



Rep. Natalie A. Manley

Filed: 5/6/2024

10300SB0860ham001

LRB103 03319 KTG 73058 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, injectable, auto-injectable, and
22 topical medications, 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 in an injectable or auto-injectable form" means a
4 subcutaneous injection, auto-injection, or other technology
5 including, but not limited to: (i) an insulin pump; (ii) an
6 insulin pod; (iii) ~~via~~ an insulin pen pre-filled by the
7 manufacturer; and (iv) a syringe.

8 "GLP-1 receptor agonists in an injectable or
9 auto-injectable form" means medication used for the treatment
10 of type 1 and type 2 diabetes and obesity. Authorized direct
11 care staff may administer insulin or GLP-1 receptor agonists
12 via auto-injection or an insulin pen pre-filled by the
13 manufacturer as delegated by the registered nurse and ~~as~~
14 ordered by a physician, advanced practice registered nurse, or
15 physician assistant, if: (i) the staff has successfully
16 completed a Department-approved advanced training program
17 specific to insulin or GLP-1 receptor agonist administration
18 developed in consultation with professional associations
19 listed in subsection (a) of this Section, and (ii) the staff
20 consults with the registered nurse, prior to administration,
21 of any insulin or GLP-1 receptor agonist dose that is
22 determined based on a blood glucose test result. The
23 authorized direct care staff shall not: (i) calculate the
24 insulin or GLP-1 receptor agonist dosage needed when the dose
25 is dependent upon a blood glucose test result, or (ii)
26 administer insulin or GLP-1 receptor agonists to individuals

1 who require blood glucose monitoring greater than 3 times
2 daily, without consultation with and unless directed to do so
3 by the registered nurse. An individual may self-administer
4 insulin or GLP-1 receptor agonists in any form if the
5 individual is deemed independent by the nurse-trainer through
6 the use of the Department's required standardized screening
7 and assessment instruments.

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

22 "Self-administration of medications" means an individual
23 administers his or her own medications or a portion of his or
24 her own medications. To be considered capable to
25 self-administer their own medication, individuals must, at a
26 minimum, be able to identify their medication by size, shape,

1 or color, know when they should take the medication, and know
2 the amount of medication to be taken each time. The use of
3 assistive or enabling technologies can be used to demonstrate
4 a person's capability to administer his or her own
5 medications.

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

19 (c) Training and authorization of non-licensed direct care
20 staff by nurse-trainers must meet the requirements of this
21 subsection.

22 (1) Prior to training non-licensed direct care staff
23 to administer medication, the nurse-trainer shall perform
24 the following for each individual to whom medication will
25 be administered by non-licensed direct care staff:

26 (A) An assessment of the individual's health

1 history and physical and mental status.

2 (B) An evaluation of the medications prescribed.

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

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

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

8 (C) Have demonstrated functional literacy.

9 (D) Have satisfactorily completed the Health and
10 Safety component of a Department of Human Services
11 authorized direct care staff training program.

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

18 (F) Have received additional competency-based
19 assessment or training by the nurse-trainer when the
20 nurse-trainer determines additional skill development
21 is needed to administer medication by the
22 nurse-trainer as deemed necessary by the nurse-trainer
23 whenever a change of medication occurs or a new
24 individual that requires medication administration
25 enters the program.

26 (3) Authorized direct care staff shall be re-evaluated

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

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

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

14 This subsection only applies to settings where the
15 registered professional nurse has jurisdiction. If direct care
16 staff move to other settings, they shall consult with the
17 registered professional nurse who has jurisdiction of that
18 setting.

19 (d) Medication self-administration shall meet the
20 following requirements:

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

1 self-administration of medication ~~self-medication~~
2 procedures.

3 (A) Every program shall adopt written policies and
4 procedures for assisting individuals who choose to
5 obtain ~~in obtaining~~ preventative health and
6 self-administration of medication ~~self-medication~~
7 skills in consultation with a registered professional
8 nurse, advanced practice registered nurse, physician
9 assistant, or physician licensed to practice medicine
10 in all its branches.

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

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

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

26 (A) authorized by an order of a physician licensed

1 to practice medicine in all its branches, an advanced
2 practice registered nurse, or a physician assistant;
3 and

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

9 (e) Quality Assurance.

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

15 (A) Medication orders.

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

23 (C) Medication administration records for persons
24 who are not self-administering medication
25 ~~self-medicating~~ to ensure that the records are
26 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 registered nurse.

8 (3) A quality assurance review of medication errors
9 and 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
23 testing to meet criteria for delegation authority to
24 administer medications. Any direct care staff person who fails
25 to qualify as an authorized direct care staff after initial
26 training and testing must within 3 months be given another

1 opportunity for retraining and retesting. A direct care staff
2 person who fails to meet criteria for delegated authority to
3 administer medication, including, but not limited to, failure
4 of the written test on 2 occasions shall be given
5 consideration for shift transfer or reassignment, if possible.
6 No employee shall be terminated for failure to qualify during
7 the 3-month time period following initial testing. Refusal to
8 complete training and testing required by this Section may be
9 grounds for 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 registered nurse, physician licensed to practice medicine in
19 all its branches, or physician assistant shall be on duty or on
20 call 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 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. 102-1100, eff. 1-1-23.)".