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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/14/2018	.	
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	.	

Appropriations Subcommittee on Health and Human Services
(Passidomo) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

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

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,



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11 otic, rectal, inhaled, enteral, or topical prescription
12 medications to a client if the provider meets the requirements
13 of ~~as provided in~~ this section.

14 (2) In order to supervise the self-administration of
15 medication or to administer medications as provided in
16 subsection (1), a direct service provider must satisfactorily
17 complete an initial a training course conducted by an agency-
18 approved trainer of not less than 6 4 hours in medication
19 administration and be found competent to supervise the self-
20 administration of medication by a client and ~~or~~ to administer
21 medication to a client in a safe and sanitary manner. The
22 competency of the direct service provider to supervise and
23 administer otic, transdermal, and topical medication must be
24 assessed and validated using simulation during the course, and
25 need not be revalidated annually. If the direct service provider
26 has already completed an initial training course of at least 4
27 hours and has a current validation for oral or enteral routes of
28 medication administration on or before July 1, 2018, then he or
29 she is not required to complete the course. If for any reason
30 the direct service provider loses his or her validation by
31 failing to meet the annual validation requirement for oral or
32 enteral medication administration, or the annual inservice
33 training requirement in subsection (3), then the direct service
34 provider must complete the initial training course and obtain
35 all required validations before he or she may supervise the
36 self-administration of medication by a client or administer
37 medication to a client. If a direct service provider has
38 completed an initial training course of at least 4 hours, but
39 has not received validation for otic, transdermal, or topical



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40 medication administration before July 1, 2018, then that direct
41 service provider must seek separate validation before
42 administering otic, transdermal, and topical medication. Those
43 validations may be performed through simulation.

44 (3) In addition to the initial training course, a direct
45 service provider must annually and satisfactorily complete a 2-
46 hour agency-developed inservice training course in medication
47 administration and medication error prevention conducted by an
48 agency-approved trainer. The inservice training course will
49 count toward annual inservice training hours. This subsection
50 may not be construed to require an increase in the total number
51 of hours required for annual inservice training for direct
52 service providers.

53 (4) Competency must be validated initially and revalidated
54 annually for oral, enteral, ophthalmic, rectal, and inhaled
55 medication administration. The initial and annual validations of
56 medication administration must be performed onsite with an
57 actual client using the client's actual medication and must
58 include the validating practitioner personally observing the
59 direct service provider satisfactorily:

60 (a) Supervising the oral, enteral, ophthalmic, rectal, or
61 inhaled self-administration of medication by a client; and

62 (b) Administering medication to a client by oral, enteral,
63 ophthalmic, rectal, or inhaled medication routes.

64 (5) Any unlicensed direct service provider who completes
65 the required initial training course and is validated in the
66 oral or enteral route of medication administration is not
67 required to retake the initial training course unless he or she
68 fails to maintain annual validation in the oral or enteral



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69 route, in which case, the provider must complete again the
70 initial 6-hour training course and any additional validations
71 before he or she may supervise the self-administration of
72 medication by a client or to administer any medication to a
73 client.

74 (6) Only a direct service provider who has met the training
75 requirements of this section and who has been validated as
76 competent may administer medication to a client. In addition, a
77 direct service provider who is not currently licensed to
78 administer medication may supervise the self-administration of
79 medication by a client or may administer medication to a client
80 only if the client, or the client's guardian or legal
81 representative, has given his or her informed written consent
82 ~~must be assessed and validated at least annually in an onsite~~
83 ~~setting and must include personally observing the direct service~~
84 ~~provider satisfactorily:~~

85 ~~(a) Supervising the self-administration of medication by a~~
86 ~~client; and~~

87 ~~(b) Administering medication to a client.~~

88 ~~(3) A direct service provider may supervise the self-~~
89 ~~administration of medication by a client or may administer~~
90 ~~medication to a client only if the client, or the client's~~
91 ~~guardian or legal representative, has given his or her informed~~
92 ~~consent to self-administering medication under the supervision~~
93 ~~of an unlicensed direct service provider or to receiving~~
94 ~~medication administered by an unlicensed direct service~~
95 ~~provider. Such informed consent must be based on a description~~
96 ~~of the medication routes and procedures that the direct service~~
97 ~~provider is authorized to supervise or administer. Only a~~



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98 ~~provider who has received appropriate training and has been~~
99 ~~validated as competent may supervise the self-administration of~~
100 ~~medication by a client or may administer medication to a client.~~

101 (7)(4) The training, determination of competency, and
102 initial and annual validations validation required in this
103 section shall be conducted by a registered nurse licensed
104 pursuant to chapter 464 or by a practical nurse licensed under
105 chapter 464. A physician licensed pursuant to chapter 458 or
106 chapter 459 may validate or revalidate competency.

107 (8)(5) The agency shall establish by rule standards and
108 procedures that a direct service provider must follow when
109 supervising the self-administration of medication by a client
110 and when administering medication to a client. Such rules must,
111 at a minimum, address qualification requirements for trainers,
112 requirements for labeling medication, documentation and
113 recordkeeping, the storage and disposal of medication,
114 instructions concerning the safe administration of medication or
115 supervision of self-administered medication, informed-consent
116 requirements and records, and the training curriculum and
117 validation procedures. The agency shall adopt rules to establish
118 methods of enforcement to ensure compliance with this section.

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

120
121 ===== T I T L E A M E N D M E N T =====

122 And the title is amended as follows:

123 Delete everything before the enacting clause
124 and insert:

125 A bill to be entitled
126 An act relating to medication administration; amending



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127 s. 393.506, F.S.; revising training requirements for
128 direct service providers to assist with the
129 administration of or to supervise the self-
130 administration of medication under certain
131 circumstances; providing requirements for the
132 competency and skills of direct service providers to
133 be validated; requiring direct service providers to
134 complete an annual inservice training course in
135 medication administration and medication error
136 prevention developed by the Agency for Persons with
137 Disabilities; providing construction; requiring the
138 validation and revalidation of competency for certain
139 medication administrations to be performed with an
140 actual client; requiring the agency to adopt specified
141 rules; providing an effective date.