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To: Members of the State Board of Health

From: Laurie Schoder, Policy Advisor, Health Facilities and Emergency Medical Services Division

Through: D. Randy Kuykendall, MLS; Director *DRK*

Date: April 19, 2017

Subject: Proposed Amendments to 6 CCR 1011-1, Standards for Hospitals and Health Facilities, Chapter 24, Medication Administration Regulations, for the Rulemaking Hearing on April 19, 2017

The Department is proposing amendments to its regulations regarding medication administration in order to comply with House Bill 16-1424 which Governor Hickenlooper signed into law on June 10, 2016. The bill changes the way some state agencies handle the training, testing and registration of unlicensed personnel who are statutorily authorized to administer medications in certain types of facilities.

Previously, a person who was not a licensed nurse, physician or pharmacist had to complete a training that was developed by the Department and take a competency examination every four years in order to be deemed qualified to administer medication in certain facilities, including facilities not licensed by the Department. House Bill 16-1424 changed this process. Effective July 1, 2017, individuals who desire to become qualified medication administration persons (QMAPs) in facilities licensed by the Department will be required to receive such training and testing from an independent training entity approved by the Department. On the other hand, the legislation directs the Departments of Health Care Policy and Financing, Human Services, and Corrections to develop and conduct their own medication administration programs for facilities not licensed by the Department. The bill also requires that the Department establish in rule the minimum requirements for the course content, instructor qualifications and competency examinations to be provided by the approved training entities.

Division personnel and stakeholders from a variety of health organizations and geographical locations met monthly from August through February to work through the legislative mandate and arrive at consensus regarding these proposed rule amendments.

For the convenience of board members considering the proposed amendments, the Division has included the text from House Bill 16-1424 in this rulemaking packet.

**STATEMENT OF BASIS AND PURPOSE
AND SPECIFIC STATUTORY AUTHORITY**

For Amendments to 6 CCR 1011-1, Standards for Hospitals and Health Facilities,
Chapter 24, Medication Administration Regulations
April 19, 2017

Basis and Purpose:

Qualified medication administration persons (QMAPs) are unlicensed individuals who are allowed, pursuant to statute, to administer medications to residents and clients of certain health facility types. Previous statutory language authorized the Department to develop a uniform medication administration curriculum which was taught across the state by instructors who contracted with the Department and then tested students to ensure their competency. Retesting was required every four years.

House Bill 16-1424 changed the way the Department manages the training, testing and recognition of qualified medication administration persons. For qualified medication administration persons employed in licensed facilities, training and competency testing will now be provided by independent training entities who must seek and receive Department authorization to offer such a program. The Department is required to establish minimum requirements for course content, competency and compliance by the facilities it licenses. In addition, the every four year retesting requirement has been repealed and a one-time successful completion of the competency evaluation is now sufficient for continuous qualification. The Department will maintain a list of approved training entities as well as a list of individuals who have successfully passed the competency evaluation.

The bill directs three other state agencies to develop their own training programs. The Department of Health Care Policy and Financing and the Department of Human Services operate some programs in which their QMAPs perform additional tasks authorized by statute to meet the unique needs of their clients. The Department has been working with these sister agencies to ascertain how best to align our various program and rule requirements to avoid disruption and maintain training standards and competency. Sections 1.3, 2.1 and 7.4 of the proposed amendment are designed to address the differences in these programs. The proposed amendment does not have specific language related to the Department of Corrections because, in working with that agency, it was determined to be unnecessary.

Although facilities have always been required to conduct criminal background checks for qualified medication administration persons, House Bill 16-1424 changed the language that had focused only on drug-related background checks to general, all-purpose criminal background checks. The proposed rules reflect this change as well in order to align with the new statutory requirements.

This rule was reviewed in 2015, pursuant to Executive Order D2012-002, Section 24-4-103.3, C.R.S. and the Department's Regulatory Efficiency Review policy. House Bill 16-1424 modified that analysis; but to the extent the efficiencies identified in the rule review could be incorporated in these proposed amendments, that has occurred.

Lastly, the Division requests that the rule become effective on July 1, 2017 to coincide with the effective date of the statutory changes.

These rules are promulgated pursuant to the following statutes:

Section 25-1.5-103, C.R.S., (2016)

Section 25-1.5-301, *et seq.*, C.R.S. (2016)

SUPPLEMENTAL QUESTIONS

Is this rulemaking due to a change in state statute?

Yes House Bill 16-1424
 No

Is this rulemaking due to a federal statutory or regulatory change?

Yes
 No

Does this rule incorporate materials by reference?

Yes
 No

Does this rule create or modify fines or fees?

Yes
 No

REGULATORY ANALYSIS

For Amendments to 6 CCR 1011-1, Standards for Hospitals and Health Facilities,
Chapter 24, Medication Administration Regulations
April 19, 2017

1. **A description of the classes of persons who will be affected by the rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the rule.**

Current qualified medication administration persons and instructors will be affected by the rule amendments, along with the types of facilities that are allowed to use qualified medication administration persons. In addition, the rule amendments create a new class of persons, defined as authorized training entities, who will be affected. Primarily two classes will bear the costs of the proposed rule: 1) the authorized training entities that will need to develop the curriculum, train individuals and perform the competency examinations and 2) the students and/or facilities who will now pay these authorized independent entities in order to receive that training. It is anticipated that the rule amendments will benefit all classes by affording greater availability of training and choice.

2. **To the extent practicable, a description of the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected class of persons.**

It is difficult to describe the probable quantitative and qualitative impact of the proposed amendments because the newly created training entities will be able to charge students whatever they choose. It is anticipated that the competition will be a moderating force regarding the price of training. Since House Bill 16-1424 repealed the requirement that the competency examination be taken every four years and replaced it with a one-time evaluation, it is anticipated that will lessen the financial burden for individuals who currently have or are seeking qualification as a medication administration person. The cost for the requisite criminal background check remains the same as before. There is a new requirement that a facility hiring a qualified medication administration person after July 1, 2017 must ensure that the individual is adequately supervised until completion of on-the-job training. The cost of such supervision is anticipated to be minimal and outweighed by the benefit of ensuring that QMAPS are sufficiently prepared to administer medications in an individual facility.

