



98TH GENERAL ASSEMBLY

State of Illinois

2013 and 2014

HB4486

by Rep. Kathleen Willis

SYNOPSIS AS INTRODUCED:

20 ILCS 1705/15.4

Amends the Mental Health and Developmental Disabilities Administrative Act. Provides that the Department of Human Services shall develop a training program for authorized direct care staff to administer medications (deletes oral and topical) under the supervision and monitoring of a registered professional nurse. Defines "medications" and "insulin in an injectable form" in relation to direct care staff administering medications to persons with a developmentally disability under the supervision and monitoring of a registered professional nurse in settings of 16 persons or fewer that are funded or licensed by the Department of Human Services and that distribute or administer medications and intermediate care facilities for the developmentally disabled with 16 beds or fewer that are licensed by the Department of Public Health. Establishes procedures in relation to direct care staff administering insulin. Effective immediately.

LRB098 17632 RLC 53149 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 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 (ii)
14 all intermediate care facilities for the developmentally
15 disabled with 16 beds or fewer that are licensed by the
16 Department of Public Health. The Department of Human Services
17 shall develop a training program for authorized direct care
18 staff to administer ~~oral and topical~~ medications under the
19 supervision and monitoring of a registered professional nurse.
20 This training program shall be developed in consultation with
21 professional associations representing (i) physicians licensed
22 to practice medicine in all its branches, (ii) registered
23 professional nurses, and (iii) pharmacists.

1 (b) For the purposes of this Section:

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

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

15 "Insulin in an injectable form" means a subcutaneous
16 injection via an insulin pen pre-filled by the manufacturer.
17 Authorized direct care staff may administer insulin, as ordered
18 by a physician, advanced practice nurse, or physician
19 assistant, if: (i) the staff has successfully completed a
20 Department-approved advanced training program specific to
21 insulin administration developed in consultation with
22 professional associations listed in subsection (a) of this
23 Section, and (ii) the staff consults with the registered nurse,
24 prior to administration, of any insulin dose that is determined
25 based on a blood glucose test result. The authorized direct
26 care staff shall not (i) calculate the insulin dosage needed

1 when the dose is dependent upon a blood glucose test result, or
2 (ii) administer insulin to individuals who require blood
3 glucose monitoring greater than 3 times daily, unless directed
4 to do so by the registered nurse.

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

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

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 nurse
2 for the purpose of training persons employed or under contract
3 to provide direct care or treatment to individuals receiving
4 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 to
16 administer medication, the nurse-trainer shall perform the
17 following for each individual to whom medication will be
18 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 its equivalent

26 (GED).

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 specific to the individual and his or her
9 medications.

10 (F) Have received additional competency-based
11 assessment by the nurse-trainer as deemed necessary by
12 the nurse-trainer whenever a change of medication
13 occurs or a new individual that requires medication
14 administration enters the program.

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

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

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

1 frequently at the discretion of the registered
2 professional nurse.

3 (d) Medication self-administration shall meet the
4 following requirements:

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

12 (A) Every program shall adopt written policies and
13 procedures for assisting individuals in obtaining
14 preventative health and self-medication skills in
15 consultation with a registered professional nurse,
16 advanced practice nurse, physician assistant, or
17 physician licensed to practice medicine in all its
18 branches.

19 (B) Individuals shall be evaluated to determine
20 their ability to self-medicate by the nurse-trainer
21 through the use of the Department's required,
22 standardized screening and assessment instruments.

23 (C) When the results of the screening and
24 assessment indicate an individual not to be capable to
25 self-administer his or her own medications, programs
26 shall be developed in consultation with the Community

1 Support Team or Interdisciplinary Team to provide
2 individuals with self-medication administration.

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

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

7 (B) approved to self-administer medication by the
8 individual's Community Support Team or
9 Interdisciplinary Team, which includes a registered
10 professional nurse or an advanced practice nurse.

11 (e) Quality Assurance.

12 (1) A registered professional nurse, advanced practice
13 nurse, licensed practical nurse, physician licensed to
14 practice medicine in all its branches, physician
15 assistant, or pharmacist shall review the following for all
16 individuals:

17 (A) Medication orders.

18 (B) Medication labels, including medications
19 listed on the medication administration record for
20 persons who are not self-medicating to ensure the
21 labels match the orders issued by the physician
22 licensed to practice medicine in all its branches,
23 advanced practice nurse, or physician assistant.

24 (C) Medication administration records for persons
25 who are not self-medicating to ensure that the records
26 are completed appropriately for:

1 (i) medication administered as prescribed;
2 (ii) refusal by the individual; and
3 (iii) full signatures provided for all
4 initials used.

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

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

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

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

20 (h) Direct care staff who fail to qualify for delegated
21 authority to administer medications pursuant to the provisions
22 of this Section shall be given additional education and testing
23 to meet criteria for delegation authority to administer
24 medications. Any direct care staff person who fails to qualify
25 as an authorized direct care staff after initial training and
26 testing must within 3 months be given another opportunity for

1 retraining and retesting. A direct care staff person who fails
2 to meet criteria for delegated authority to administer
3 medication, including, but not limited to, failure of the
4 written test on 2 occasions shall be given consideration for
5 shift transfer or reassignment, if possible. No employee shall
6 be terminated for failure to qualify during the 3-month time
7 period following initial testing. Refusal to complete training
8 and testing required by this Section may be grounds for
9 immediate 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 or
13 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 at
20 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 be
25 granted consideration for a one-time additional salary
26 differential. The Department shall determine and provide the

1 necessary funding for the differential in the base. This
2 subsection (1) is inoperative on and after June 30, 2000.

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

4 Section 99. Effective date. This Act takes effect upon
5 becoming law.