NOTICE OF PROPOSED AMENDMENTS

The Department of Financial and Professional Regulation is posting these proposed amendments in an effort to make the public aware of possible changes that may have an impact on the profession.

The general public may submit written comments to the Department during the first 45 day public comment period. Any suggested changes will be considered by the Department and the appropriate Board.

These proposed amendments were published in the December 5, 2014 Illinois Register. The 45 day comment period will end January 19, 2015.

Please submit written comments to Craig Cellini as stated in the attached notice.

THESE PROPOSED CHANGES ARE NOT IN EFFECT AT THIS TIME AND THE ADOPTED RULES MAY DIFFER FROM THOSE ORIGINALLY PUBLISHED.

1) Heading of the Part: Nurse Practice Act
2) Code Citation: 68 Ill. Adm. Code 1300
3) Section Numbers: Proposed Action:
   1300.10  Amendment
   1300.20  Amendment
   1300.30  Amendment
   1300.90  Amendment
   1300.100 Amendment
   1300.110 Amendment
   1300.120 Amendment
   1300.300 Amendment
   1300.320 Amendment
   1300.360 Amendment
   1300.430 Amendment
   1300.600 New Section
   1300.610 New Section
   1300.620 New Section
   1300.630 New Section
   1300.640 New Section
   1300.650 New Section
   1300.660 New Section
   1300.670 New Section
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1300.680 New Section

4) Statutory Authority: Implementing the Nurse Practice Act [225 ILCS 65] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

5) A Complete Description of the Subjects and Issues Involved: Public Act 98-990, effective August 18, 2014, mandates the Department create and administer a Licensed Medication Aide Pilot Program; this proposed rulemaking implements this pilot program. The Act states that during the 3-year pilot program, the Department shall license and regulate licensed medication aides; this program is created in Subpart E of the Part. As part of the pilot program, no more than 10 skilled nursing homes, which shall be geographically located throughout the State, shall be authorized to employ licensed medication aides, as approved by the Department, and provides that the Department may consult with the Department of Public Health as necessary to properly administer and enforce this program.

The proposed rulemaking also makes revisions to the foreign trained nurse provisions in this Part to allow additional paths to licensure and it updates Section 1300.430 (Prescriptive Authority) to reflect statutory changes made to the Controlled Substances Act [720 ILCS 570].

6) Any published studies or reports, along with the sources of underlying data, that were used when comprising this rulemaking, in accordance with 1 Ill. Adm. Code 100.355: None

7) Will this rulemaking replace any emergency rulemaking currently in effect? No

8) Does this rulemaking contain an automatic repeal date? No

9) Does this rulemaking contain incorporations by reference? No

10) Are there any other proposed rulemakings pending on this Part? No

11) Statement of Statewide Policy Objectives: This rulemaking will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to comment on this proposed rulemaking may submit written comments no later than 45 days after the publication of this Notice to:
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

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Interested persons may submit written comments to:

Department of Financial and Professional Regulation
Attention: Craig Cellini
320 West Washington, 3rd Floor
Springfield, IL 62786

Phone: 217/785-0813
Fax: 217/557-4451

All written comments received within 45 days after this issue of the Illinois Register will be considered.

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Those providing nursing services, pursuant to the licensure provisions of this Part.

B) Reporting, bookkeeping or other procedures required for compliance: Please see the new and revised requirement that follow in the proposed amendment to this Part.

C) Types of professional skills necessary for compliance: Nursing skills are necessary for compliance.

14) Regulatory Agenda on which this rulemaking was summarized: The Foreign Educated Applicant and the Advanced Practice Nurse (APN) amendment updates were noted on the July 2014 Regulatory Agenda. However, since SB 2958 (PA 98-990) was not introduced until March and became law in August, IDFPR has not yet had the opportunity to include the implementation of the Medication Aide Pilot Program in our agency agenda.

The full text of the Proposed Amendments begins on the next page:
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

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TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1300
NURSE PRACTICE ACT

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Section 1300.10 Definitions
1300.20 Nursing Delegation
1300.30 Fees
1300.40 Renewals
1300.50 Restoration
1300.60 Granting Variances
1300.70 Fines
1300.80 Public Access to Records and Meetings
1300.90 Unethical or Unprofessional Conduct
1300.100 Refusal to Issue a Nurse License Based on Criminal History Record
1300.110 Mandatory Reporting of Impaired Licensee Nurses
1300.120 Impaired Licensee Nurse – Disciplinary and Non-Disciplinary
1300.130 Continuing Education

SUBPART B: LICENSED PRACTICAL NURSE

Section 1300.200 Application for Examination or Licensure
1300.210 LPN Licensure Examination
1300.220 LPN Licensure by Endorsement
1300.230 Approval of Programs
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1300.250 LPN Scope of Practice
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1300.APPENDIX A Additional Certifications Accepted for Licensure as an Advanced Practice Nurse

1300.EXHIBIT A Sample Written Collaborative Agreement
SUBPART A: GENERAL PROVISIONS

Section 1300.10 Definitions

The following definitions shall apply to this Part:

"Act" means the Nurse Practice Act [225 ILCS 65].

"Address of Record" means the address recorded by the Division in the applicant's or licensee's application file or license file, as maintained by the Division's licensure maintenance unit.

"Advanced Practice Nurse" or "APN" means a person who has met the qualifications for a:

- certified nurse midwife (CNM);
- certified nurse practitioner (CNP);
- certified registered nurse anesthetist (CRNA); or
- clinical nurse specialist (CNS) and has been licensed by the Division.

All advanced practice nurses licensed and practicing in the State of Illinois shall use the title APN and may use specialty credentials after their name.

"APN Practice Pending Licensure" means practice by an APN, under a temporary permit, who is scheduled to take the National Certification Examination. This period of practice cannot exceed 6 months from date of application for the license. APN Practice Pending Licensure does not include prescriptive authority.
"Bilingual Nurse Consortium Course or Other Comparable Course Approved by the Division" means a course specifically designed to prepare a nurse trained in another jurisdiction, and for whom English is a second language, to take the Illinois required licensure examination.

"Board" means the Board of Nursing.