3. **The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.**

The Department will incur costs to implement and administratively maintain the proposed rule amendments. The anticipation is that these costs will be covered by the fee that approved training entities must tender when submitting an individual's name for inclusion in the public competency listing. The probable costs to other state agencies is unknown at this time, although the Department has been working closely with the Departments of Health Care Policy and Financing and Human Services to

clarify their respective programs and minimize any potential conflicts or administrative burdens. The bill requires the Department to set a uniform fee for inclusion on the public competency listing. The Department is currently contemplating a registration fee of \$14 that, based on the anticipated number of new QMAPs, would result in annual revenue of \$71,400 to oversee the program. The fee amount is informational only since the statute does not require the fee to be established by the Board of Health and these proposed amendments do not include a fee.

4. A comparison of the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

The proposed amendments are necessary in order to comply with House Bill 16-1424. Inaction is not an option as it would result in violation of the amended statutes.

5. A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

There are no less costly or less intrusive methods for achieving the purpose of the rule amendments since the changes are mandated by statute.

6. Alternative rules or alternatives to rulemaking considered and why rejected.

The Department is making several administrative changes through policy. However, since the legislation specifically required the Department to establish by rule the minimum requirements for training entities, including instructor qualifications and the approval process, no other alternatives to the proposed rule amendments were seriously considered or deemed appropriate.

7. To the extent practicable, a quantification of the data used in the analysis; the analysis must take into account both short-term and long-term consequences.

The current Department administered program for qualified medication administration persons trains approximately 6,000 individuals per year, but the Department expects that number to decrease since retesting won't be required every four years. The Department estimates that approximately 5,100 students would still seek training and registration annually. There are over 1600 licensed facilities that are authorized to use qualified medication administration personnel and that number is increasing on an annual basis.

STAKEHOLDER COMMENTS

For Amendments to 6 CCR 1011-1, Standards for Hospitals and Health Facilities, Chapter 24, Medication Administration Regulations

State law requires agencies to establish a representative group of participants when considering to adopt or modify new and existing rules. This is commonly referred to as a stakeholder group.

Early Stakeholder Engagement:

The following individuals and/or entities were invited to provide input and included in the development of these proposed rules: Shortly after House Bill 16-1424 was signed into law, the Department reached out to stakeholders to request their participation in a task force to discuss the new legislation, revise the existing regulations and work through the potential administrative processes. The task force was comprised of Department personnel and representatives of the diverse group of stakeholders that will be affected by the proposed rule changes. Specifically, the task force included the representatives of the following groups and/or facilities: Colorado Assisted Living Association, Colorado Health Care Association, LeadingAge Colorado, Peakview Assisted Living and Memory Care, Discover Goodwill, Winfield/Myron Stratton Home, King Adult Day, Pharmerica, and Pathways Hospice and Palliative Care. Representatives from the Departments of Health Care Policy and Financing and Human Services were also in attendance as were many members of the public. Since August 2016, the Department representatives and stakeholders have engaged in six lengthy meetings to reach consensus on these proposed amendments.

Stakeholder Group Notification

The stakeholder group was provided notice of the rulemaking hearing and provided a copy of the proposed rules or the internet location where the rules may be viewed. Notice was provided prior to the date the notice of rulemaking was published in the Colorado Register.

Not applicable.

Yes.

Summarize Major Factual and Policy Issues Encountered and the Stakeholder Feedback Received. If there is a lack of consensus regarding the proposed rule, please also identify the Department's efforts to address stakeholder feedback or why the Department was unable to accommodate the request.

No major factual or policy issues were encountered since the legislation is reasonably prescriptive as to the proposed amendments that must be adopted. The Department and stakeholders reached consensus on all major issues.

Please identify health equity and environmental justice (HEEJ) impacts. Does this proposal impact Coloradoans equally or equitably? Does this proposal provide an opportunity to advance HEEJ? Are there other factors that influenced these rules?

The proposed amendments impact Coloradoans as equally or equitably as could be accomplished within the parameters of the legislation that mandated the amendments.

HOUSE BILL 16-1424**CONCERNING QUALIFICATIONS FOR THE ADMINISTRATION OF MEDICATIONS IN FACILITIES, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.**

SECTION 1. In Colorado Revised Statutes, 25-1.5-301, **amend** (2) (h) and (4) (b) as follows:

25-1.5-301. Definitions. As used in this part 3, unless the context otherwise requires:

(2) "Facility" means:

(h) All services funded through and regulated by the department of ~~human services~~ HEALTH CARE POLICY AND FINANCING pursuant to article ~~10-5 6~~ of title ~~27~~ 25.5, C.R.S., in support of persons with intellectual and developmental disabilities; and

(4) "Qualified manager" means a person who:

(b) Has completed training in the administration of medications pursuant to section 25-1.5-303 or is a licensed nurse pursuant to article 38 of title 12, C.R.S., a licensed physician pursuant to article 36 of title 12, C.R.S., or a licensed pharmacist pursuant to article 42.5 of title 12, C.R.S. Every unlicensed person who is a "qualified manager" within the meaning of this subsection (4) shall ~~every four years,~~ successfully complete a ~~test approved by the department~~ COMPETENCY EVALUATION pertaining to the administration of medications.

SECTION 2. In Colorado Revised Statutes, 25-1.5-302, **amend** (1) introductory portion, (1) (a), (3), and (8); and **add** (9) and (10) as follows:

25-1.5-302. Administration of medications - powers and duties of department - criminal history record checks. (1) The department has, in addition to all other powers and duties imposed upon it by law, the power and duty to establish and maintain by rule ~~and regulation~~ a program for the administration of medications in facilities. ~~which program shall be developed and conducted by the department of human services and the department of corrections, as provided in this part 3~~ THE DEPARTMENT OF HUMAN SERVICES, THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, AND THE DEPARTMENT OF CORRECTIONS SHALL DEVELOP AND CONDUCT A MEDICATION ADMINISTRATION PROGRAM AS PROVIDED IN THIS PART 3. A MEDICATION ADMINISTRATION PROGRAM DEVELOPED PURSUANT TO THIS SUBSECTION (1) MUST BE CONDUCTED within the following guidelines:

(a) As a condition to authorizing or renewing the authorization to operate any facility that administers medications to persons under its care, the authorizing agency shall require that the facility have a staff member qualified pursuant to paragraph (b) of this subsection (1) on duty at any time that the facility administers such medications and that the facility maintain a written record of each medication administered to each resident, including the DATE, time, and ~~the~~ amount of the medication AND THE SIGNATURE OF THE PERSON ADMINISTERING THE MEDICATION. Such record will be IS subject to review by the authorizing agency as a part of its THE AGENCY'S procedure in authorizing the continued operation of the facility. Notwithstanding any exemption enumerated in paragraph (b) of this subsection (1), any facility may establish a policy ~~which~~ THAT requires a person authorized to administer medication

to report to, be supervised by, or to be otherwise accountable for the performance of such administration to a registered nurse as defined in section 12-38-103, C.R.S.

