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576-03269-18

Proposed Committee Substitute by the Committee on Appropriations (Appropriations Subcommittee on Health and Human Services) 1 A bill to be entitled 2 An act relating to medication administration; amending 3 s. 393.506, F.S.; revising training requirements for 4 direct service providers to assist with the 5 administration of or to supervise the self-6 administration of medication under certain 7 circumstances; providing requirements for the 8 competency and skills of direct service providers to 9 be validated; requiring direct service providers to 10 complete an annual inservice training course in medication administration and medication error 11 12 prevention developed by the Agency for Persons with 13 Disabilities; providing construction; requiring the 14 validation and revalidation of competency for certain 15 medication administrations to be performed with an 16 actual client; requiring the agency to adopt specified rules; providing an effective date. 17 18

19 Be It Enacted by the Legislature of the State of Florida:

21 Section 1. Section 393.506, Florida Statutes, is amended to 22 read:

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393.506 Administration of medication.-

(1) A direct service provider who is not currently licensed
to administer medication may supervise the self-administration
of medication or may administer oral, transdermal, ophthalmic,
otic, rectal, inhaled, enteral, or topical prescription

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28 medications to a client <u>if the provider meets the requirements</u> 29 of as provided in this section.

30 (2) In order to supervise the self-administration of 31 medication or to administer medications as provided in 32 subsection (1), a direct service provider must satisfactorily 33 complete an initial a training course conducted by an agency-34 approved trainer of not less than 6 4 hours in medication 35 administration and be found competent to supervise the self-36 administration of medication by a client and or to administer 37 medication to a client in a safe and sanitary manner. The 38 competency of the direct service provider to supervise and 39 administer otic, transdermal, and topical medication must be assessed and validated using simulation during the course, and 40 41 need not be revalidated annually. If the direct service provider 42 has already completed an initial training course of at least 4 hours and has a current validation for oral or enteral routes of 43 medication administration on or before July 1, 2018, then he or 44 she is not required to complete the course. If for any reason 45 46 the direct service provider loses his or her validation by 47 failing to meet the annual validation requirement for oral or 48 enteral medication administration, or the annual inservice training requirement in subsection (3), then the direct service 49 50 provider must complete the initial training course and obtain 51 all required validations before he or she may supervise the 52 self-administration of medication by a client or administer medication to a client. If a direct service provider has 53 54 completed an initial training course of at least 4 hours, but 55 has not received validation for otic, transdermal, or topical 56 medication administration before July 1, 2018, then that direct

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57	service provider must seek separate validation before
58	administering otic, transdermal, and topical medication. Those
59	validations may be performed through simulation.
60	(3) In addition to the initial training course, a direct
61	service provider must annually and satisfactorily complete a 2-
62	hour agency-developed inservice training course in medication
63	administration and medication error prevention conducted by an
64	agency-approved trainer. The inservice training course will
65	count toward annual inservice training hours. This subsection
66	may not be construed to require an increase in the total number
67	of hours required for annual inservice training for direct
68	service providers.
69	(4) Competency must be validated initially and revalidated
70	annually for oral, enteral, ophthalmic, rectal, and inhaled
71	medication administration. The initial and annual validations of
72	medication administration must be performed onsite with an
73	actual client using the client's actual medication and must
74	include the validating practitioner personally observing the
75	direct service provider satisfactorily:
76	(a) Supervising the oral, enteral, ophthalmic, rectal, or
77	inhaled self-administration of medication by a client; and
78	(b) Administering medication to a client by oral, enteral,
79	ophthalmic, rectal, or inhaled medication routes.
80	(5) Any unlicensed direct service provider who completes
81	the required initial training course and is validated in the
82	oral or enteral route of medication administration is not
83	required to retake the initial training course unless he or she
84	fails to maintain annual validation in the oral or enteral
85	route, in which case, the provider must complete again the
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86 initial 6-hour training course and any additional validations 87 before he or she may supervise the self-administration of medication by a client or to administer any medication to a 88 89 client. 90 (6) Only a direct service provider who has met the training requirements of this section and who has been validated as 91 92 competent may administer medication to a client. In addition, a 93 direct service provider who is not currently licensed to administer medication may supervise the self-administration of 94 medication by a client or may administer medication to a client 95 96 only if the client, or the client's guardian or legal 97 representative, has given his or her informed written consent 98 must be assessed and validated at least annually in an onsite 99 setting and must include personally observing the direct service 100 provider satisfactorily: (a) Supervising the self-administration of medication by 101 102 client; and (b) Administering medication to a client. 103 104 (3) A direct service provider may supervise the self-105 administration of medication by a client or may administer medication to a client only if the client, or the client's 106 quardian or legal representative, has given his or her informed 107 108 consent to self-administering medication under the supervision 109 of an unlicensed direct service provider or to receiving 110 medication administered by an unlicensed direct service provider. Such informed consent must be based on a description 111 112 of the medication routes and procedures that the direct service 113 provider is authorized to supervise or administer. Only a provider who has received appropriate training and has been 114

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115 validated as competent may supervise the self-administration of 116 medication by a client or may administer medication to a client.

117 <u>(7) (4)</u> The <u>training</u>, determination of competency, and 118 <u>initial and annual validations</u> validation required in this 119 section shall be conducted by a registered nurse licensed 120 pursuant to chapter 464 or <u>by a practical nurse licensed under</u> 121 <u>chapter 464.</u> A physician licensed pursuant to chapter 458 or 122 chapter 459 <u>may validate or revalidate competency</u>.

(8) (5) The agency shall establish by rule standards and 123 124 procedures that a direct service provider must follow when 125 supervising the self-administration of medication by a client 126 and when administering medication to a client. Such rules must, 127 at a minimum, address qualification requirements for trainers, 128 requirements for labeling medication, documentation and 129 recordkeeping, the storage and disposal of medication, 130 instructions concerning the safe administration of medication or supervision of self-administered medication, informed-consent 131 132 requirements and records, and the training curriculum and validation procedures. The agency shall adopt rules to establish 133 134 methods of enforcement to ensure compliance with this section.

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Section 2. This act shall take effect July 1, 2018.