CHAPTER 2018-107

Committee Substitute for Committee Substitute for House Bill No. 1373

An act relating to medication administration; amending s. 393.506, F.S.; revising training requirements for unlicensed direct service providers to assist with the administration of or to supervise the self-administration of medication under certain circumstances; providing validation requirements for the competency and skills of unlicensed direct service providers; 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 rules; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

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

393.506 Administration of medication.-

(1) <u>An unlicensed A direct service provider who is not currently licensed</u> 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 <u>if the unlicensed direct</u> <u>service provider meets the requirements of as provided in</u> this section.

(2) In order to supervise the self-administration of medication or to administer medications as provided in subsection (1), <u>an unlicensed</u> a direct service provider must satisfactorily complete <u>an initial</u> a training course <u>conducted by an agency-approved trainer</u> of not less than <u>6</u> 4 hours in medication administration and be found competent to supervise the self-administration of medication by a client <u>and or</u> to administer medication to a client in a safe and sanitary manner. <u>Competency must be assessed and validated at least annually in an onsite setting and must include personally observing the direct service provider satisfactorily:</u>

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

(b) <u>Competency must be validated initially and revalidated annually for</u> <u>oral, enteral, ophthalmic, rectal, and inhaled medication administration.</u> <u>The initial validation and annual revalidations of medication administration</u>

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must be performed onsite with an actual client using the client's actual medication and must include the validating practitioner personally observing the unlicensed direct service provider satisfactorily:

1. Supervising the oral, enteral, ophthalmic, rectal, or inhaled selfadministration of medication by a client; and

2. Administering medication to a client by oral, enteral, ophthalmic, rectal, or inhaled medication routes.

(c)1. An 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 the initial 6-hour training course again 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.

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, 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), the unlicensed direct service provider the initial training course again 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.

3. If an unlicensed direct service provider has completed an initial training course of at least 4 hours but has not obtained validation for otic, transdermal, or topical medication administration before July 1, 2018, 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.

(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 shall count

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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. 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 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.

(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</u> <u>nurse in accordance with the requirements of chapter 464</u>. A physician licensed pursuant to chapter 458 or chapter 459 <u>may validate or revalidate</u> <u>competency</u>.

(6)(5) The agency shall establish by rule standards and procedures that <u>an unlicensed</u> 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 <u>qualification</u> 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.

Approved by the Governor March 23, 2018.

Filed in Office Secretary of State March 23, 2018.