(3) ~~If either~~ The department of human services, ~~or~~ THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, AND the department of corrections wishes to use a different training curriculum and competency evaluation procedure for those who administer medications in the facilities whose operation is authorized by those departments, such department shall ensure that such training curriculum and competency evaluation procedure are first submitted to the department of public health and environment for its review. If, after such review, the department of public health and environment has no objection, the submitting department shall assume responsibility for the cost and implementation of such curriculum and evaluation in keeping with the other provisions of this medications administration program for those facilities whose operation is authorized by such department. Any department that administers competency evaluations shall maintain a list of those who have successfully completed such competency evaluation and shall forward a copy of such list to the department of public health and environment within forty-five days after administration of such evaluation MAY DEVELOP AND APPROVE MINIMUM REQUIREMENTS FOR COURSE CONTENT, INCLUDING COMPETENCY EVALUATIONS, FOR INDIVIDUALS WHO ADMINISTER MEDICATIONS IN FACILITIES WHOSE OPERATION IS AUTHORIZED BY THOSE DEPARTMENTS. A DEPARTMENT THAT ADMINISTERS COMPETENCY EVALUATIONS SHALL MAINTAIN A PUBLIC LIST OF INDIVIDUALS WHO HAVE SUCCESSFULLY COMPLETED THE COMPETENCY EVALUATION.

(8) Each owner, operator, or supervisor of a facility who employs a person who is not licensed to administer medications shall conduct a ~~drug-related~~ criminal background check on each employee prior to employment OR PROMOTION TO A POSITION IN WHICH THE PERSON HAS ACCESS TO MEDICATIONS.

(9) EVERY UNLICENSED PERSON AND QUALIFIED MANAGER DESCRIBED IN THIS SECTION, AS A CONDITION OF EMPLOYMENT OR PROMOTION TO A POSITION IN WHICH HE OR SHE HAS ACCESS TO MEDICATIONS, SHALL SIGN A DISCLOSURE STATEMENT UNDER PENALTY OF PERJURY STATING THAT HE OR SHE NEVER HAD A PROFESSIONAL LICENSE TO PRACTICE NURSING, MEDICINE, OR PHARMACY REVOKED IN THIS OR ANY PAGE 3-HOUSE BILL 16-1424 OTHER STATE FOR REASONS DIRECTLY RELATED TO THE ADMINISTRATION OF MEDICATIONS.

(10) A PERSON WHO, ON OR BEFORE JULY 1, 2017, IS AUTHORIZED TO ADMINISTER MEDICATION PURSUANT TO THIS SECTION IS NOT REQUIRED TO COMPLETE ADDITIONAL TRAINING BUT IS OTHERWISE SUBJECT TO THIS SECTION.

SECTION 3. In Colorado Revised Statutes, 25-1.5-302, **amend** (2); and **repeal** (4), (5), (6), and (7) as follows:

25-1.5-302. Administration of medications - powers and duties of department - criminal history record checks. (2) (a) The department ~~in cooperation with appropriate agencies or advisory bodies, shall develop or approve training curricula and competency evaluation procedures for those who administer medications in facilities~~ ESTABLISH BY RULE THE MINIMUM REQUIREMENTS FOR COURSE CONTENT, INCLUDING COMPETENCY EVALUATIONS, FOR MEDICATION ADMINISTRATION AND TO DETERMINE COMPLIANCE WITH THE REQUIREMENTS FOR FACILITIES LICENSED UNDER THIS TITLE.

(b) THE DEPARTMENT SHALL APPROVE TRAINING ENTITIES FOR FACILITIES LICENSED UNDER THIS TITLE AND MAINTAIN A LIST OF APPROVED TRAINING ENTITIES. THE DEPARTMENT SHALL ESTABLISH BY RULE THE MINIMUM REQUIREMENTS FOR TRAINING ENTITIES, INCLUDING INSTRUCTOR QUALIFICATIONS AND THE APPROVAL PROCESS. APPROVED TRAINING ENTITIES SHALL PROVIDE THE DEPARTMENT WITH A LIST OF ALL PERSONS WHO HAVE SUCCESSFULLY COMPLETED A COMPETENCY EVALUATION.

(c) TRAINING ENTITIES SHALL ALSO PROVIDE THE DEPARTMENT WITH ANY OTHER PERTINENT INFORMATION REASONABLY REQUESTED BY THE DEPARTMENT PURSUANT TO THE DEPARTMENT'S OBLIGATION AND AUTHORITY UNDER THIS SECTION.

(d) THE DEPARTMENT SHALL PUBLISH AND MAINTAIN A CURRENT LIST OF ALL PERSONS WHO HAVE PASSED A COMPETENCY EVALUATION FROM AN APPROVED TRAINING ENTITY AND PAID THE FEE REQUIRED BY PARAGRAPH (e) OF THIS SUBSECTION (2).

(e) THE DEPARTMENT SHALL SET AND COLLECT A UNIFORM FEE FOR PAGE 4-HOUSE BILL 16-1424 INCLUSION IN THE PUBLIC COMPETENCY LISTING. THE DEPARTMENT SHALL NOT INCLUDE AN INDIVIDUAL ON THE PUBLIC LISTING UNLESS THE INDIVIDUAL HAS SUCCESSFULLY COMPLETED A COMPETENCY EVALUATION FROM AN APPROVED TRAINING ENTITY AND PAID THE FEE ESTABLISHED BY THE DEPARTMENT. THE REVENUE GENERATED FROM THE FEE MUST APPROXIMATE THE DIRECT AND INDIRECT COSTS INCURRED BY THE DEPARTMENT IN THE PERFORMANCE OF DUTIES UNDER THIS SECTION.