"Collaboration" means a process involving 2 or more health care professionals working together, each contributing one's respective area of expertise to provide more comprehensive patient care. (Section 50-10 of the Act)

"Consultation" means the process by which an advanced practice nurse seeks the advice or opinion of another health care professional. (Section 50-10 of the Act)

"Dentist" means a person licensed to practice dentistry under the Illinois Dental Practice Act [225 ILCS 25]. (Section 50-10 of the Act)

"Department" means the Department of Financial and Professional Regulation.

"Direction" means to give authoritative instruction to another regarding tasks and/or professional responsibilities.

"Director" means the Director of the Division of Professional Regulation, with the authority delegated by the Secretary.

"Division" means the Department of Financial and Professional Regulation-Division of Professional Regulation.

"Externship" means a two-year program allowing a registered nurse who is licensed under the laws of another state or territory of the United States to practice as a nurse extern under the direct supervision of a registered professional nurse while preparing for the NCLEX-RN examination.

"Impaired Nurse" means a nurse licensed under this Act who is unable to practice with reasonable judgment, skill or safety because of a physical or mental disability, as evidenced by a written determination or written consent based on clinical evidence, including loss of motor skills, abuse of drugs or alcohol, or a psychiatric disorder, of sufficient degree to diminish his or her ability to deliver competent patient care. (Section 50-10 of the Act)
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“Medication Aide” means a person who has met the qualifications for licensure under the Act who assists with medication administration while under the supervision of a registered professional nurse (RN) in a long term care facility. (Section 80-5 of the Act)

"Physician" means a person licensed to practice medicine in all its branches under the Medical Practice Act of 1987 [225 ILCS 60]. (Section 50-10 of the Act)

"Physician Assistant" means a person licensed under the Physician Assistant Practice Act of 1987 [225 ILCS 95]. (Section 50-10 of the Act)

"Podiatrist" means a person licensed to practice podiatry under the Podiatric Medical Practice Act of 1987 [225 ILCS 100]. (Section 50-10 of the Act)

"Professional Responsibility" includes making decisions and judgments requiring use of knowledge acquired by completion of an approved program for licensure as a practical, professional or advanced practice nurse.

“Qualified Facility/Employer” means a long term care facility licensed by the Department of Public Health that meets the qualifications set forth in Section 80-10 of the Act and Section 1300.630, and is chosen to participate in the pilot program established pursuant to Section 80-10 of the Act.

"Secretary" means the Secretary of the Department of Financial and Professional Regulation.

"Task" means work not requiring professional knowledge, judgment and/or decision making. (Section 50-75 of the Act)

(Source: Amended at 39 Ill. Reg. __________, effective _________________)

Section 1300.20 Nursing Delegation

a) For the purposes of this Section:

"Delegation" means transferring to an individual the authority to perform a selected nursing activity or task, in a selected situation.

"Nursing Activity" means any work requiring the use of knowledge acquired by completion of an approved program for licensure, including advanced education,
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continuing education, and experience as a licensed practical nurse or professional nurse, as defined by this Part.

b) Nursing shall be practiced by licensed practical nurses, registered professional nurses, and advanced practice nurses. In the delivery of nursing care, nurses work with many other licensed professionals and other persons. An advanced practice nurse may delegate to registered professional nurses, licensed practical nurses, and others persons.

c) A registered professional nurse shall not delegate any nursing activity requiring the specialized knowledge, judgment, and skill of a licensed nurse to an unlicensed person, including medication administration. A registered professional nurse may delegate nursing activities to other registered professional nurses or licensed practical nurses.

d) A registered professional nurse may delegate medication administration to a licensed medication aide in a qualified facility as authorized by Section 80-20 of the Act.

e) A registered nurse may delegate tasks to other licensed and unlicensed persons. A licensed practical nurse who has been delegated a nursing activity shall not re-delegate the nursing activity. A registered professional nurse or advanced practice nurse retains the right to refuse to delegate or to stop or rescind a previously authorized delegation. (Section 50-75 of the Act)

f) Practice in End Stage Renal Dialysis Facilities

1) For the purposes of this Section only, an individual working as a dialysis technician in a Medicare-certified End Stage Renal Dialysis Facility or a facility regulated under the End Stage Renal Disease Facility Act [210 ILCS 62] shall be considered a licensed individual for the purposes of delegation only under Section 50-75 of the Act. A person working to acquire the experience necessary to obtain certification under subsection(f)(e) (2) may practice in accordance with this subsection (f)(e) for a period of no more than 18 months so long as his or her practice is in compliance with the experience standards set forth by the entities listed in subsection (f)(e)(2).

2) Delegation under this subsection (f)(e) shall only be allowed if the individual receiving delegation currently holds, or is in the process of
acquiring, the necessary experience to apply for and achieve one of the following certifications:

A) Certified Clinical Hemodialysis Technician (CCHT) by the Nephrology Nursing Certification Commission (NNCC);

B) Certified Hemodialysis Technician (CHT) by the Board of Nephrology Examiners Nursing and Technology (BONENT);

C) Certified in Clinical Nephrology Technology (CCNT) by the National Nephrology Certification Organization (NNCO).

3) Delegation under this subsection (f)(e) shall not include medication administration except for saline flushes and application of topical anesthetics. All patient care provided by a certified dialysis technician practicing under this subsection (f)(e) shall be under the direct and immediate on-site supervision of a licensed physician, advanced practice nurse, physician assistant or registered nurse.

4) Delegation under this subsection (f)(e) shall also comply with any rules adopted under the End Stage Renal Disease Facility Act.

5) Nothing in this subsection (f)(e) shall be construed to apply to any other facility or practice setting. This subsection (f)(e) shall not be construed as granting a license under the Act and shall not allow individuals receiving delegation under this subsection (f)(e) to use any title regulated by the Act.

(Source: Amended at 39 Ill. Reg. __________, effective _________________)

Section 1300.30 Fees

The following fees shall be paid to the Department and are not refundable:

a) Application Fees

1) The fee for application for a license as a registered professional nurse and a licensed practical nurse, and a medication aide is $50. In addition, applicants for an examination shall be required to pay, either to the Division or to the designated testing service, a fee covering the cost of determining an applicant's eligibility and providing the examination.
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Failure to appear for the examination on the scheduled date, at the time and place specified, after the applicant's application for examination has been received and acknowledged by the Division or the designated testing service, shall result in the forfeiture of the examination fee.

