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	COMMITTEE/SUBCOMMITTEE	ACTION
ADOP		(Y/N)
ADOP	TED AS AMENDED	(Y/N)
ADOP	TED W/O OBJECTION	(Y/N)
FAIL	ED TO ADOPT	(Y/N)
WITH	DRAWN	(Y/N)
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Committee/Subcommittee hearing bill: Health & Human Services
Committee

Representative Stevenson offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert: Section 1. Section 393.506, Florida Statutes, is amended to read:

393.506 Administration of medication.-

(1) An unlicensed 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 medications to a client if the unlicensed direct service provider meets the requirements of as provided in this section.

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- (2) In order to supervise the self-administration of medication or to administer medications as provided in subsection (1), an unlicensed 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. Competency 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.
- (a) The competency of the unlicensed direct service provider to supervise and administer otic, transdermal, and topical medication must be assessed and validated using simulation during the initial training course, and need not be revalidated annually.
- (b) Competency must be validated initially and revalidated annually for oral, enteral, ophthalmic, rectal, and inhaled medication administration. The initial validation and annual revalidations of medication administration must be performed onsite with an actual client using the client's actual medication and must include the validating practitioner

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personally observing the unlicensed direct service provider satisfactorily:

- 1. Supervising the oral, enteral, ophthalmic, rectal, or inhaled self-administration of medication by a client; and
- 2. Administering medication to a client by oral, enteral, ophthalmic, rectal, or inhaled medication routes.
- (c)1. 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 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 administer medication to a client.
- 2. If the unlicensed 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 initial 6-hour training course. If for any reason the unlicensed direct service provider fails to meet the annual validation requirement for oral or enteral medication administration, or the annual inservice training requirement in subsection (4), then the unlicensed direct service provider must satisfactorily retake the initial training course and obtain all

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required validations before he or she may supervise the selfadministration of medication by a client or administer medication to a client.

- 3. If an unlicensed direct service provider has completed an initial training course of at least 4 hours but has not received validation for otic, transdermal, or topical medication administration before July 1, 2018, then that direct service provider must obtain validation before administering otic, transdermal, and topical medication, which may be performed through simulation.
- (3) Only an unlicensed 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
- (3) A direct service provider may supervise the selfadministration 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

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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 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.

(4) An unlicensed 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 required by agency rules or by the rules of the Agency for Health Care Administration. 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.

(5) (4) The <u>training</u>, determination of competency, and <u>initial and</u> annual <u>validations</u> validation required in this section shall be conducted by a registered nurse licensed pursuant to chapter 464 or <u>by a licensed practical nurse in accordance with the requirements of chapter 464. A physician licensed pursuant to chapter 458 or chapter 459 <u>may validate or revalidate competency</u>.</u>

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COMMITTEE/SUBCOMMITTEE AMENDMENT Bill No. CS/HB 1373 (2018)

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(6) The agency shall establish by rule standards and procedures that an unlicensed 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.

TITLE AMENDMENT

Remove everything before the enacting clause and insert:

An act relating to medication administration; amending s.

393.506, F.S.; revising training requirements for unlicensed

circumstances; providing requirements for the competency and

skills of unlicensed direct service providers to be validated;

direct service providers to assist with the administration of or

to supervise the self-administration of medication under certain

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COMMITTEE/SUBCOMMITTEE AMENDMENT Bill No. CS/HB 1373 (2018)

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requiring unlicensed 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.			

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