

The Florida Senate
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 Committee on Health Policy

BILL: CS/SB 1830

INTRODUCER: Health Policy Committee and Senator Jones

SUBJECT: Medication Technicians

DATE: March 31, 2021

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke/Smith	Brown	HP	Fav/CS
2.	_____	_____	AHS	_____
3.	_____	_____	AP	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1830 defines the term “medication technician” and allows assisted living facilities (ALFs) to employ medication technicians for the provision of specified services who have completed six hours of training.

The bill provides an effective date of July 1, 2021.

II. Present Situation:

An ALF is a residential establishment, or part of a residential establishment, that provides housing, meals, and one or more personal services for a period exceeding 24 hours to one or more adults who are not relatives of the owner or administrator.¹ A personal service is direct physical assistance with, or supervision of, the activities of daily living and the self-administration of medication.² Activities of daily living include ambulation, bathing, dressing, eating, grooming, toileting, and other similar tasks.³

An ALF is required to provide care and services that are appropriate to the needs of the residents who are accepted for admission to the facility.⁴ The owner or facility administrator determines

¹ Section 429.02(5), F.S. An ALF does not include an adult family-care home or a non-transient public lodging establishment.

² Section 429.02(17), F.S.

³ Section 429.02(1), F.S.

⁴ See Fla. Admin. Code R. 59A-36.007 (2019), for specific minimum standards.

whether an individual is appropriate for admission to the facility based on a number of criteria.⁵ If, as determined by the facility administrator or health care provider, a resident no longer meets the criteria for continued residency or the facility is unable to meet the resident's needs, the resident must be discharged in accordance with the Resident Bill of Rights.⁶

There are 3,146 licensed ALFs in Florida having a total of 112,520 beds.⁷ An ALF must have a standard license issued by the Agency for Health Care Administration (AHCA) under part I of ch. 429, F.S., and part II of ch. 408, F.S. In addition to a standard license, an ALF may have one or more specialty licenses that allow an ALF to provide additional care. These specialty licenses include limited nursing services (LNS),⁸ limited mental health services (LMH),⁹ and extended congregate care services (ECC).¹⁰

ALF Staff Training

Administrators and Managers

Administrators and other ALF staff must meet minimum training and education requirements established in rule by the AHCA,¹¹ that are intended to assist ALFs in appropriately responding to the needs of residents, maintaining resident care and facility standards, and meeting licensure requirements.¹²

The current ALF core training requirements established by the AHCA consist of a minimum of 26 hours of training and passing a competency test. Administrators and managers must successfully complete the core training requirements within three months after becoming an ALF administrator or manager. The minimum passing score for the competency test is 75 percent.¹³

Administrators and managers must participate in 12 hours of continuing education in topics related to assisted living every two years.¹⁴ A newly-hired administrator or manager, who has successfully completed the ALF core training and continuing education requirements, is not required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education requirements, must retake the ALF core training and retake the competency test.¹⁵

⁵ Section 429.26, F.S., and Fla. Admin. Code R. 59A-36.006 (2019).

⁶ Section 429.28, F.S.

⁷ Agency for Health Care Administration, Health Care Finder. *See* <http://www.floridahealthfinder.gov/facilitylocator/ListFacilities.aspx> (last visited March 26, 2021).

⁸ Section 429.07(3)(c), F.S.

⁹ Section 429.075, F.S.

¹⁰ Section 429.07(3)(b), F.S.

¹¹ Fla. Admin. Code R. 59A-36.011 (2019).

¹² Section 429.52(1), F.S.

¹³ Administrators who have attended core training prior to July 1, 1997, and managers who attended the core training program prior to April 20, 1998, are not required to take the competency test. Administrators licensed as nursing home administrators in accordance with part II of chapter 468, F.S., are exempt from this requirement.

¹⁴ Fla. Admin. Code R. 59A-36.011 (2019).

¹⁵ Fla. Admin. Code R. 59A-36.011 (2019).

Staff with Direct Care Responsibilities

Facility administrators or managers are required to provide or arrange for six hours of in-service training for facility staff who provide direct care to residents.¹⁶ Additionally, staff who will be assisting with the self-administration of medication must take an additional six hours of training prior to providing such assistance.