2) The fee for application for participation in the pilot program as a qualified facility as set forth in Section 1300.600 is $500.

3) The fee for a temporary restoration or endorsement permit for a license as an advanced practice nurse, a registered professional nurse and licensed practical nurse is $25.

4) The fee for a nurse externship permit is $50.

5) The fee for application for a license as an advanced practice nurse is $125.

6) The fee for application as an approved continuing education sponsor is $500.

b) Renewal Fees

1) The fee for the renewal of a practical nurse license shall be calculated at the rate of $40 per year.

2) The fee for the renewal of a registered professional nurse license shall be calculated at the rate of $40 per year.

3) The fee for the renewal of a license as an advanced practice nurse shall be calculated at the rate of $40 per year.

4) The fee for renewal of an APN, LPN or RN continuing education sponsor approval is $250 for 2 years.

c) General Fees

1) The fee for the restoration of a license other than from inactive status is $50 plus payment of all lapsed renewal fees, but not to exceed $250.

2) The fee for the issuance of a duplicate license, for the issuance of a replacement license, for a license that has been lost or destroyed or for the
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issuance of a license with a change of name or address other than during the renewal period is $20. No fee is required for name and address changes on Division records when no duplicate license is issued.

3) The fee for a certification of a licensee's record for any purpose is $20.

4) The fee to have the scoring of an examination authorized by the Division reviewed and verified is $20 plus any fees charged by the applicable testing service.

5) The fee for a wall certificate showing licensure shall be the actual cost of producing the certificate.

6) The fee for a roster of persons licensed as registered professional nurses or licensed practical nurses, or medication aides in this State shall be the actual cost of producing such a roster.

7) The fee for processing a fingerprint card by the Department of State Police is the cost of processing, which shall be made payable to the State Police Services Fund and shall be remitted to the State Police for deposit into the Fund.

(Source: Amended at 39 Ill. Reg. __________, effective _______________)

Section 1300.90 Unethical or Unprofessional Conduct

a) The Division may suspend or revoke a license, refuse to issue or renew a license or take other disciplinary action based upon its findings of unethical or unprofessional conduct (see Section 70-5(b)(7) of the Act), which is interpreted to include, but is not limited to, the following acts or practices:

1) Engaging in conduct likely to deceive, defraud or harm the public, or demonstrating a willful disregard for the health, welfare or safety of a patient. Actual injury need not be established.

2) A departure from or failure to conform to the standards of professional or practical nursing, as set forth in the Act or this Part. Actual injury to a patient need not be established.
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3) Engaging in behavior that crosses professional boundaries (such as signing wills or other documents not related to client health care).

4) Engaging in sexual conduct with a patient, or conduct that may reasonably be interpreted by a patient as sexual, or in any verbal behavior that is sexually harassing to a patient.

5) Demonstrating actual or potential inability to practice nursing with reasonable skill, safety or judgment by reason of illness, use of alcohol, drugs, chemicals or any other material, or as a result of any mental or physical condition.

b) The Division hereby incorporates by reference the "Code for Nurses with Interpretive Statements", July 2001, American Nurses Association, 8515 Georgia Avenue, Suite 400, Silver Spring MD 20910, with no later amendments or editions.


(Source: Amended at 39 Ill. Reg. __________, effective _________________)

Section 1300.100 Refusal to Issue a Nurse License Based on Criminal History Record

a) For purposes of this Part, criminal history record information is defined as information collected by criminal justice agencies (see 20 ILCS 2630) on individuals consisting of identifiable descriptions and notation of arrests, detention, indictments, information or other formal criminal charges, and any disposition arising from those actions, sentencing, correctional supervision and release. The individual records must contain both information sufficient to identify the subject of the record and notations regarding any formal criminal justice transaction involving the identified individual.

b) In determining whether an applicant for a nurse license is unfit for licensure because of criminal history record information, the Division shall consider the following standards:
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1) Whether the crime was one of armed violence (see 720 ILCS 5/Art. 33A) or moral turpitude. Moral turpitude consists of:

A) Crime involving dishonesty, false statement or some other element of deceit, untruthfulness or falsification (including but not limited to perjury, inducement of perjury, false statement, criminal fraud, embezzlement, false pretense, forgery, counterfeiting and theft).

B) Drug offenses including but not limited to violations of the Illinois Controlled Substances Act [720 ILCS 570] and Federal Drug Enforcement Laws (21 USC 801 et seq.).

C) Sex offenses including but not limited to all crimes listed in Article 11 of the Criminal Code of 1961 [720 ILCS 5/Art. 11].

2) Whether the crime is related to the practice of the nursing profession.

3) Whether more than 10 years have elapsed since the date of completion of imposed sentence.

4) Whether the conviction was from a city ordinance violation or a conviction for which a jail sentence was not imposed.

5) Whether the applicant has been sufficiently rehabilitated to warrant the public trust. The Division shall consider, but not be bound by, the following in considering whether an applicant has been presumed to be rehabilitated:

A) Completion of probation;

B) Completion of parole supervision; or

C) If no parole was granted, a period of 10 years has elapsed after final discharge or release from any term of imprisonment without any subsequent conviction.

c) If any one of the following factors exists, this outweighs the presumption of rehabilitation as defined in subsection (b)(5):
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1) Lack of compliance with terms of punishment (i.e., failure to pay fines or make restitution, violation of the terms of probation or parole);

2) Unwillingness to undergo, or lack of cooperation in, medical or psychiatric treatment/counseling;

3) Falsification of an application for licensure with the Division;

4) Failure to furnish to the Division additional information or failure to appear for an interview or meeting with the Division in relation to the applicant's application for licensure.

d) The following criminal history records shall not be considered in connection with an application for licensure:

1) Juvenile adjudications;

2) Records of arrest not followed by a conviction;

3) Convictions overturned by a higher court;

4) Convictions that have been the subject of a pardon or expungement.

e) Notification of Denial, Revocation, Suspension, or Intent to Refuse to Renew; Request for Hearing

1) If the determination is made that the applicant is unfit for licensure, the Division shall send notice of denial, revocation, suspension or intent to refuse to renew by certified mail, return receipt requested, to the applicant at the applicant's address of record or by personal delivery to the applicant. All such notices will include a statement of the reason for the Division's action.

