs~~
26 ~~or a new individual that requires medication~~

1 ~~administration enters the program.~~

2 (3) Authorized direct care staff shall be re-evaluated
3 by a nurse-trainer at least annually or more frequently at
4 the discretion of the registered professional nurse. Any
5 necessary retraining shall be to the extent that is
6 necessary to ensure competency of the authorized direct
7 care staff to administer medication.

8 (4) Authorization of direct care staff to administer
9 medication shall be revoked if, in the opinion of the
10 registered professional nurse, the authorized direct care
11 staff is no longer competent to administer medication.

12 (5) The registered professional nurse shall assess an
13 individual's health status at least annually or more
14 frequently at the discretion of the registered
15 professional nurse.

16 (d) Medication self-administration shall meet the
17 following requirements:

18 (1) As part of the normalization process, in order for
19 each individual to attain the highest possible level of
20 independent functioning, all individuals shall be
21 permitted to participate in their total health care
22 program. This program shall include, but not be limited
23 to, individual training in preventive health and
24 self-medication procedures.

25 (A) Every program shall adopt written policies and
26 procedures for assisting individuals who choose to

1 obtain ~~in—obtaining~~ preventative health and
2 self-medication skills in consultation with a
3 registered professional nurse, advanced practice
4 registered nurse, physician assistant, or physician
5 licensed to practice medicine in all its branches.

6 (B) If an individual desires to gain independence
7 in self-medication administration the individual
8 ~~Individuals~~ shall be evaluated to determine the
9 individual's ~~their~~ ability to self-medicate by the
10 nurse-trainer through the use of the Department's
11 required, standardized screening and assessment
12 instruments.

13 (C) (Blank). ~~When the results of the screening and~~
14 ~~assessment indicate an individual not to be capable to~~
15 ~~self-administer his or her own medications, programs~~
16 ~~shall be developed in consultation with the Community~~
17 ~~Support Team or Interdisciplinary Team to provide~~
18 ~~individuals with self medication administration.~~

19 (2) Each individual shall be presumed to be competent
20 to self-administer medications if:

21 (A) authorized by an order of a physician licensed
22 to practice medicine in all its branches, an advanced
23 practice registered nurse, or a physician assistant;
24 and

25 (B) approved to self-administer medication by the
26 individual's Community Support Team or

1 Interdisciplinary Team, which includes a registered
2 professional nurse or an advanced practice registered
3 nurse.

4 (e) Quality Assurance.

5 (1) A registered professional nurse, advanced practice
6 registered nurse, licensed practical nurse, physician
7 licensed to practice medicine in all its branches,
8 physician assistant, or pharmacist shall review the
9 following for all individuals:

10 (A) Medication orders.

11 (B) Medication labels, including medications
12 listed on the medication administration record for
13 persons who are not self-medicating to ensure the
14 labels match the orders issued by the physician
15 licensed to practice medicine in all its branches,
16 advanced practice registered nurse, or physician
17 assistant.

18 (C) Medication administration records for persons
19 who are not self-medicating to ensure that the records
20 are completed appropriately for:

21 (i) medication administered as prescribed;

22 (ii) refusal by the individual; and

23 (iii) full signatures provided for all
24 initials used.

25 (2) Reviews shall occur at least quarterly, but may be
26 done more frequently at the discretion of the registered

1 professional nurse or advanced practice registered nurse.

2 (3) A quality assurance review of medication errors
3 and data collection for the purpose of monitoring and
4 recommending corrective action shall be conducted within 7
5 days and included in the required annual review.

6 (f) Programs using authorized direct care staff to
7 administer medications are responsible for documenting and
8 maintaining records on the training that is completed.

9 (g) The absence of this training program constitutes a
10 threat to the public interest, safety, and welfare and
11 necessitates emergency rulemaking by the Departments of Human
12 Services and Public Health under Section 5-45 of the Illinois
13 Administrative Procedure Act.

14 (h) Direct care staff who fail to qualify for delegated
15 authority to administer medications pursuant to the provisions
16 of this Section shall be given additional education and
17 testing to meet criteria for delegation authority to
18 administer medications. Any direct care staff person who fails
19 to qualify as an authorized direct care staff after initial
20 training and testing must within 3 months be given another
21 opportunity for retraining and retesting. A direct care staff
22 person who fails to meet criteria for delegated authority to
23 administer medication, including, but not limited to, failure
24 of the written test on 2 occasions shall be given
25 consideration for shift transfer or reassignment, if possible.
26 No employee shall be terminated for failure to qualify during

1 the 3-month time period following initial testing. Refusal to
2 complete training and testing required by this Section may be
3 grounds for immediate dismissal.

4 (i) No authorized direct care staff person delegated to
5 administer medication shall be subject to suspension or
6 discharge for errors resulting from the staff person's acts or
7 omissions when performing the functions unless the staff
8 person's actions or omissions constitute willful and wanton
9 conduct. Nothing in this subsection is intended to supersede
10 paragraph (4) of subsection (c).

11 (j) A registered professional nurse, advanced practice
12 registered nurse, physician licensed to practice medicine in
13 all its branches, or physician assistant shall be on duty or on
14 call at all times in any program covered by this Section.

15 (k) The employer shall be responsible for maintaining
16 liability insurance for any program covered by this Section.

17 (l) Any direct care staff person who qualifies as
18 authorized direct care staff pursuant to this Section shall be
19 granted consideration for a one-time additional salary
20 differential. The Department shall determine and provide the
21 necessary funding for the differential in the base. This
22 subsection (l) is inoperative on and after June 30, 2000.

23 (Source: P.A. 102-1100, eff. 1-1-23.)