Staff training requirements must generally be met within 30 days after staff begin employment at the facility; however, staff must have at least one hour of infection control training before providing direct care to residents. Nurses, certified nursing assistants, and home health aides who are on staff with an ALF are exempt from many of the training requirements. In addition to the standard six hours of in-service training, staff must complete one hour of elopement training and one hour of training on “do not resuscitate” orders. The staff may be required to complete training on special topics such as self-administration of medication and Alzheimer’s disease, if applicable.

Assistance with the Self-Administration of Medications

Section 429.256, F.S., establishes requirements for the assistance with the self-administration of medication. Residents who are capable of administering their own medications to do so but an unlicensed person who is 18 years of age or older and has completed the required six hours of training may,¹⁷ consistent with a dispensed prescription's label or the package directions of an over-the-counter medication, assist a resident whose condition is medically stable with the self-administration of routine, regularly scheduled medications that are intended to be self-administered. Assistance with self-medication by an unlicensed person may occur only upon a documented request by, and the written informed consent of, a resident or the resident's surrogate, guardian, or attorney in fact.

The section specifies that the assistance with self-administration of medication includes:

- Taking the medication, in its previously dispensed, properly labeled container, including an insulin syringe that is prefilled with the proper dosage by a pharmacist and an insulin pen that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident.
- In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change.
- Placing an oral dosage in the resident's hand or placing the dosage in another container and helping the resident by lifting the container to his or her mouth.
- Applying topical medications.
- Returning the medication container to proper storage.
- Keeping a record of when a resident receives assistance with self-administration under this section.

¹⁶ *Id.*

¹⁷ See Fla. Admin. Code R. 59A-36.008(3)(a) (2019).

- Assisting with the use of a nebulizer, including removing the cap of a nebulizer, opening the unit dose of nebulizer solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the nebulizer.
- Using a glucometer to perform blood-glucose level checks.
- Assisting with putting on and taking off antiembolism stockings.
- Assisting with applying and removing an oxygen cannula but not with titrating the prescribed oxygen settings.
- Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device.
- Assisting with measuring vital signs.
- Assisting with colostomy bags.

The section also specifies that assistance with self-administration does not include:

- Mixing, compounding, converting, or calculating medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
- The preparation of syringes for injection or the administration of medications by any injectable route.
- Administration of medications by way of a tube inserted in a cavity of the body.
- Administration of parenteral preparations.
- The use of irrigations or debriding agents used in the treatment of a skin condition.
- Assisting with rectal, urethral, or vaginal preparations.
- Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given “as needed,” unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication.
- Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.

III. Effect of Proposed Changes:

CS/SB 1830 amends ss. 429.02 and 429.52, F.S., to define “medication technician” to mean an unlicensed staff member who has completed six hours of training. A medication technician may provide assistance with a resident’s self-administration of medications and with his or her use of point-of-care devices.¹⁸ The bill requires medication technicians to complete a minimum of six hours of training, established by AHCA rule. The training must address:

- Infection control;

¹⁸ Point of care (POC) diagnostic devices are used to obtain diagnostic results while with the patient or close to the patient. Used in doctors’ offices, hospitals, and in patients’ homes, POC diagnostic devices give quick feedback on many sorts of medical tests. POC diagnostic devices are used to test glucose and cholesterol levels, do electrolyte and enzyme analysis, test for drugs of abuse and for infectious diseases, and for pregnancy testing. Blood gases, cardiac markers, and fecal occult blood tests can also be done with POC diagnostic devices. There are several advantages to doing the tests at the point of care, including quick results and faster implementation of therapy, if needed. See <https://www.labcompare.com/Clinical-Diagnostics/5096-POC-Diagnostic-Devices/> (last visited March 26, 2021).

- Safe handling and use of assistive care devices;
- Communicating with case managers and health care providers;
- Standard of care protocols for the provision of care in licensed ALFs;
- Identification of nursing standards; and
- Methods of assisting residents with the self-administration of medications.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 429.02 and 429.52.

IX. Additional Information:

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

CS by Health Policy on March 31, 2021:

The CS:

- Removes all provisions of the underlying bill dealing with Medicaid managed care plans; and
- Modifies the underlying bill's training requirements for medication technicians by removing the requirements for the training to be available on-line; for trainees to take an end-of-course exam; and for trainees to receive a certificate showing their passing exam score and a unique certification number.

- B. **Amendments:**

None.