2) An applicant may request a hearing to contest the Division's action under 68 Ill. Adm. Code 1110. The request shall be in writing and must be received by the Division not later than 20 days after the date the Division mailed or personally delivered the notice of its action to the applicant.

3) After receipt of a request for a hearing and prior to any such hearing, the Division shall schedule an informal conference with the applicant in an
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attempt to resolve issues in controversy consensually. The Division shall notify the applicant of the informal conference at least 20 days prior to the hearing. Failure by the applicant to attend the informal conference shall act as a withdrawal of the applicant's request for a hearing. The provisions of this subsection (e)(3) shall not apply if an informal conference was held prior to the Division serving notice upon the applicant as described in subsection (e)(1).

(Source: Amended at 39 Ill. Reg. __________, effective _________________)

Section 1300.110  Mandatory Reporting of Impaired Licensees

a) Any nurse who is an administrator or officer in any hospital, nursing home, other health care agency or facility, or nurse agency and has knowledge of any action or condition which reasonably indicates that a licensee under the Act, licensed practical nurse, registered professional nurse or advanced practice nurse is:

1) impaired due to the use of alcohol or mood altering drugs to the extent that the impairment adversely affects the licensee's professional performance; or

2) unlawfully possesses, uses, distributes or converts mood altering drugs (Section 70-10(a) of the Act) shall report the individual to the Division or designee of the Division unless the licensee participates in a course of remedial professional counseling or medical treatment for substance abuse.

b) The administrator need not report the licensee in question so long as the nurse actively pursues treatment under monitoring by the administrator or officer or by the hospital, nursing home, health care agency or facility, or nurse agency and the licensee continues to be employed by that hospital, nursing home, health care agency or facility, or nurse agency.

c) However, if the licensee fails to comply with treatment or leaves employment of the institution for any reason, the administrator shall report the licensee to the Division.

d) Notwithstanding any other Section or provisions of the Nurse Practice Act, if the Division verifies habitual intoxication or drug addiction that adversely affects professional performance or the unlawful possession, use, distribution or
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conversion of habit forming drugs by the reported licensee, the Division may seek to discipline the licensee pursuant to Section 70-5 of the Act.

(Source: Amended at 39 Ill. Reg. __________, effective _________________)

Section 1300.120 Impaired Licensee Nurse – Disciplinary and Non-Disciplinary

a) Disciplinary and Non-Disciplinary Options for the Impaired Licensee Nurse. The Division shall establish by rule a program of care, counseling and treatment for the impaired licensee. This program shall allow an impaired licensee to self-refer to the program.

b) Eligibility for consideration for a care, counseling and treatment agreement shall include but not be limited to the following:

1) licensee must self report to the Division before a complaint has been filed;

2) licensee must have no prior disciplinary action in any jurisdiction concerning practice issues related to substance abuse;

3) licensee has not been convicted criminally of any felony or drug-related misdemeanor, nor is any such criminal action pending;

4) licensee acknowledges addiction and/or chemical dependence; and

5) licensee has appeared for and submitted to an assessment by a physician who is a certified addictionist or an advanced practice nurse with specialty certification in addiction and has followed the recommendations of the assessment.

c) Individual licensee health care records shall be privileged and confidential, unavailable for use in any proceeding, and not subject to disclosure. Nothing in this Section shall impair or prohibit the Division from taking disciplinary action based upon the grounds set forth in Section 70-5 of the Act.

(Source: Amended at 39 Ill. Reg. __________, effective _________________)

SUBPART C: REGISTERED NURSE

Section 1300.300 Application for Examination or Licensure
a) Each applicant shall file, with the Division or the testing service designated by the Division, a completed, signed application, on forms supplied by the Division, that includes:

1) proof of graduation from a nursing education program that meets the requirements of Section 1300.40;

2) verification of fingerprint processing from the Illinois Department of State Police (DSP), or its designated agent. (Practical nurses licensed in Illinois are not required to be fingerprinted when applying for a license as a registered professional nurse.) Applicants shall contact a DSP approved fingerprint vendor for fingerprint processing. Out-of-state residents unable to utilize an electronic fingerprint process may submit to a Division recommended fingerprint vendor one set of fingerprint cards issued by the Illinois Department of State Police or one set of fingerprint cards issued by the FBI, accompanied by the processing fee specified in Section 1300.30(c)(7). Fingerprints shall be taken within the 60 days prior to application;

3) the fees required by Section 1300.30(a)(1);

4) for applicants educated outside the United States or its territories, the following:

A) a credentials evaluation report of the applicant's foreign nursing education from either the Commission on Graduates of Foreign Nursing Schools (CGFNS) Credentials Evaluation Service (CES) or the Educational Records Evaluation Service (ERES). To be accepted, the report must:

i) verify that the applicant has successfully completed primary and nursing education equivalent to education received in a US state or territory as determined by the Department, based upon receipt and review of official transcripts from the nursing education program bearing the school seal;
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ii) verify that the applicant was licensed in his or her country of education if licensure was available at the time of education;

iii) indicate any subject matter deficiencies; and

iv) be in a form and manner acceptable to the Division. However, the Division shall not accept a credential report that does not indicate that the applicant is licensed in his/her country of education or in which the report does not evaluate the educational program of the applicant based upon receipt and review of official transcripts from the nursing education program bearing the school seal; these credential reports shall not be accepted as valid credential reports. In order to be accepted by the Division, credential reports shall be in a form and manner acceptable to the Division.

