

**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

BILL: PCS/CS/SB 1788 (847484)

INTRODUCER: Appropriations Subcommittee on Health and Human Services; Children, Families, and Elder Affairs Committee; and Senator Passidomo

SUBJECT: Medication Administration Training

DATE: February 15, 2018 REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Delia</u>	<u>Hendon</u>	<u>CF</u>	<u>Fav/CS</u>
2.	<u>Gerbrandt</u>	<u>Williams</u>	<u>AHS</u>	<u>Recommend: Fav/CS</u>
3.	<u>                    </u>	<u>                    </u>	<u>AP</u>	<u>                    </u>

**Please see Section IX. for Additional Information:**  
 COMMITTEE SUBSTITUTE - Substantial Changes

**I. Summary:**

PCS/CS/SB 1788 revises training, competency and validation requirements for certain direct service providers who administer or assist with the administration of prescription medications to persons with developmental disabilities.

The bill increases from 4 hours to 6 hours the minimum number of training hours that a direct service provider must complete before the provider is permitted to supervise the self-administration of medication or administer certain prescription medications. The bill implements new competency and validation requirements based on the route of medication administered.

The bill requires each direct service provider to complete an annual 2-hour agency-developed in-service training course in medication administration and error prevention.

The bill revises the type of licensed professional that can provide training, competency determination, and initial and annual validations to include licensed practical nurses.

The bill expands the Agency for Persons with Disabilities (APD) rule making authority to include adopting rules to establish qualification requirements for trainers, and methods of enforcement to ensure compliance with the revised training, competency and validation requirements.

The APD is expected to incur minimal costs to implement this bill. Such costs can be absorbed within its existing resources.

The bill takes effect July 1, 2018.

## II. Present Situation:

### Direct Service Providers

Clients receiving services from the Agency for Persons with Disabilities (APD) in home and community-based settings often receive care from direct service providers.<sup>1</sup> A direct service provider is defined as a person 18 years of age or older who has direct face-to-face contact with a client while providing services to the client or has access to a client's living areas or to a client's funds or personal property.<sup>2</sup>

### *Administration of Medication*

A direct service provider may supervise a client's self-administration of medication or may directly administer medication to a client.<sup>3</sup> Currently, a trained unlicensed direct service provider may use the following routes to supervise or administer medications to clients:

- Oral,
- Transdermal,
- Ophthalmic,
- Otic,
- Rectal,
- Inhaled,
- Enteral, or
- Topical.<sup>4</sup>

The client or the client's guardian or legal representative must give his or her informed consent to self-administering medication under the supervision of an unlicensed direct service provider or to receiving medication administered by an unlicensed direct service provider.<sup>5</sup>

### *Training Requirements*

In order to supervise the self-administration of medication or to administer medications, a direct service provider must satisfactorily complete a 4-hour training course in medication administration and be found competent by a registered nurse or physician to administer or supervise the self-administration of medication to a client in a safe and sanitary manner.<sup>6</sup>

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<sup>1</sup> The Agency for Persons with Disabilities, *Agency Legislative Bill Analysis for Senate Bill 1788* (Dec. 21, 2017), available at: <http://abar.laspbs.state.fl.us/ABAR/Document.aspx?id=22337&yr=2018> (last visited February 5, 2018).

<sup>2</sup> Section 393.063(13), F.S.

<sup>3</sup> Section 393.506(1), F.S.

<sup>4</sup> *Id.*

<sup>5</sup> Section 393.506(3), F.S.

<sup>6</sup> See ss. 393.506(2), and (4), F.S.

Currently, competency is assessed and validated at least annually for all routes of medication administration in an onsite setting, and must include the registered nurse or physician personally observing the direct service provider satisfactorily supervising the self-administration of medication by a client, and administering medication to a client.<sup>7</sup>

### **III. Effect of Proposed Changes:**

The bill amends s. 393.506, F.S., to require all direct service providers to complete an initial training course of no less than 6 hours (rather than 4 hours) and be validated as competent before supervising the self-administration of medications or administering certain prescription medications to a client.

The bill requires all direct service providers to complete an annual 2-hour agency developed in-service training course in medication administration and error prevention conducted by an agency-approved trainer.

For oral, enteral, ophthalmic, rectal and inhaled routes of medication administration, the bill requires annual revalidation while maintaining that initial competency and validation require onsite administration of medication on an actual client.

