

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 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
17 programs certified to serve persons with developmental
18 disabilities by the Department of Human Services. The
19 Department of Human Services shall develop a training program
20 for authorized direct care staff to administer medications
21 under the supervision and monitoring of a registered
22 professional nurse. The training program for authorized direct
23 care staff shall include educational and oversight components

1 for staff who work in day programs that are similar to those
2 for staff who work in residential programs. This training
3 program shall be developed in consultation with professional
4 associations representing (i) physicians licensed to practice
5 medicine in all its branches, (ii) registered professional
6 nurses, and (iii) pharmacists.

7 (b) For the purposes of this Section:

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

14 "Medications" means oral and topical medications,
15 auto-injectors, insulin in an injectable form, oxygen,
16 ~~epinephrine auto-injectors~~, and vaginal and rectal creams and
17 suppositories. "Oral" includes inhalants and medications
18 administered through enteral tubes, utilizing aseptic
19 technique. "Topical" includes eye, ear, and nasal medications.
20 Any controlled substances must be packaged specifically for an
21 identified individual.

22 "Insulin in an injectable or auto-injectable form" means a
23 subcutaneous injection, auto-injection, or other technologies
24 available including, but not limited to, insulin pumps,
25 insulin pods, or ~~via~~ an insulin pen pre-filled by the
26 manufacturer.

1 "GLP-1 receptor agonists in an injectable or
2 auto-injectable form" means an anti-diabetic medication used
3 for the treatment of type 1 and type 2 diabetes. Authorized
4 direct care staff may administer insulin or GLP-1 receptor
5 agonists via auto-injection or pen pre-filled by the
6 manufacturer as delegated by the registered professional nurse
7 and as ordered by a physician, advanced practice registered
8 nurse, or physician assistant, if: (i) the staff has
9 successfully completed a Department-approved advanced training
10 program specific to insulin or GLP-1 receptor agonist
11 administration developed in consultation with professional
12 associations listed in subsection (a) of this Section, and
13 (ii) the staff consults with the registered nurse, prior to
14 administration, of any insulin or GLP-1 receptor agonist dose
15 that is determined based on a blood glucose test result. The
16 authorized direct care staff shall not: (i) calculate the
17 insulin or GLP-1 receptor agonist dosage needed when the dose
18 is dependent upon a blood glucose test result, or (ii)
19 administer insulin or GLP-1 receptor agonists to individuals
20 who require blood glucose monitoring greater than 3 times
21 daily, unless directed to do so by the registered nurse. An
22 individual may self-administer insulin or GLP-1 receptor
23 agonists in any form if the individual is deemed independent
24 by the nurse-trainer through the use of the Department's
25 required standardized screening and assessment instruments.

26 "Nurse-trainer training program" means a standardized,

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

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

24 "Training program" means a standardized medication
25 administration training program approved by the Department of
26 Human Services and conducted by a registered professional

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

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

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

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

20 (B) An evaluation of the medications 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 have a State of
25 Illinois High School Diploma.

26 (C) Have demonstrated functional literacy.

1 (D) Have satisfactorily completed the Health and
2 Safety component of a Department of Human Services
3 authorized direct care staff training program.

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

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

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

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

1 (5) The registered professional nurse shall assess an
2 individual's health status at least annually or more
3 frequently at the discretion of the registered
4 professional nurse.

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

10 (d) Medication self-administration shall meet the
11 following requirements:

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

20 (A) Every program shall adopt written policies and
21 procedures for assisting individuals who choose to
22 obtain ~~in—obtaining~~ preventative health and
23 self-administration of medication ~~self-medication~~
24 skills in consultation with a registered professional
25 nurse, advanced practice registered nurse, physician
26 assistant, or physician licensed to practice medicine

1 in all its branches.

2 (B) If an individual desires to gain independence
3 in self-administration of medication, the individual
4 ~~Individuals~~ shall be evaluated to determine the
5 individual's ~~their~~ ability to self-administer
6 medication ~~self-medicate~~ by the nurse-trainer through
7 the use of the Department's required, standardized
8 screening and assessment instruments.

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

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

17 (A) authorized by an order of a physician licensed
18 to practice medicine in all its branches, an advanced
19 practice registered nurse, or a physician assistant;
20 and

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

26 (e) Quality Assurance.

1 (1) A registered professional nurse, advanced practice
2 registered nurse, licensed practical nurse, physician
3 licensed to practice medicine in all its branches,
4 physician assistant, or pharmacist shall review the
5 following for all individuals:

6 (A) Medication orders.

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

14 (C) Medication administration records for persons
15 who are not self-administering medication
16 ~~self-medicating~~ to ensure that the records are
17 completed appropriately for:

18 (i) medication administered as prescribed;

19 (ii) refusal by the individual; and

20 (iii) full signatures provided for all
21 initials used.

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

25 (3) A quality assurance review of medication errors
26 and data collection for the purpose of monitoring and

1 recommending corrective action shall be conducted within 7
2 days and included in the required annual review.

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

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

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

1 (i) No authorized direct care staff person delegated to
2 administer medication shall be subject to suspension or
3 discharge for errors resulting from the staff person's acts or
4 omissions when performing the functions unless the staff
5 person's actions or omissions constitute willful and wanton
6 conduct. Nothing in this subsection is intended to supersede
7 paragraph (4) of subsection (c).

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

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

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

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