B) if the applicant's first language is not English, certification of passage of either the Test of English as a Foreign Language (TOEFL) or the International English Language Testing System (IELTS) Academic Module. For TOEFL the minimum passing score on the paper-based test is 560, computer-based test is 220, and internet-based test is 83. For the IELTS Academic Module, the minimum passing score shall be 6.5 (overall score) and 7.0 (spoken band). The Division may, upon recommendation from an approved credentials evaluation service, waive the requirement that the applicant pass the TOEFL or IELTS examination if the applicant submits verification of the successful completion of a nursing education program conducted in English or the passage of an approved licensing examination given in English;

C) for applicants who have completed a minimum of 2 years of nursing education but are unable to meet the requirement of subsection (a)(4)(A)(1), proof of successful passage of the General Education Development test enabling the applicant to be approved to sit for the examination;

5) verification from the jurisdictions in which the applicant was originally licensed, current state of licensure and any other jurisdiction in which the
applicant has been actively practicing within the last 5 years, if applicable, stating:

A) the time during which the applicant was licensed in that jurisdiction, including the date of original issuance of the license; and

B) whether the file on the applicant contains any record of disciplinary actions taken or pending.

b) Any applicant who fails to demonstrate fulfillment of the education requirements shall be notified in writing and must satisfy the deficiency before being granted temporary authority to practice nursing, as permitted by Section 60-10 of the Act, or being admitted to the examination. Deficiencies in nursing theory and/or clinical practice may be removed by taking the required courses in an approved nursing education program.

c) When the applicant has completed the nursing education program in less than the usual length of time through advanced standing or transfer of credits from one institution to another, the director of nursing education shall include an explanation in the certification.

d) Pursuant to Section 50-70 of the Act, when an applicant has completed a nonapproved program that is a correspondence course or a program of nursing that does not require coordinated or concurrent theory and clinical practice, the Division may grant a license to an applicant who has applied in accordance with subsection (a) and who has received an advanced graduate degree in nursing from an approved program with concurrent theory and clinical practice or who is currently licensed in another state and has been actively practicing in clinical nursing for a minimum of 2 years. Clinical practice for purposes of this Section means nursing practice that involves direct physical (psychomotor and psychosocial) patient (client) care within an acute care facility.

1) Clinical practice areas that would meet the requirements for clinical practice include the following:

A) Adult Medical Surgical Nursing

B) Pediatric Nursing
Dear Reader,

The Illinois Department of Financial and Professional Regulation is seeking public comments on proposed amendments to the rules governing respiratory care practitioners. The amendments aim to improve the practice and education standards for respiratory care professionals.

The proposed amendments include:

- Maternity Nursing
- Emergency Nursing
- Critical Care Nursing
- Post-Anesthesia Care Nursing
- Psychiatric Nursing
- Medicare/Skilled Nursing in a Long-Term Care Facility
- Telephone or Triage Nursing
- Case Management

A year of clinical practice consists of not less than 1500 hours of direct patient care. The Board of Nursing will review clinical practice documentation that does not meet the requirements of this subsection (d).

If an applicant has taken and passed the National Council Licensure Examination (NCLEX) in accordance with Section 1300.310, the applicant shall file an application in accordance with subsection (a) and shall have the examination scores submitted to the Division directly from the testing entity or from the state of original licensure.

(Source: Amended at 39 Ill. Reg. __________, effective _________________)

Section 1300.320 RN Licensure by Endorsement

Thank you for your time and consideration. Your feedback is valuable in ensuring the best possible regulations for our respiratory care practitioners.

Best regards,

[Your Name]
Each applicant who is licensed in another jurisdiction shall file a completed, signed application for licensure on the basis of endorsement, on forms supplied by the Division. The application shall include:

1) the fee required by Section 1300.30(a)(1);

2) proof of graduation from a nursing education program that meets the requirements of Section 1300.340;

3) proof of passage of an examination recognized by the Division, upon recommendation of the Board (i.e., National Council Licensure Examination for professional nurses, or State Board Test Pool Examination for professional nurses or practical nurses);

4) verification of fingerprint processing from the Illinois Department of State Police (DSP), or its designated agent. (Practical nurses licensed in Illinois are not required to be fingerprinted when applying for a license as a registered professional nurse.) Applicants shall contact a DSP approved fingerprint vendor for fingerprint processing. Out-of-state residents unable to utilize an electronic fingerprint process may submit to a Division recommended fingerprint vendor one set of fingerprint cards issued by the Illinois Department of State Police or one set of fingerprint cards issued by the FBI, accompanied by the processing fee specified in Section 1300.30(c)(7). Fingerprints shall be taken within the 60 days prior to application;

5) for RN applicants who received education outside of the United States:

A) A credentials evaluation report of the applicant's foreign nursing education from either the Commission on Graduates of Foreign Nursing Schools (CGFNS) Credentials Evaluation Service (CES) or the Educational Records Evaluation Service (ERES).

A) To be accepted, the report must:

i) verify that the applicant has successfully completed primary and nursing education equivalent to education received in a US state or territory as determined by the Department, based upon receipt and review of official transcripts from the nursing education program bearing the school seal;
ii) verify that the applicant was licensed in his or her country of education if licensure was available at the time of education;

iii) indicate any subject matter deficiencies; and

iv) be in a form and manner acceptable to the Division. However, the Division shall not accept a credential report that does not indicate that the applicant is licensed in his/her country of education or in which the report does not evaluate the educational program of the applicant based upon receipt and review of official transcripts from the nursing education program bearing the school seal; these credential reports shall not be accepted as valid credential reports. In order to be accepted by the Division, credential reports shall be in a form and manner acceptable to the Division.

B) The requirement for a credentials evaluation of foreign nursing education requirements of subsection (a)(5)(A) may be satisfied by the submission of proof of a certificate from the Certificate Program or the VisaScreen Program of the Commission on Graduates of Foreign Nursing Schools, provided that the certificate was based upon licensure in the applicants country of education.

