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LEGISLATIVE ACTION

Senate

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House

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

(2) In order to supervise the self-administration of medication or to administer medications as provided in subsection (1), a direct service provider must satisfactorily complete an initial a training course conducted by an agency-approved trainer of not less than 6 4 hours in medication administration and be found competent to supervise the self-administration of medication by a client and or to administer medication to a client in a safe and sanitary manner. The competency of the direct service provider to supervise and administer otic, transdermal, and topical medication must be assessed and validated using simulation during the course, and need not be revalidated annually. If the direct service provider has already completed an initial training course of at least 4 hours and has a current validation for oral or enteral routes of medication administration on or before July 1, 2018, then he or she is not required to complete the course. If for any reason the direct service provider loses his or her validation by failing to meet the annual validation requirement for oral or enteral medication administration, or the annual inservice training requirement in subsection (3), then the direct service provider must complete the initial training course and obtain all required validations before he or she may supervise the self-administration of medication by a client or administer medication to a client. If a direct service provider has completed an initial training course of at least 4 hours, but has not received validation for otic, transdermal, or topical



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

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

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

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

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

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



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

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

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

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

~~(3) A direct service provider may supervise the self-administration of medication by a client or may administer medication to a client only if the client, or the client's guardian or legal representative, has given 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. Such informed consent must be based on a description of the medication routes and procedures that the direct service provider is authorized to supervise or administer. Only a~~



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

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

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

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

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

And the title is amended as follows:

Delete everything before the enacting clause
and insert:

A bill to be entitled

An act relating to medication administration; amending



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