



Sen. Don Harmon

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LRB103 03319 KTG 72139 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 in an injectable or auto-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.

8 "GLP-1 receptor agonists in an injectable or
9 auto-injectable form" means an anti-diabetic medication used
10 for the treatment of type 1 and type 2 diabetes. Authorized
11 direct care staff may administer insulin or GLP-1 receptor
12 agonists via auto-injection or pen pre-filled by the
13 manufacturer as delegated by the registered professional nurse
14 and ~~7~~ as ordered by a physician, advanced practice registered
15 nurse, or physician assistant, if: (i) the staff has
16 successfully completed a Department-approved advanced training
17 program specific to insulin or GLP-1 receptor agonist
18 administration developed in consultation with professional
19 associations listed in subsection (a) of this Section, and
20 (ii) the staff consults with the registered nurse, prior to
21 administration, of any insulin or GLP-1 receptor agonist dose
22 that is 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, unless directed to do so by the registered nurse. An
3 individual may self-administer insulin or GLP-1 receptor
4 agonists in any form if the individual is deemed independent
5 by the nurse-trainer through the use of the Department's
6 required standardized screening and assessment instruments.

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

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

1 the amount of medication to be taken each time. The use of
2 assistive or enabling technologies can be used to demonstrate
3 a person's capability to administer his or her own
4 medications.

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

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

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

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

1 (B) An evaluation of the medications prescribed.

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

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

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

7 (C) Have demonstrated functional literacy.

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

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

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

24 (3) Authorized direct care staff shall be re-evaluated
25 by a nurse-trainer at least annually or more frequently at
26 the discretion of the registered professional nurse. Any

1 necessary retraining shall be to the extent that is
2 necessary to ensure competency of the authorized direct
3 care staff to administer medication.

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

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

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

17 (d) Medication self-administration shall meet the
18 following requirements:

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

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

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

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

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

24 (A) authorized by an order of a physician licensed
25 to practice medicine in all its branches, an advanced
26 practice registered nurse, or a physician assistant;

1 and

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

7 (e) Quality Assurance.

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

13 (A) Medication orders.

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

21 (C) Medication administration records for persons
22 who are not self-administering medication
23 ~~self-medicating~~ to ensure that the records are
24 completed appropriately for:

25 (i) medication administered as prescribed;

26 (ii) refusal by the individual; and

1 (iii) full signatures provided for all
2 initials used.

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

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

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

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

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

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

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

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

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

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

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