C) If the applicant's first language is not English, the applicant shall provide certification of passage of either the Test of English as a Foreign Language (TOEFL) or the International English Language Testing System (IELTS) Academic Module. For TOEFL, the minimum passing score on the paper-based test is 560, computer-based test is 220, and internet-based test is 83. For the IELTS Academic Module, the minimum passing score shall be 6.5 (overall score) and 7.0 (spoken band). The Division may, upon recommendation from an approved credentials evaluation service, waive the requirement that the applicant pass the TOEFL or IELTS examination if the applicant submits verification of the successful completion of a nursing education program conducted in English or the passage of an approved licensing examination given in English;
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D) Applicants that have completed a minimum of 2 years of nursing education but are unable to meet the requirement of subsection (a)(5)(A)(i) may be approved for licensure if:

i) the applicant provides proof of successful passage of the General Education Development test; or

ii) the applicant provides proof of a minimum of two years full time licensed clinical nursing practice in another state;

6) official transcripts of theory and clinical education prepared by an official of the military for a nurse applicant who has received his/her education in the military service. Education must meet the standards for education set forth in Section 1300.340;

7) verification of licensure status from the jurisdiction in which the applicant was originally licensed, current licensure and any other jurisdiction in which the applicant has been actively practicing within the last 5 years; and

8) a certified translation for all credentials of education and licensure, if not in English.

b) After filing the original application, any change of name must be supported by an affidavit satisfactory to the Division.

c) Deficiencies in nursing theory and/or clinical practice may be removed by taking the required courses in an approved nursing education program.

d) Compliance with the provisions of Section 1300.310(b)(3) for each RN applicant and shall be a requirement for Illinois nurse licensure by endorsement.

e) Individuals applying for licensure by endorsement may apply to the Division, on forms provided by the Division, to receive a Temporary Endorsement Permit pursuant to Section 60-10 of the Act. The permit shall allow the applicant to work pending the issuance of a license by endorsement.

1) The temporary endorsement permit application shall include:
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A) a completed, signed endorsement application, along with the required endorsement licensure fee set forth in Section 1300.30(a)(3)(2). All supporting documents shall be submitted to the Division before a permanent license by endorsement is issued;

B) photocopies of all current active nursing licenses and/or temporary permits/licenses from other jurisdictions. Current active licensure in at least one United States jurisdiction is required. Each applicant's license will be checked on the Nurse System (NURSYS) disciplinary data bank to determine if any disciplinary action is pending on the applicant's file;

C) verification that fingerprints have been submitted to the Division or the Illinois Department of State Police or its designated agent; and

D) the fee for a temporary permit as required in Section 1300.30(a)(3)(2) of this Part.

2) The Division shall issue a temporary endorsement permit no later than 14 days after receipt of a completed application as set forth in subsection (e)(1).

3) Temporary permits shall be terminated upon:

A) the issuance of a permanent license by endorsement;

B) failure to complete the application process within 6 months from the date of issuance of the permit;

C) a finding by the Division that the applicant has been convicted of any crime under the laws of any jurisdiction of the United States that is:

   i) a felony; or

   ii) a misdemeanor directly related to the practice of nursing, within the last 5 years;
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D) a finding by the Division that, within the last 5 years, the applicant has had a license or permit related to the practice of nursing revoked, suspended or placed on probation by another jurisdiction, if at least one of the grounds is substantially equivalent to grounds in Illinois; or

E) a finding by the Division that the applicant does not meet the licensure requirements for endorsement set forth in this Section. The Division shall notify the applicant in writing of the termination.

4) The Division shall notify the applicant by certified or registered mail of the intent to deny licensure pursuant to subsections (e)(3)(D) and (E) and/or Section 70-5 of the Act.

5) A temporary permit shall be renewed beyond the 6-month period, upon recommendation of the Board and approval of the Director, due to hardship, defined as:

A) serving full-time in the Armed Forces;
B) an incapacitating illness as documented by a currently licensed physician;
C) death of an immediate family member; or
D) extenuating circumstances beyond the applicant's control, as approved by the Director.

(Source: Amended at 39 Ill. Reg. __________, effective _________________)

Section 1300.360 RN Scope of Practice

Practice as a registered professional nurse means the full scope of nursing, with or without compensation, that incorporates caring for all patients in all settings, through nursing standards recognized by the Division, and includes all of the following and other activities requiring a like skill level for which the registered professional nurse is properly trained:

a) The comprehensive nursing assessment of the health status of patients that addresses changes to patient conditions.
b) The development of a plan of nursing care to be integrated within the patient-centered health care plan that establishes nursing diagnoses, and setting goals to meet identified health care needs, determining nursing interventions, and implementation of nursing care through the execution of nursing strategies and regimens ordered or prescribed by authorized healthcare professionals.

c) The administration of medication or delegation of medication administration to licensed practical nurses or medication aides in a qualified facility (see Section 80-20 of the Act).

d) Delegation of nursing interventions to implement the plan of care.

e) The provision for the maintenance of safe and effective nursing care rendered directly or through delegation.

f) Advocating for patients.

g) The evaluation of responses to interventions and the effectiveness of the plan of care.

h) Communicating and collaborating with other health care professionals.

i) The procurement and application of new knowledge and technologies.

j) The provision of health education and counseling.

k) Participating in development of policies, procedures and systems to support patient safety. (Section 60-35 of the Act)

(Source: Amended at 39 Ill. Reg. __________, effective _________________)

SUBPART D: ADVANCED PRACTICE NURSE

Section 1300.430 Prescriptive Authority

a) A collaborating physician who delegates prescriptive authority to an advanced practice nurse shall include that delegation in the written collaborative agreement. This authority may include prescription of, selection of, orders for, administration of, storage of, acceptance of samples of,
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and dispensing over the counter medications, legend drugs, medical gases, and controlled substances categorized as any Schedule III through, III-N, IV or V controlled substances, as defined in Article II of the Illinois Controlled Substances Act, and other preparations, including, but not limited to, botanical and herbal remedies. The collaborating physician or podiatric physician must have a valid current Illinois controlled substance license and federal registration to delegate authority to prescribe delegated controlled substances.

b) Pursuant to Section 65-40(d) of the Act, a collaborating physician may, but is not required to, delegate authority to an advanced practice nurse to prescribe any Schedule II or II-N controlled substances by oral dosage or topical or transdermal application if all under the following conditions apply:

1) The delegated Schedule II controlled substance is specifically identified by either brand name or generic name. No more than 5 Schedule II or II-N controlled substances by oral dosage may be delegated. For the purposes of this Section generic substitution pursuant to Section 25 of the Pharmacy Practice Act shall be allowed under this Section when not prohibited by a prescriber's indication on the prescription that the pharmacist "may not substitute".

