



Sen. Don Harmon

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LRB103 03319 KTG 71188 a

1 AMENDMENT TO SENATE BILL 860

2 AMENDMENT NO. _____. Amend Senate Bill 860 by replacing
3 everything after the enacting clause with the following:

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

1 programs certified to serve persons with developmental
2 disabilities by the Department of Human Services. The
3 Department of Human Services shall develop a training program
4 for authorized direct care staff to administer medications
5 under the supervision and monitoring of a registered
6 professional nurse. The training program for authorized direct
7 care staff shall include educational and oversight components
8 for staff who work in day programs that are similar to those
9 for staff who work in residential programs. This training
10 program shall be developed in consultation with professional
11 associations representing (i) physicians licensed to practice
12 medicine in all its branches, (ii) registered professional
13 nurses, and (iii) pharmacists.

14 (b) For the purposes of this Section:

15 "Authorized direct care staff" means non-licensed persons
16 who have successfully completed a medication administration
17 training program approved by the Department of Human Services
18 and conducted by a nurse-trainer. This authorization is
19 specific to an individual receiving service in a specific
20 agency and does not transfer to another agency.

21 "Medications" means oral and topical medications,
22 auto-injectors, ~~insulin in an injectable form~~, oxygen,
23 ~~epinephrine auto-injectors~~, and vaginal and rectal creams and
24 suppositories. "Oral" includes inhalants and medications
25 administered through enteral tubes, utilizing aseptic
26 technique. "Topical" includes eye, ear, and nasal medications.

1 Any controlled substances must be packaged specifically for an
2 identified individual.

3 "Insulin or semaglutides in an injectable form" means a
4 subcutaneous injection, auto-injection, or other technologies
5 available including, but not limited to, insulin pumps,
6 insulin pods, or ~~via~~ an insulin pen pre-filled by the
7 manufacturer. Authorized direct care staff may administer
8 insulin or semaglutides, as ordered by a physician, advanced
9 practice registered nurse, or physician assistant, if: (i) the
10 staff has successfully completed a Department-approved
11 advanced training program specific to insulin or semaglutides
12 administration developed in consultation with professional
13 associations listed in subsection (a) of this Section, and
14 (ii) the staff consults with the registered nurse, prior to
15 administration, of any insulin or semaglutides dose that is
16 determined based on a blood glucose test result. The
17 authorized direct care staff shall not: (i) calculate the
18 insulin or semaglutides dosage needed when the dose is
19 dependent upon a blood glucose test result, or (ii) administer
20 insulin or semaglutides to individuals who require blood
21 glucose monitoring greater than 3 times daily, unless directed
22 to do so by the registered nurse.

23 "Nurse-trainer training program" means a standardized,
24 competency-based medication administration train-the-trainer
25 program provided by the Department of Human Services and
26 conducted by a Department of Human Services master

1 nurse-trainer for the purpose of training nurse-trainers to
2 train persons employed or under contract to provide direct
3 care or treatment to individuals receiving services to
4 administer medications and provide self-administration of
5 medication training to individuals under the supervision and
6 monitoring of the nurse-trainer. The program incorporates
7 adult learning styles, teaching strategies, classroom
8 management, and a curriculum overview, including the ethical
9 and legal aspects of supervising those administering
10 medications.

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

21 "Training program" means a standardized medication
22 administration training program approved by the Department of
23 Human Services and conducted by a registered professional
24 nurse for the purpose of training persons employed or under
25 contract to provide direct care or treatment to individuals
26 receiving services to administer medications and provide

1 self-administration of medication training to individuals
2 under the delegation and supervision of a nurse-trainer. The
3 program incorporates adult learning styles, teaching
4 strategies, classroom management, curriculum overview,
5 including ethical-legal aspects, and standardized
6 competency-based evaluations on administration of medications
7 and self-administration of medication training programs.

8 (c) Training and authorization of non-licensed direct care
9 staff by nurse-trainers must meet the requirements of this
10 subsection.

11 (1) Prior to training non-licensed direct care staff
12 to administer medication, the nurse-trainer shall perform
13 the following for each individual to whom medication will
14 be administered by non-licensed direct care staff:

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

17 (B) An evaluation of the medications prescribed.