~~(4) The department shall assure that training sessions, each followed by a competency evaluation set to measure basic competency only, are offered at various geographic locations in the state. An individual who does not pass the competency evaluation may apply to retake it. An appropriate fee must be paid each time the competency evaluation is taken. An individual may apply for and take the competency evaluation only once without having first attended a training session approved by the department. If such individual fails to meet a minimum competency level on such first evaluation, the applicant must attend an approved training session before again taking the competency evaluation.~~

~~(5) The department shall set and collect a uniform fee for any training session given and a uniform fee for any competency evaluation administered under the provisions of this section whether the department administers such training or testing or contracts with a private provider pursuant to subsection (7) of this section, so that the revenue generated from such fees approximates the direct and indirect costs incurred by the department in the performance of its duties under this section. No person shall enroll in a training session or take the competency evaluation test until such person applies and makes payment of the appropriate fees to the department.~~

~~(6) If the individual authorized to administer medication pursuant to subsection (1) of this section is found, during the course of any review by the authorizing agency as part of its procedure in authorizing the continued operation of the facility, to be unable or unwilling to comply with the training regimen established for medication administration, the department may order retraining as a remedial measure.~~

~~(7) (a) If the department determines that it is not able to provide the training and administer competency evaluations pursuant to this section, the department may contract with a private provider or instructor to provide such training and administer such competency evaluations.~~

~~(b) Before any private contractor may offer training pursuant to this subsection (7), such private contractor shall be reviewed by the department. Only those private contractors approved by the department may offer training. Any such approved private contractor shall offer only a medication administration training program which has been approved by the department. The department shall maintain a list of approved medication administration contractors. The department shall compensate contractors from the fees collected from each trainee in attendance at any such privately contracted training session or competency evaluation.~~

~~(c) All private contractors shall provide the department with a list of all persons who have taken such contractor's approved training sessions or have passed the competency evaluation or both. Such contractors shall also provide the department with any other pertinent information reasonably requested by the department pursuant to its obligations and authority under this section. The department shall maintain a listing of all persons who have passed the competency evaluation on its web site.~~

SECTION 4. In Colorado Revised Statutes, 25-1.5-303, **amend** (1), (2), (3), and (5) (c) as follows:

25-1.5-303. Medication reminder boxes or systems - medication cash fund - repeal. (1) Medication reminder boxes or systems may be used if such containers have been filled and properly labeled by a pharmacist licensed pursuant to article 42.5 of title 12, C.R.S., a nurse licensed pursuant to article 38 of title 12, C.R.S., or an unlicensed person trained pursuant to this section or filled and properly labeled through the gratuitous care by members of one's family or friends. Nothing in this section authorizes or shall be construed to authorize the practice of pharmacy, as defined in section 12-42.5-102 (31), C.R.S. ~~No~~An unlicensed person shall NOT fill and label medication reminder boxes pursuant to this section until ~~such~~ THE person has SUCCESSFULLY completed ~~appropriate training approved by the department,~~ A COMPETENCY EVALUATION FROM AN APPROVED TRAINING ENTITY OR HAS BEEN APPROVED BY AN AUTHORIZED AGENCY, and no facility shall use an unlicensed person to perform such services unless ~~such~~ THE facility has a qualified manager to oversee the work of ~~such~~ THE unlicensed person or persons. ~~Every unlicensed person and qualified manager described in this section shall sign a disclosure statement under penalty of perjury stating that he or she never had a professional license to practice nursing, medicine, or pharmacy revoked in this or any other state for reasons directly related to the administration of medications.~~

(2) The department has, in addition to all other powers and duties imposed upon it by law, the powers and duties provided in this section to develop and implement ~~policies and procedures~~ RULES with respect to the provisions in subsection (1) of this section concerning the administration of medication reminder boxes.

(3) The executive directors of the departments that control the facilities defined in section 25-1.5-301 (2) (a) and (2) (b) may direct the unlicensed staff of any such facility to monitor medications in any part of any such facility. Administration of medications in any such facility shall be allowed only in those areas of any such facility that have a licensed physician or other licensed practitioner on duty. Notwithstanding other training requirements established in this section, the operator or administrator of every facility that hires an unlicensed person to administer medications pursuant to this section shall provide on-the-job training for such person, and all such unlicensed persons hired on or after July 1, ~~1998~~ 2017, shall be adequately supervised until they have SUCCESSFULLY completed ~~such~~ THE training. ~~Such~~ THE on-the-job training shall MUST be appropriate to the job responsibilities of each trainee.

Facility operators and administrators shall require each unlicensed person who administers medication in the facility to pass the A competency evaluation developed or approved by the department pursuant to section 25-1.5-302 (2) as a condition of employment in that facility. ~~at least once every five years.~~ Facility operators and administrators shall document each unlicensed person's satisfactory completion of on-the-job training and passage of the competency evaluation in his or her permanent personnel file.

(5) (c) (I) Any ~~moneys~~ MONEY collected by the department from persons taking a training program or a competency examination from a private contractor approved pursuant to section 25-1.5-302 (7) shall be transmitted to the state treasurer, who shall credit the same to the medication administration cash fund created in paragraph (a) of this subsection (5). Such ~~moneys~~ MONEY collected from the fees charged for any such training program or competency examination shall be annually appropriated by the general assembly to the department for the purpose of paying private contractors for services rendered and for paying the department's direct and indirect costs incurred pursuant to section 25-1.5-302 (7).

(II) THIS PARAGRAPH (c) IS REPEALED, EFFECTIVE JULY 1, 2017.

SECTION 5. Appropriation. For the 2016-17 state fiscal year, \$30,298 is appropriated to the department of public health and environment for use by the health facilities and emergency medical services division. This appropriation is from the medication administration cash fund created in section 25-1.5-303 (5) (a), C.R.S., and is based on an assumption that the division will require an additional 0.5 FTE. To implement this act, the division may use this appropriation for administration and operations.

SECTION 6. Effective date. This act takes effect July 1, 2016; except that section 3 of this act takes effect July 1, 2017.

SECTION 7. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

1 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
2 Health Facilities and Emergency Medical Services Division

3 STANDARDS FOR HOSPITALS AND HEALTH FACILITIES: CHAPTER 24 - MEDICATION

4 ADMINISTRATION REGULATIONS

5 6 CCR 1011-1 Chapter 24

6 (Yellow highlighting indicates a change from the version presented at the request for rule-making)

7 EFFECTIVE JULY 1, 2017

8

9 SECTION 1 – STATUTORY AUTHORITY AND APPLICABILITY

10 1.1 The statutory authority for the promulgation of these rules is set forth in sections 25-1.5-103
11 and 25-1.5-301, ~~et seq.~~ THROUGH 25-1.5-303, C.R.S.