2) The delegated Schedule II controlled substances are routinely prescribed by the collaborating physician or podiatric physician. The collaborating physician can only delegate controlled substances that the collaborating physician prescribes.

3) Any prescription must be limited to no more than a 30-day supply oral dosage, with any continuation authorized only after prior approval of the collaborating physician or podiatric physician.

4) The advanced practice nurse must discuss the condition of any patients for whom a controlled substance is prescribed monthly with the delegating physician or podiatric physician.

5) The advanced practice nurse meets the education requirements of Section 303.05 of the Illinois Controlled Substances Act [720 ILCS 570].

c) An APN who has been given controlled substances prescriptive authority shall be required to obtain an Illinois mid-level practitioner controlled substances license in accordance with 77 Ill. Adm. Code 3100. The physician or podiatric
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physician

The APN may only prescribe and dispense controlled substances that the collaborating physician or podiatric physician prescribes. Licensed dentists may not delegate prescriptive authority.

e) All prescriptions written and signed by an advanced practice nurse shall indicate the name of the collaborating physician or podiatric physician. The collaborating physician's or podiatric physician's signature is not required. The APN nurse shall sign his/her own name.

f) An APN may receive and dispense samples per the collaborative agreement.

g) Medication orders shall be reviewed periodically by the collaborating physician or podiatric physician.

(Source: Amended at 39 Ill. Reg. __________, effective _________________)

SUBPART E: MEDICATION AIDE

Section 1300.600 Pilot Program

a) The medication aide pilot program shall commence on January 1, 2016 and shall terminate on December 31, 2018.

b) The medication aide pilot program shall consist of not more than 10 qualified nursing homes geographically dispersed throughout the State, with 2 each from the 5 Appellate Court Districts.

c) Applications to be approved or selected as a qualified facility for the pilot program will be accepted from September 1, 2015 through October 31, 2015. All deficiencies must be resolved within the time frames set forth in the deficiency notice.

d) Licenses to practice as a medication aide under this pilot program shall not be renewed or restored.

(Source: Added at 39 Ill. Reg. __________, effective _________________)
Section 1300.610 Application for Examination or Licensure

a) Each applicant shall file with the Division, or the testing service designated by the Division, a signed and completed application, on forms furnished by the Division, that includes:

1) current Illinois certified nursing assistant license number;

2) proof of completion of 2,000 hours of practice as a certified nursing assistant within 3 years prior to application for licensure;

3) proof of completion of a medication aide education program provided by a qualified facility;

4) current certification to perform cardiopulmonary resuscitation by the American Heart Association or American Red Cross;

5) verification of fingerprint processing from the Illinois Department of State Police (DSP), or its designated agent. (Medication Aides licensed in Illinois are not required to be fingerprinted when applying for a license as a practical nurse.) Applicants shall contact a DSP approved fingerprint vendor for fingerprint processing. Out-of-state residents unable to utilize an electronic fingerprint process may submit to a Division recommended fingerprint vendor one set of fingerprint cards issued by the DSP or one set of fingerprint cards issued by the FBI, accompanied by the processing fee specified in Section 1300.30(c)(7). Fingerprints shall be taken within the 60 days prior to application;

6) proof of employment by a qualified facility;

7) the required fees set forth in Section 1300.60(a)(1);

8) proof of high school diploma or certificate of general education development (GED). Upon review, the Division has determined upon review that proof of a high school diploma or GED shall demonstrate competency in math and the ability to speak, read and write the English language.
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b) The Division shall not endorse applicants who have been licensed or certified as medication aides outside this State.

c) After filing the original application, any change of name must be supported by an affidavit satisfactory to the Division.

(Source: Added at 39 Ill. Reg. __________, effective _________________)

Section 1300.620 Medication Aide Licensure Examination

a) The examination for licensure as a medication aide shall be the Medication Aide Certification Examination (MACE).

b) Medication Aide Examination

1) The passing grade on the Medication Aide Certification Examination (MACE) shall be based on an ability scale designed to measure minimum Medication Aide competency. A pass/fail grade will be assigned.

2) A Medication Aide applicant who fails the examination is not eligible for licensure.

3) If the examination is not passed within one year from the first examination date attempted, the applicant shall not be permitted to retake the examination until the applicant has again successfully completed another approved medication aide program prior to re-application. Upon successful completion of the approved medication aide program, the applicant shall submit proof to the Division.

(Source: Added at 39 Ill. Reg. __________, effective _________________)

Section 1300.630 Qualified Employers and Facilities

a) The Division shall review applications and issue authorizations according to the requirements of the Act and this Part. Applications shall be made on forms furnished by the Division along with the fee required by Section 1300.30(a)(2). The application shall be signed certifying under penalties of perjury that all information contained in the application is true and accurate. Each individual facility shall file a separate application regardless of ownership. The Division shall review each application to determine whether it meets the minimum criteria.
and shall determine qualified applicants. If the Division determines that the number of qualified applicants exceeds the number of authorizations available, the Division may select a committee to determine the most qualified applicants in that District using the factors established in subsection (c). Upon request, the applicant may be required to supply additional copies of the application or supplemental material.

b) To be considered as a qualified facility for pilot program participation:

1) The applicant shall meet the following minimum requirements:

   A) Be licensed in good standing as a skilled nursing facility by the Department of Public Health;

   B) Have an overall Five Star Quality Rating of 3, 4 or 5 from the most recent data available on the Centers for Medicare and Medicaid Services’ website;

   C) Certify that the employment of a licensed medication aide will not replace or diminish the employment of a registered nurse or licensed practical nurse at the facility;

   D) Certify that a registered nurse will be on duty and present in the facility to delegate and supervise the medication administration by a licensed medication aide at all times;

   E) Certify that, with the exception of licensed health care professionals, only licensed medication aides will be employed in the capacity of administering medication; and

   F) Certify that they will provide information regarding patient safety, efficiency and errors as determined by the Division. Failure to submit any required report may be grounds for discipline or sanctions under the Act, the Nursing Home Administrators Licensing and Disciplinary Act [225 ILCS 70], or the Nursing Home Care Act [210 ILCS 45];

2) Applicant facilities must also provide:

   A) A sample curriculum, course schedule, list of instructors and other educational materials or documents to demonstrate that the
applicant will be able to competently provide a course of instruction for employees that fulfills the Medication Aide Curriculum set forth in Section 1300.660;

B) Copies of the two most recent annual surveys completed by IDPH.

c) The following additional factors may be used in selecting qualified facilities to participate in the medication aide pilot program:

1) An IDPH finding that the skilled nursing home has been free from deficiencies related to the administration of medications and skilled nursing care in its two most recent annual surveys;

2) Geographic location of a nursing home;

3) Number of beds for which a nursing home is licensed;

4) Number of years that a nursing home or residential care facility has been licensed;

5) Compliance and safety history of a nursing home as evidenced by the survey reports submitted with the pilot program application;

6) Whether a nursing home is owned by an individual or entity that owns or operates additional nursing homes;

7) Any other factors determined appropriate by the Department.