For otic, transdermal, or topical routes of medication administration, the bill removes the annual onsite competency and validation requirement and provides that competency may be validated by simulation during an initial training course and does not need to be revalidated annually. The bill exempts direct providers from the 6-hour training course requirement if they have taken an initial 4-hour training course but are not currently validated for otic, transdermal or topical medication administration before July 1, 2018. The provider must seek validation and the bill allows the validation to be performed through simulation.

For oral and enteral routes of medication administration, the bill exempts direct service providers from the 6-hour training course requirement if they have taken an initial 4-hour training course and they have a current validation on or before July 1, 2018. The bill requires direct service providers who do not maintain their annual validation to retake a 6-hour initial training course and obtain additional validations before administering medications.

The bill revises the type of licensed professional that can provide training, competency determination, and initial and annual validations to include licensed practical nurses.

The bill expands the APD rule making authority to include adopting rules to establish qualification requirements for trainers, and methods of enforcement to ensure compliance with the revised training, competency and validation requirements.

The effective date of the bill is July 1, 2018.

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<sup>7</sup> See 393.506(2), F.S.

**IV. Constitutional Issues:**

## A. Municipality/County Mandates Restrictions:

None.

## B. Public Records/Open Meetings Issues:

None.

## C. Trust Funds Restrictions:

None.

**V. Fiscal Impact Statement:**

## A. Tax/Fee Issues:

None.

## B. Private Sector Impact:

Employers of the direct service providers may have increased costs due to the expanded initial training hours required by the bill.<sup>8</sup> However, the employers of the direct service providers will no longer incur the annual costs of a registered nurse or doctor validating direct service providers for otic, topical, and transdermal routes. Providers will only be responsible for the initial validation of direct service providers for ophthalmic, rectal, and inhaled routes. The only drug administration routes that will continue to require annual validation are oral and enteral.<sup>9</sup>

## C. Government Sector Impact:

The Agency for Persons with Disabilities may incur minimal costs associated with updating forms and rule promulgation, which the agency can absorb within existing resources.<sup>10</sup>

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

According to the APD, the intent of the bill is to revise the training and competency requirements for unlicensed direct service providers. However, subsection (6) of s. 393.506, F.S., as amended by section 1 of this bill states that only direct service providers who have met the training requirements of this section and who are validated as competent may administer

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<sup>8</sup> *Supra* Note at 1.

<sup>9</sup> *Supra* Note at 1.

<sup>10</sup> *Supra* Note at 1.

medication to a client. Subsection (6) may preclude licensed professionals, such as nurses and physicians, from being able to administer medications to ADP clients if they have not gone through the APD training and competency determination.

#### **VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 393.506.

#### **IX. Additional Information:**

##### **A. Committee Substitute – Statement of Substantial Changes:** (Summarizing differences between the Committee Substitute and the prior version of the bill.)

##### **Recommended CS by Appropriations Subcommittee on Health and Human Services on February 14, 2018:**

- Requires direct service providers to complete an initial training course of no less than 6 hours before supervising the self-administration of medication or administering medication;
- Requires direct service providers to annually complete a 2-hour agency-developed inservice training course and allows the course to count toward annual inservice training hours;
- Revises the type of licensed professional that can provide training, the determination of competency, and initial and annual validations to include licensed practical nurses;
- Provides that certain direct service providers who have taken an initial training course and have a current validation on or before July 1, 2018, do not have to retake the initial 6 hour training course and certain validations may be obtained through simulation;
- Provides that certain validations may be obtained through simulation during the initial training course and do not require annual revalidation; and
- Expands the APD rulemaking authority to include adopting rules to establish qualification requirements for trainers, and methods of enforcement to ensure compliance with the revised training, competency and validation requirements.

##### **CS by Children, Families, and Elder Affairs on January 29, 2018:**

- Removes language requiring that new comprehensive transitional education programs (CTEPs) may not be licensed in Florida after July 1, 2018, and existing licenses may not be renewed after December 31, 2020.
- Expands the requirement for direct service providers to complete an annual 2-hour training course on medication administration and error prevention to apply to all unlicensed staff administering or supervising self-administration of medication, not strictly those who administer oral or enteral medications.

##### **B. Amendments:**

None.