

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

22 "Insulin in an injectable or auto-injectable form" means a
23 subcutaneous injection, auto-injection, or other technology
24 including, but not limited to: (i) an insulin pump; (ii) an
25 insulin pod; (iii) ~~via~~ an insulin pen pre-filled by the
26 manufacturer; and (iv) a syringe.

1 "GLP-1 receptor agonists in an injectable or
2 auto-injectable form" means medication used for the treatment
3 of type 1 and type 2 diabetes and obesity. Authorized direct
4 care staff may administer insulin or GLP-1 receptor agonists
5 via auto-injection or an insulin pen pre-filled by the
6 manufacturer as delegated by the registered nurse and 7 as
7 ordered by a physician, advanced practice registered nurse, or
8 physician assistant, if: (i) the staff has successfully
9 completed a Department-approved advanced training program
10 specific to insulin or GLP-1 receptor agonist administration
11 developed in consultation with professional associations
12 listed in subsection (a) of this Section, and (ii) the staff
13 consults with the registered nurse, prior to administration,
14 of any insulin or GLP-1 receptor agonist dose that is
15 determined based on a blood glucose test result. The
16 authorized direct care staff shall not: (i) calculate the
17 insulin or GLP-1 receptor agonist dosage needed when the dose
18 is dependent upon a blood glucose test result, or (ii)
19 administer insulin or GLP-1 receptor agonists to individuals
20 who require blood glucose monitoring greater than 3 times
21 daily, without consultation with and unless directed to do so
22 by the registered nurse. An individual may self-administer
23 insulin or GLP-1 receptor agonists in any form if the
24 individual is deemed independent by the nurse-trainer through
25 the use of the Department's required standardized screening
26 and assessment instruments.

1 "Nurse-trainer training program" means a standardized,
2 competency-based medication administration train-the-trainer
3 program provided by the Department of Human Services and
4 conducted by a Department of Human Services master
5 nurse-trainer for the purpose of training nurse-trainers to
6 train persons employed or under contract to provide direct
7 care or treatment to individuals receiving services to
8 administer medications and provide self-administration of
9 medication training to individuals under the supervision and
10 monitoring of the nurse-trainer. The program incorporates
11 adult learning styles, teaching strategies, classroom
12 management, and a curriculum overview, including the ethical
13 and legal aspects of supervising those administering
14 medications.

15 "Self-administration of medications" means an individual
16 administers his or her own medications or a portion of his or
17 her own medications. To be considered capable to
18 self-administer their own medication, individuals must, at a
19 minimum, be able to identify their medication by size, shape,
20 or color, know when they should take the medication, and know
21 the amount of medication to be taken each time. The use of
22 assistive or enabling technologies can be used to demonstrate
23 a person's capability to administer his or her own
24 medications.

25 "Training program" means a standardized medication
26 administration training program approved by the Department of

1 Human Services and conducted by a registered professional
2 nurse for the purpose of training persons employed or under
3 contract to provide direct care or treatment to individuals
4 receiving services to administer medications and provide
5 self-administration of medication training to individuals
6 under the delegation and supervision of a nurse-trainer. The
7 program incorporates adult learning styles, teaching
8 strategies, classroom management, curriculum overview,
9 including ethical-legal aspects, and standardized
10 competency-based evaluations on administration of medications
11 and self-administration of medication training programs.

12 (c) Training and authorization of non-licensed direct care
13 staff by nurse-trainers must meet the requirements of this
14 subsection.

15 (1) Prior to training non-licensed direct care staff
16 to administer medication, the nurse-trainer shall perform
17 the following for each individual to whom medication will
18 be administered by non-licensed direct care staff:

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

21 (B) An evaluation of the medications prescribed.

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

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

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

1 (C) Have demonstrated functional literacy.

2 (D) Have satisfactorily completed the Health and
3 Safety component of a Department of Human Services
4 authorized direct care staff training program.

5 (E) Have successfully completed the training
6 program, pass the written portion of the comprehensive
7 exam, and score 100% on the competency-based
8 assessment demonstrating proficiency in the skill of
9 administering medication ~~specific to the individual~~
10 ~~and his or her medications.~~

11 (F) Have received additional competency-based
12 assessment or training by the nurse-trainer when the
13 nurse-trainer determines additional skill development
14 is needed to administer medication ~~by the~~
15 ~~nurse-trainer as deemed necessary by the nurse-trainer~~
16 ~~whenever a change of medication occurs or a new~~
17 ~~individual that requires medication administration~~
18 ~~enters the program.~~

19 (3) Authorized direct care staff shall be re-evaluated
20 by a nurse-trainer at least annually or more frequently at
21 the discretion of the registered professional nurse. Any
22 necessary retraining shall be to the extent that is
23 necessary to ensure competency of the authorized direct
24 care staff to administer medication.

25 (4) Authorization of direct care staff to administer
26 medication shall be revoked if, in the opinion of the

1 registered professional nurse, the authorized direct care
2 staff is no longer competent to administer medication.

3 (5) The registered professional nurse shall assess an
4 individual's health status at least annually or more
5 frequently at the discretion of the registered
6 professional nurse.

7 This subsection only applies to settings where the
8 registered professional nurse has jurisdiction. If direct care
9 staff move to other settings, they shall consult with the
10 registered professional nurse who has jurisdiction of that
11 setting.

12 (d) Medication self-administration shall meet the
13 following requirements:

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

22 (A) Every program shall adopt written policies and
23 procedures for assisting individuals who choose to
24 obtain ~~in—obtaining~~ preventative health and
25 self-administration of medication ~~self-medication~~
26 skills in consultation with a registered professional

1 nurse, advanced practice registered nurse, physician
2 assistant, or physician licensed to practice medicine
3 in all its branches.

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

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

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

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

23 (B) approved to self-administer medication by the
24 individual's Community Support Team or
25 Interdisciplinary Team, which includes a registered
26 professional nurse or an advanced practice registered

1 nurse.

2 (e) Quality Assurance.

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

8 (A) Medication orders.

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

16 (C) Medication administration records for persons
17 who are not self-administering medication
18 ~~self-medicating~~ to ensure that the records are
19 completed appropriately for:

20 (i) medication administered as prescribed;

21 (ii) refusal by the individual; and

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

24 (2) Reviews shall occur at least quarterly, but may be
25 done more frequently at the discretion of the registered
26 professional nurse or advanced practice registered nurse.

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

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

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

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

1 complete training and testing required by this Section may be
2 grounds for immediate dismissal.

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

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

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

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

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