12 1.2 Any licensed facility that administers medications to persons under its care shall comply with all
13 applicable federal and state statutes and regulations, including but not limited to this Chapter
14 XXIV 24.

15
16 1.3 Any facility, AS DEFINED HEREIN, THAT ADMINISTERS MEDICATIONS TO PERSONS UNDER ITS CARE BUT IS
17 NOT LICENSED BY THE DEPARTMENT MAY BE REQUIRED TO COMPLY WITH THIS CHAPTER 24 AS A
18 CONDITION OF OPERATING ITS FACILITY IF SO DIRECTED BY ITS AUTHORIZING STATE AGENCY.

19 SECTION 2 – DEFINITIONS

20 2.1 "ADMINISTRATION" MEANS ASSISTING A PERSON IN THE INGESTION, APPLICATION, INHALATION, OR, USING
21 UNIVERSAL PRECAUTIONS, RECTAL OR VAGINAL INSERTION OF MEDICATION, INCLUDING PRESCRIPTION
22 DRUGS, ACCORDING TO THE LEGIBLY WRITTEN OR PRINTED DIRECTIONS OF THE ATTENDING PHYSICIAN OR
23 OTHER AUTHORIZED PRACTITIONER OR AS WRITTEN ON THE PRESCRIPTION LABEL AND MAKING A WRITTEN
24 RECORD THEREOF WITH REGARD TO EACH MEDICATION ADMINISTERED, INCLUDING THE TIME AND THE
25 AMOUNT TAKEN, BUT "ADMINISTRATION" DOES NOT INCLUDE JUDGMENT, EVALUATION, OR ASSESSMENTS
26 OR THE INJECTIONS OF MEDICATION, THE MONITORING OF MEDICATION, OR THE SELF-ADMINISTRATION OF
27 MEDICATION, INCLUDING PRESCRIPTION DRUGS AND INCLUDING THE SELF-INJECTION OF MEDICATION BY
28 THE RESIDENT.

29
30 "ADMINISTRATION" ALSO MEANS INGESTION THROUGH GASTROSTOMY TUBES OR NASO-GASTRIC TUBES,
31 IF ADMINISTERED BY A PERSON AUTHORIZED PURSUANT TO SECTION 25.5-10-204(2)(J) AND 27-10.5-
32 103(2)(i), C.R.S., AS PART OF RESIDENTIAL OR DAY PROGRAM SERVICES PROVIDED THROUGH SERVICE
33 AGENCIES APPROVED BY THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING AND SUPERVISED BY
34 A LICENSED PHYSICIAN OR NURSE.

35
36 2.2 "APPROVED TRAINING ENTITY" MEANS AN AGENCY, ASSOCIATION, FACILITY, INDIVIDUAL, INSTITUTION OR
37 ORGANIZATION THAT IS APPROVED BY THE DEPARTMENT TO PROVIDE MEDICATION ADMINISTRATION
38 STUDENTS WITH A SUITABLE CLASSROOM AND CLINICAL EXPERIENCE.

39
40 2.3 "APPROVAL" MEANS RECOGNITION THAT A MEDICATION ADMINISTRATION TRAINING PROGRAM MEETS THE
41 STANDARDS ESTABLISHED BY THE DEPARTMENT.

42 2.4 "AUTHORIZED PRACTITIONER" MEANS THE ATTENDING PHYSICIAN OR OTHER INDIVIDUAL AUTHORIZED BY
43 LAW TO PRESCRIBE TREATMENT, MEDICATION OR MEDICAL DEVICES WHO HOLDS A CURRENT
44 UNRESTRICTED LICENSE TO PRACTICE AND IS ACTING WITHIN THE SCOPE OF SUCH AUTHORITY.

45
46

- 1 2.5 "CLASSROOM" MEANS THAT PORTION OF THE TRAINING PROGRAM IN WHICH MEDICATION ADMINISTRATION
2 STUDENTS RECEIVE INSTRUCTION IN THE PRINCIPLES THAT FORM THE BASIS FOR SAFE MEDICATION
3 ADMINISTRATION AND CONFORM TO THE REQUIREMENTS OF THIS CHAPTER 24. THE CLASSROOM
4 PORTION OF THE TRAINING PROGRAM MAY BE CONDUCTED EITHER ELECTRONICALLY OR IN PERSON.
5
- 6 2.6 "COMPETENCY EVALUATION" MEANS EITHER:
- 7 (A) THE EXAMINATION OFFERED BY AN APPROVED TRAINING ENTITY THAT MUST BE TAKEN AND
8 PASSED AS A CONDITION OF BECOMING A QUALIFIED MEDICATION ADMINISTRATION PERSON, OR
9
- 10 (B) THE WRITTEN AND CLINICAL EXAMINATION ADMINISTERED BY THE DEPARTMENT BEFORE JULY 1,
11 2017.
- 12 2.7 "CONTROLLED SUBSTANCE" MEANS ANY MEDICATION THAT IS REGULATED AND CLASSIFIED BY THE
13 CONTROLLED SUBSTANCES ACT AT 21 USC §812 AS BEING SCHEDULE II THROUGH V.
- 14 2.8 "COURSE CONTENT" MEANS THE CLASSROOM AND SKILLS PRACTICE THAT THE TRAINING ENTITY IS
15 REQUIRED TO DELIVER AS A CONDITION OF DEPARTMENT APPROVAL.
- 16 2.49 "Department" means the Department of Public Health and Environment.
- 17 2.210 "Facility" for purposes of this Chapter means:
- 18 (A) Correctional facilities under the supervision of the Executive Director of the Department
19 of Corrections;
- 20 (B) Juvenile facilities operated by or under contract with the Department of Human Services,
21 as set forth in section 19-2-401, et seq., C.R.S.;
- 22 (C) Assisted living residences as defined in section 25-27-102(1.3), C.R.S.;
- 23 (D) Adult foster care facilities provided for in section 26-2-122.3, C.R.S.;
- 24 (E) Alternate care facilities provided for in section 25.5-6-303(3), C.R.S.;
- 25 (F) Residential child care facilities for children as defined in section 26-6-102(8), C.R.S.;
- 26 (G) Secure residential treatment centers as defined in section 26-6-102(9), C.R.S.;
- 27 (H) Facilities that provide treatment for persons with mental illness as defined in section 27-
28 65-102(7), C.R.S, except for those facilities which are publicly or privately licensed
29 hospitals;
- 30 (I) All services funded through and regulated by the Department of ~~Human Services~~ HEALTH
31 CARE POLICY AND FINANCING pursuant to article ~~40-5 6~~ of Title ~~27 25.5~~, C.R.S., in support
32 of persons with INTELLECTUAL AND developmental disabilities; and
- 33 (J) Adult day care facilities providing services in support of persons as defined in section
34 25.5-6-303(1), C.R.S.
- 35 2.11 "MEDICATION ADMINISTRATION TRAINING PROGRAM" (HEREINAFTER REFERRED TO AS "TRAINING
36 PROGRAM") MEANS A COURSE OF STUDY THAT IS APPROVED BY THE DEPARTMENT THAT MEETS THE
37 REQUIREMENTS OF THIS CHAPTER.