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

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

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

23 (C) Have demonstrated functional literacy.

24 (D) Have satisfactorily completed the Health and
25 Safety component of a Department of Human Services
26 authorized direct care staff training program.

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

7 (F) Have received additional competency-based
8 assessment by the nurse-trainer as deemed necessary by
9 the nurse-trainer whenever it is determined that
10 additional skill development and training is needed to
11 administer a medication ~~a change of medication occurs~~
12 ~~or a new individual that requires medication~~
13 ~~administration enters the program.~~

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

20 (4) Authorization of direct care staff to administer
21 medication shall be revoked if, in the opinion of the
22 registered professional nurse, the authorized direct care
23 staff is no longer competent to administer medication.

24 (5) The registered professional nurse shall assess an
25 individual's health status at least annually or more
26 frequently at the discretion of the registered

1 professional nurse.

2 This subsection only applies to settings where the
3 registered professional nurse has jurisdiction. If direct care
4 staff move to other settings, they shall consult with the
5 registered professional nurse who has jurisdiction of that
6 setting.

7 (d) Medication self-administration shall meet the
8 following requirements:

9 (1) As part of the normalization process, in order for
10 each individual to attain the highest possible level of
11 independent functioning, all individuals shall be
12 permitted to participate in their total health care
13 program. This program shall include, but not be limited
14 to, individual training in preventive health and
15 self-administer medication ~~self-medication~~ procedures.

16 (A) Every program shall adopt written policies and
17 procedures for assisting individuals who choose to
18 obtain ~~in—obtaining~~ preventative health and
19 self-administer medication ~~self-medication~~ skills in
20 consultation with a registered professional nurse,
21 advanced practice registered nurse, physician
22 assistant, or physician licensed to practice medicine
23 in all its branches.

24 (B) If an individual desires to gain independence
25 in self-administer medication the individual
26 ~~Individuals~~ shall be evaluated to determine the

1 individual's ~~their~~ ability to administer medication
2 ~~self-medicate~~ by the nurse-trainer through the use of
3 the Department's required, standardized screening and
4 assessment instruments.

5 (C) (Blank). ~~When the results of the screening and~~
6 ~~assessment indicate an individual not to be capable to~~
7 ~~self-administer his or her own medications, programs~~
8 ~~shall be developed in consultation with the Community~~
9 ~~Support Team or Interdisciplinary Team to provide~~
10 ~~individuals with self-medication administration.~~

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

13 (A) authorized by an order of a physician licensed
14 to practice medicine in all its branches, an advanced
15 practice registered nurse, or a physician assistant;
16 and

17 (B) approved to self-administer medication by the
18 individual's Community Support Team or
19 Interdisciplinary Team, which includes a registered
20 professional nurse or an advanced practice registered
21 nurse.

22 (e) Quality Assurance.

23 (1) A registered professional nurse, advanced practice
24 registered nurse, licensed practical nurse, physician
25 licensed to practice medicine in all its branches,
26 physician assistant, or pharmacist shall review the

1 following for all individuals:

2 (A) Medication orders.

3 (B) Medication labels, including medications
4 listed on the medication administration record for
5 persons who are not self-administering medication
6 ~~self-medicating~~ to ensure the labels match the orders
7 issued by the physician licensed to practice medicine
8 in all its branches, advanced practice registered
9 nurse, or physician assistant.

10 (C) Medication administration records for persons
11 who are not self-administering medication
12 ~~self-medicating~~ to ensure that the records are
13 completed appropriately for:

14 (i) medication administered as prescribed;

15 (ii) refusal by the individual; and

16 (iii) full signatures provided for all
17 initials used.

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

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

25 (f) Programs using authorized direct care staff to
26 administer medications are responsible for documenting and

1 maintaining records on the training that is completed.

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

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

23 (i) No authorized direct care staff person delegated to
24 administer medication shall be subject to suspension or
25 discharge for errors resulting from the staff person's acts or
26 omissions when performing the functions unless the staff

1 person's actions or omissions constitute willful and wanton
2 conduct. Nothing in this subsection is intended to supersede
3 paragraph (4) of subsection (c).

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

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

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

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