(Source: Added at 39 Ill. Reg. __________, effective _________________)

Section 1300.640 Standards for Termination

a) The Division may terminate the participation of a skilled nursing home in the medication aide pilot program for any of the following:

1) Failure to allow representatives of the Division or IDPH to conduct site visits or to provide resident records, data, information or reports to the board in accordance with the Act and this Part, and as agreed to in the pilot program application;
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2) Failure to adhere to the plan set forth in the application submitted by the nursing home;

3) Failure to assure that certified medication aides administering prescription medications in the skilled nursing home act in accordance with the standards set forth in Sections 1300.660 and 1300.670;

4) Failure to assure that certified medication aides do not have access to Schedule II controlled substances;

5) A finding by IDPH that continued participation by the skilled nursing home poses an imminent danger or risk of serious harm or jeopardy to the residents.

b) A nursing home whose participation in the pilot program is terminated by the Division in accordance with subsection (a) shall comply with the following:

1) Immediately cease using medication aides to administer prescription medications;

2) Submit to the Division all data and information necessary to satisfy reporting requirements imposed by Section 80-10(b)(6) of the Act;

3) Provide a list of the licensed medication aides employed by that facility.

c) A nursing home that voluntarily withdraws from participation in the pilot program shall comply with all of the following:

1) Provide immediate written notice to the Division that the nursing home is withdrawing from participation in the pilot program;

2) Immediately cease using certified medication aides to administer prescription medications;

3) Submit to the Division all data and information necessary to satisfy reporting requirements imposed by Section 80-10(b)(6) of the Act;

4) Provide a list of the licensed medication aides employed by that facility.

(Source: Added at 39 Ill. Reg. __________, effective _________________)

(Updated at 39 Ill. Reg. __________, effective _________________)

(Updated at 39 Ill. Reg. __________, effective _________________)
Section 1300.650 Site Visits

a) During the pilot program, representatives of the Division or IDPH may conduct announced or unannounced site visits of participating nursing homes so that the Division or IDPH may assess whether the nursing home is complying with the terms of the pilot program, including but not limited to the following:

1) Evaluating whether certified medication aides are able to administer prescription medications safely to residents;

2) Determining whether continued participation in the pilot program poses an imminent danger, risk of serious harm or jeopardy to a resident;

3) Investigating medication errors or other acts or omissions required to be reported to the Division.

b) In conducting site visits of participating nursing homes, representatives of the Division or IDPH may observe the administration of medications by certified medication aides and shall have access to nursing home facility records as provided in the pilot program application.

c) A nursing home facility shall make records available to representatives of the Division or IDPH during site visits and shall provide to the Division or IDPH certified copies of resident records within 10 business days after the date requested.

(Source: Added at 39 Ill. Reg. __________, effective _________________)

Section 1300.660 Approved Curriculum

a) Approved medication aide programs shall include 60 hours of classroom-based medication aide certified education that contains the following minimum components:

1) Medication Fundamentals – 20 hours

2) Safety – 7 hours

3) Communication and Documentation – 8 hours
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4) Medical Administration, including, but not limited to, the administration of medications only via oral or topical routes under the direction of a registered professional nurse – 20 hours

5) Ethical and Legal Considerations – 5 hours

6) 10 hours of laboratory instruction

7) 30 hours of RN-supervised clinical practice with progressive responsibility for patient medication assistance

b) For the purpose of this Section, supervision shall mean close physical proximity to the activities performed by the student.

c) The program shall be administered or supervised by an individual who is professionally and academically qualified.

(Source: Added at 39 Ill. Reg. __________ , effective _________________)

Section 1300.670 Medication Aide Scope of Practice

Practice as a medication aide means a person assists with medication administration, with or without compensation, while under the supervision of a registered professional nurse (RN) in a long term care facility.

a) A licensed medication aide may only practice in a qualified facility.

b) Licensed medication aides must be supervised by and receive delegation by a registered nurse that is on duty and present in the facility at all times.

c) Licensed medication aides shall not have a direct-care assignment when scheduled to work as a licensed medication aide, but may assist residents as needed.

d) Licensed medication aides shall not administer any medication until a physician has conducted an initial assessment of the resident.
e) *Licensed medication aides shall not administer any Schedule II controlled substances as set forth in the Illinois Controlled Substances Act, and may not administer any subcutaneous, intramuscular, intradermal, or intravenous medication.* (Section 80-20 of the Act)

(Source: Added at 39 Ill. Reg. __________, effective _________________)

**Section 1300.680 Required Reports of Qualified Facilities**

a) Qualified facilities must submit quarterly reports that include, at a minimum, the following with regard to medication aides:

1) Medication errors and the outcome of the resident.

2) Costs and other financial implications associated with the use of medication aides.

3) The benefits of the program.

4) The quality of service provided by the medication aides.

5) The challenges of the program.

6) Any other issues with regard to patient safety and efficiency.

7) The overall quality of the medication aide curriculum and adherence to sound educational and instructional principles.

8) Current list of licensed medication aides employed at the qualified facility, including termination dates and hiring dates.

b) The Division shall submit a report regarding patient safety, concerns and issues no later than 6 months after termination of the pilot program. The Division may consult with IDPH and other outside entities to develop the report.

(Source: Added at 39 Ill. Reg. __________, effective _________________)