- 1 2.312 "Medication reminder box" means a container that is compartmentalized and designed to hold
2 medications for distribution according to a time element such as day, week, or portions thereof.
- 3 2.13 "MONITORING" MEANS
- 4 (A) REMINDING THE RESIDENT TO TAKE MEDICATION(S) AT THE TIME ORDERED BY THE
5 AUTHORIZED PRACTITIONER;
- 6 (B) HANDING A RESIDENT A CONTAINER OR PACKAGE OF MEDICATION THAT WAS LAWFULLY LABELED
7 PREVIOUSLY BY AN AUTHORIZED PRACTITIONER FOR THE INDIVIDUAL RESIDENT;
- 8 (C) VISUAL OBSERVATION OF THE RESIDENT TO ENSURE COMPLIANCE;
- 9 (D) MAKING A WRITTEN RECORD OF THE RESIDENT'S COMPLIANCE WITH REGARD TO EACH
10 MEDICATION, INCLUDING THE TIME TAKEN; AND
- 11 (E) NOTIFYING THE AUTHORIZED PRACTITIONER IF THE RESIDENT REFUSES OR IS UNABLE TO
12 COMPLY WITH THE PRACTITIONER'S INSTRUCTIONS REGARDING THE MEDICATION.
- 13 2.14 "NURSE" MEANS AN INDIVIDUAL WHO HOLDS A CURRENT UNRESTRICTED LICENSE TO PRACTICE PURSUANT
14 TO ARTICLE 38 OF TITLE 12, C.R.S., AND IS ACTING WITHIN THE SCOPE OF SUCH AUTHORITY.
- 15 2.15 "Qualified manager" means a person who:
- 16 (A) Is the owner or operator of the facility or a supervisor designated by the owner or
17 operator of the facility for the purpose of implementing sections 25-1.5-303, C.R.S., and
- 18 (B) Has completed training in the administration of medication pursuant to section 25-1.5-
19 303, C.R.S., or is a licensed nurse, licensed physician, or licensed pharmacist in the
20 State of Colorado.
- 21 2.16 "PROGRAM COORDINATOR" MEANS THE INDIVIDUAL DESIGNATED BY AN APPROVED TRAINING ENTITY WHO
22 ACTS AS LIAISON TO THE DEPARTMENT AND IS RESPONSIBLE FOR TRANSMITTING THE NAMES OF
23 STUDENTS WHO HAVE PASSED THE TRAINING ENTITY'S COMPETENCY EXAMINATION, APPLICABLE FEES
24 AND COURSE CONTENT UPDATES.
- 25 2.17 "QUALIFIED INSTRUCTOR" MEANS A NURSE, PHARMACIST, PHYSICIAN OR PHYSICIAN ASSISTANT WITH AN
26 ACTIVE, UNRESTRICTED COLORADO LICENSE.
- 27 2.518 "Qualified medication administration staff member PERSON" or "QMAP" means ~~a person~~ AN
28 INDIVIDUAL who ~~has passed the department's competency evaluation and:~~ PASSED A COMPETENCY
29 EVALUATION ADMINISTERED BY THE DEPARTMENT BEFORE JULY 1, 2017, OR PASSED A COMPETENCY
30 EVALUATION ADMINISTERED BY AN APPROVED TRAINING ENTITY ON OR AFTER JULY 1, 2017 AND WHOSE
31 NAME APPEARS ON THE DEPARTMENT'S LIST OF PERSONS WHO HAVE PASSED THE REQUISITE
32 COMPETENCY EVALUATION.
- 33 ~~(A) Is trained and employed by a facility on a full or part-time basis to provide direct care
34 service including medication administration to the facility's residents, or~~
- 35 ~~(B) Is utilized by a facility on a contractual, full or part-time basis to provide direct care
36 services including medication administration to the facility's residents.~~
- 37 ~~(1) The term qualified medication administration staff member does not apply to
38 intermittent, temporary or pool staffing services provided by agencies offering
39 such services.~~

1 2.619 "Self-administration" means the ability of a person to take medication independently without any
2 assistance from another person.

3 2.20 "SKILLS PRACTICE" MEANS THAT PORTION OF THE TRAINING PROGRAM WHERE STUDENTS IN A SIMULATED
4 CARE SETTING PRACTICE MEDICATION ADMINISTRATION SKILLS AND APPLICATION OF CLASSROOM
5 PRINCIPLES UNDER THE DIRECT SUPERVISION OF QUALIFIED INSTRUCTORS. THE SKILLS PRACTICE
6 PORTION OF THE TRAINING PROGRAM SHALL BE CONDUCTED IN PERSON AND NOT ELECTRONICALLY.

7 SECTION 3 – GENERAL PROVISIONS FACILITY RESPONSIBILITIES

8 3.1 ~~The~~ EACH facility shall ensure that there is a qualified medication administration PERSON ~~staff~~
9 ~~member~~ onsite any time medication is administered, including when medication is administered
10 pro re nata (PRN) or "as needed."

