

1 AMENDMENT TO HOUSE BILL 1822

2 AMENDMENT NO. _____. Amend House Bill 1822 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
6 Section 15.4 as follows:

7 (20 ILCS 1705/15.4)

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

10 (a) This Section applies to (i) all programs for persons
11 with a developmental disability ~~in settings of 16 persons or~~
12 ~~fewer~~ that are funded or licensed by the Department of Human
13 Services and that distribute or administer medications and
14 (ii) all intermediate care facilities for the developmentally
15 disabled ~~with 16 beds or fewer~~ that are licensed and
16 certified by the Department of Public Health. The Department
17 of Human Services shall develop a training program for
18 authorized direct care staff to administer oral and topical
19 medications under the supervision and monitoring of a
20 registered professional nurse. This training program shall be
21 developed in consultation with professional associations
22 representing (i) physicians licensed to practice medicine in

1 all its branches, (ii) registered professional nurses, and
2 (iii) pharmacists.

3 (b) For the purposes of this Section:

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

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

24 "Self-administration of medications" means an individual
25 administers his or her own medications. To be considered
26 capable to self-administer their own medication, individuals
27 must, at a minimum, be able to identify their medication by
28 size, shape, or color, know when they should take the
29 medication, and know the amount of medication to be taken
30 each time.

31 "Training program" means a standardized medication
32 administration training program approved by the Department of
33 Human Services and conducted by a registered professional
34 nurse for the purpose of training persons employed or under

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

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

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

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

19 (B) An evaluation of the medications
20 prescribed.

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

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

24 (B) Have completed high school or its
25 equivalent (GED).

26 (C) Have demonstrated functional literacy.

27 (D) Have satisfactorily completed the Health
28 and Safety component of a Department of Human
29 Services authorized direct care staff training
30 program.

31 (E) Have successfully completed the training
32 program, pass the written portion of the
33 comprehensive exam, and score 100% on the
34 competency-based assessment specific to the

1 individual and his or her medications.

2 (F) Have received additional competency-based
3 assessment by the nurse-trainer as deemed necessary
4 by the nurse-trainer whenever a change of medication
5 occurs or a new individual that requires medication
6 administration enters the program.

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

13 (4) Authorization of direct care staff to
14 administer medication shall be revoked if, in the opinion
15 of the registered professional nurse, the authorized
16 direct care staff is no longer competent to administer
17 medication.

18 (5) The registered professional nurse shall assess
19 an individual's health status at least annually or more
20 frequently at the discretion of the registered
21 professional nurse.

22 (d) Medication self-administration shall meet the
23 following requirements:

24 (1) As part of the normalization process, in order
25 for each individual to attain the highest possible level
26 of independent functioning, all individuals shall be
27 permitted to participate in their total health care
28 program. This program shall include, but not be limited
29 to, individual training in preventive health and
30 self-medication procedures.

31 (A) Every program shall adopt written policies
32 and procedures for assisting individuals in
33 obtaining preventative health and self-medication
34 skills in consultation with a registered

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

4 (B) Individuals shall be evaluated to
5 determine their ability to self-medicate by the
6 nurse-trainer through the use of the Department's
7 required, standardized screening and assessment
8 instruments.

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

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

18 (A) authorized by an order of a physician
19 licensed to practice medicine in all its branches;
20 and

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

25 (e) Quality Assurance.

26 (1) A registered professional nurse, advanced
27 practice nurse, licensed practical nurse, physician
28 licensed to practice medicine in all its branches,
29 physician assistant, or pharmacist shall review the
30 following for all individuals:

31 (A) Medication orders.

32 (B) Medication labels, including medications
33 listed on the medication administration record for
34 persons who are not self-medicating to ensure the

1 labels match the orders issued by the physician
2 licensed to practice medicine in all its branches,
3 advanced practice nurse, or physician assistant.

4 (C) Medication administration records for
5 persons who are not self-medicating to ensure that
6 the records are completed appropriately for:

7 (i) medication administered as
8 prescribed;

9 (ii) refusal by the individual; and

10 (iii) full signatures provided for all
11 initials used.

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

15 (3) A quality assurance review of medication errors
16 and data collection for the purpose of monitoring and
17 recommending corrective action shall be conducted within
18 7 days and included in the required annual review.

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

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

27 (h) Direct care staff who fail to qualify for delegated
28 authority to administer medications pursuant to the
29 provisions of this Section shall be given additional
30 education and testing to meet criteria for delegation
31 authority to administer medications. Any direct care staff
32 person who fails to qualify as an authorized direct care
33 staff after initial training and testing must within 3 months
34 be given another opportunity for retraining and retesting. A

1 direct care staff person who fails to meet criteria for
2 delegated authority to administer medication, including, but
3 not limited to, failure of the written test on 2 occasions
4 shall be given consideration for shift transfer or
5 reassignment, if possible. No employee shall be terminated
6 for failure to qualify during the 3-month time period
7 following initial testing. Refusal to complete training and
8 testing required by this Section may be grounds for immediate
9 dismissal.

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

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

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

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

29 (Source: P.A. 91-630, eff. 8-19-99.)

30 Section 99. Effective date. This Act takes effect upon
31 becoming law."