11 ~~3.2 The facility shall maintain payment or other documentation verifying the employment status of~~
12 ~~each qualified medication administration staff member.~~

13 ~~(A) If the qualified medication administration staff member is a contract employee,~~
14 ~~documentation shall consist of the employment contract and include the following:~~

15 ~~(1) The name of the specific person who is trained in medication administration and~~
16 ~~will be providing those services;~~

17 ~~(2) Verification that the person's direct care and medication administration services~~
18 ~~will only be provided to the residents of the licensed facility; and~~

19 ~~(3) Verification that the facility is paying for this person's services.~~

20 ~~3.3 The department shall maintain a list on its web site of all qualified medication administration staff~~
21 ~~members who have passed the competency evaluation.~~

22 ~~3.4 Every unlicensed person who is a "qualified manager" shall pass the competency evaluation~~
23 ~~approved by the department pertaining to the administration of medications at least once every~~
24 ~~four years.~~

25 ~~3.5 The facility shall report to the department if a QMAP or qualified manager engages in a pattern of~~
26 ~~deficient medication administration practice or administers medication contrary to a physician's~~
27 ~~order or these rules that either causes or has the potential to cause harm to the recipient. Such~~
28 ~~report shall be made no later than the next business day after the occurrence or no later than the~~
29 ~~next business day after the facility becomes aware of the occurrence.~~

30 SECTION 4 – POLICIES AND PROCEDURES

31 ~~4.1 All licensed facilities shall maintain and follow written policies and procedures for the~~
32 ~~administration of medication that are consistent with the regimen taught in the medication~~
33 ~~administration course.~~

34 ~~4.2-3.2 Pursuant to section 25-1.5-302(8), C.R.S., e Each facility that employs a person who is not~~
35 ~~licensed to administer medications shall conduct a drug-related criminal background check on~~
36 ~~each person prior to employment~~ EACH OWNER, OPERATOR OR SUPERVISOR OF A FACILITY THAT
37 EMPLOYS A PERSON WHO IS NOT LICENSED TO ADMINISTER MEDICATIONS SHALL CONDUCT A CRIMINAL
38 BACKGROUND CHECK ON EACH EMPLOYEE PRIOR TO EMPLOYMENT OR PROMOTION TO A POSITION IN
39 WHICH HE OR SHE HAS ACCESS TO MEDICATIONS.

- 1 ~~(A) All licensed facilities shall establish, follow and maintain a written policy and procedure~~
2 ~~concerning drug-related criminal background checks. Such policy and procedure shall~~
3 ~~include, at a minimum:~~
- 4 ~~(1) Criteria for the investigation and evaluation of any drug-related offenses revealed~~
5 ~~by the background check, and~~
- 6 ~~(2) Criteria for monitoring any person hired with prior drug-related offenses. and~~
- 7 ~~(3) Sufficient record keeping to document compliance with items (1) and (2).~~
- 8 ~~4.3 Facility operators and administrators shall require each unlicensed person who administers~~
9 ~~medication in the facility to pass the competency evaluation developed or approved by the~~
10 ~~department pursuant to section 25-1.5-302(2), C.R.S., as a condition of employment in that~~
11 ~~facility at least once every five years. QMAPs who have not retested in the five years prior to~~
12 ~~January 1, 2010, shall do so as soon as practicable, but no later than January 1, 2012.~~
- 13 ~~(A) Facility operators and administrators shall document each unlicensed person's~~
14 ~~satisfactory completion of on-the-job training and passage of the competency evaluation~~
15 ~~in his or her permanent personnel file.~~
- 16 ~~(B) If an existing QMAP does not successfully complete the competency evaluation within~~
17 ~~the time limits established in this section 4.3, the facility shall immediately cancel that~~
18 ~~individual's medication administration responsibility and so notify the department.~~
- 19 3.3 EACH FACILITY SHALL ESTABLISH, FOLLOW AND MAINTAIN A WRITTEN POLICY AND PROCEDURE
20 CONCERNING CRIMINAL BACKGROUND CHECKS REQUIRED BY SECTION 3.2. SUCH POLICY AND
21 PROCEDURE SHALL INCLUDE, AT A MINIMUM:
- 22 (A) CRITERIA FOR THE INVESTIGATION AND EVALUATION OF ANY CRIMINAL OFFENSES REVEALED BY
23 THE BACKGROUND CHECK, AND
- 24 (B) CRITERIA FOR MONITORING ANY PERSON HIRED WITH A CRIMINAL OFFENSE HISTORY.
- 25 3.4 A FACILITY SHALL REQUIRE EACH QUALIFIED MEDICATION ADMINISTRATION PERSON OR QUALIFIED
26 MANAGER, AS A CONDITION OF EMPLOYMENT OR PROMOTION TO A POSITION WHERE THE INDIVIDUAL HAS
27 ACCESS TO MEDICATIONS, TO SIGN A DISCLOSURE STATEMENT UNDER PENALTY OF PERJURY STATING
28 THAT HE OR SHE HAS NEVER HAD A PROFESSIONAL LICENSE TO PRACTICE NURSING, MEDICINE, OR
29 PHARMACY REVOKED IN COLORADO OR ANY OTHER STATE FOR REASONS DIRECTLY RELATED TO THE
30 ADMINISTRATION OF MEDICATIONS.
- 31 3.5 A FACILITY THAT EMPLOYS OR CONTRACTS WITH A PERSON WHO IS NOT LICENSED TO ADMINISTER
32 MEDICATIONS SHALL VERIFY THAT THE PERSON'S NAME IS INCLUDED ON THE DEPARTMENT'S LIST OF
33 QUALIFIED MEDICATION ADMINISTRATION PERSONS.
- 34 3.6 THE OPERATOR OR ADMINISTRATOR OF EACH FACILITY THAT HIRES A QUALIFIED MEDICATION
35 ADMINISTRATION PERSON SHALL PROVIDE SUCH PERSON WITH ON-THE-JOB TRAINING THAT FOCUSES ON
36 THE UNIQUE NEEDS OF THE FACILITY.
- 37 3.7 A FACILITY SHALL ENSURE THAT EACH QUALIFIED MEDICATION ADMINISTRATION PERSON HIRED ON OR
38 AFTER JULY 1, 2017, IS ADEQUATELY SUPERVISED UNTIL HE OR SHE HAS SUCCESSFULLY COMPLETED
39 THE TRAINING.
- 40 3.8 THE FACILITY SHALL RETAIN DOCUMENTATION OF COMPLIANCE WITH SECTIONS 3.2 THROUGH 3.7.

1 SECTION 4 - PROCEDURES FOR TRAINING ENTITY APPROVAL

2 4.1 ANY AGENCY, ASSOCIATION, FACILITY, INDIVIDUAL, INSTITUTION OR ORGANIZATION DESIRING TO BECOME
3 AN APPROVED TRAINING ENTITY SHALL:

4 (A) SUBMIT AN APPLICATION AND ALL REQUIRED ATTACHMENTS CONCERNING ITS MEDICATION
5 ADMINISTRATION TRAINING PROGRAM IN THE FORM AND MANNER REQUIRED BY THE
6 DEPARTMENT, AND

7 (B) DESIGNATE A PROGRAM COORDINATOR WHO SHALL BE RESPONSIBLE FOR COMPLIANCE WITH
8 THIS CHAPTER.

9 4.2 A TRAINING ENTITY SHALL NOT ENROLL STUDENTS IN A MEDICATION ADMINISTRATION TRAINING PROGRAM
10 UNTIL IT HAS RECEIVED APPROVAL FROM THE DEPARTMENT. STUDENTS ATTENDING AND COMPLETING A
11 NON-APPROVED PROGRAM ARE NOT ELIGIBLE FOR INCLUSION ON THE DEPARTMENT'S PUBLIC LIST OF
12 INDIVIDUALS WHO HAVE PASSED THE QMAP COMPETENCY EVALUATION AND A FACILITY SHALL NOT
13 ALLOW SUCH INDIVIDUAL TO ADMINISTER MEDICATIONS.

14 SECTION 5 - TRAINING PROGRAM ADMISSIONS

15 5.1 THE APPROVED TRAINING ENTITY SHALL ENSURE THAT ALL APPLICANTS WISHING TO ENROLL IN A
16 TRAINING PROGRAM TO BECOME A MEDICATION ADMINISTRATION PERSON PROVIDE PROOF OF BEING AT
17 LEAST EIGHTEEN (18) YEARS OF AGE.

18 5.2 THE APPROVED TRAINING ENTITY SHALL PROVIDE EACH APPLICANT, PRIOR TO ENROLLMENT, WITH A
19 WRITTEN STATEMENT REGARDING THE BASIC READING, WRITING AND MATH SKILLS THAT AN APPLICANT IS
20 EXPECTED TO POSSESS IN ORDER TO SUCCESSFULLY COMPLETE THE COURSE.

21 SECTION 6 – TRAINING PROGRAM COURSE CONTENT

22 6.1 THE COURSE CONTENT SHALL BE DEVELOPED, IMPLEMENTED AND MANAGED BY THE TRAINING ENTITY
23 AND APPROVED BY THE DEPARTMENT.

24 (A) EACH APPROVED TRAINING ENTITY SHALL, PRIOR TO IMPLEMENTATION, PROMPTLY PROVIDE THE
25 DEPARTMENT WITH INFORMATION CONCERNING ANY ANTICIPATED CHANGES THAT SIGNIFICANTLY
26 ALTER THE APPROVED COURSE CONTENT OR COMPETENCY EVALUATION.

27 6.2 THE COURSE CONTENT SHALL CONTAIN THE REQUIRED ITEMS SPECIFIED BY THE DEPARTMENT AND
28 CONTAINED IN THIS CHAPTER.

29 6.3 CLASSROOM AND SKILLS PRACTICE IN THE REQUIRED CONTENT MUST BE COMPLETED BEFORE STUDENTS
30 PROCEED TO THE COMPETENCY EXAMINATION.

31 6.4 CLASSROOM AND SKILLS PRACTICE SHALL BE TAUGHT AND OVERSEEN BY A QUALIFIED INSTRUCTOR.

32 6.5 THE COMPETENCY EVALUATION SHALL INCLUDE WRITTEN AND PRACTICAL SKILLS TESTING AND BE
33 ADMINISTERED BY A QUALIFIED INSTRUCTOR WHO SHALL DOCUMENT EACH STUDENT'S SUCCESS WITH THE
34 COMPETENCIES.

35 (A) THE WRITTEN PORTION OF THE COMPETENCY EVALUATION SHALL COVER, AT A MINIMUM, ALL THE
36 REQUIRED CURRICULUM CONTENT SET FORTH IN SECTION 6.7 OF THIS CHAPTER.

37 (B) THE PRACTICAL SKILLS PORTION OF THE COMPETENCY EVALUATION SHALL ASSESS, AT A
38 MINIMUM, WHETHER EACH STUDENT IS CAPABLE OF SAFE, SANITARY AND ACCURATE MEDICATION

- 1 ADMINISTRATION FROM PREPARATION TO ALLOWABLE ROUTES OF ADMINISTRATION AND
2 DOCUMENTATION.
- 3 6.6 APPROVED TRAINING ENTITIES SHALL RETAIN STUDENT COMPETENCY EVALUATION RECORDS FOR A
4 MINIMUM OF THREE YEARS.
- 5 6.7 THE COURSE CONTENT SHALL INCLUDE CLASSROOM AND SKILLS PRACTICE IN ALL OF THE FOLLOWING
6 AREAS:
- 7 (A) THE PRINCIPLES OF ADMINISTERING MEDICATIONS THAT INCLUDE, AT A MINIMUM:
- 8 (1) THE SCOPE OF SERVICE OF A QUALIFIED MEDICATION ADMINISTRATION PERSON
9 INCLUDING, BUT NOT LIMITED TO:
- 10 (a) AUTHORIZED SETTINGS AND REQUIREMENTS,
11 (b) MEDICATION RESTRICTIONS,
12 (c) ROLES, RESPONSIBILITIES AND CAUTIONS,
13 (d) SEVEN RIGHTS OF MEDICATION ADMINISTRATION,
14 (e) ROUTES AND FORMS OF ACCEPTABLE MEDICATION ADMINISTRATION,
15 (f) **READING, UNDERSTANDING AND VALIDATING** MEDICATION ORDERS, AND
16 (g) EXPIRATION AND REFILL DATES.
- 17 (2) THE USES AND FORMS OF DRUGS INCLUDING BUT NOT LIMITED TO:
- 18 (a) THE PURPOSE OF PRESCRIBED MEDICATIONS.
19 (b) CONTROLLED SUBSTANCE CLASSIFICATION AND ACCOUNTABILITY.
20 (c) MEDICATION EFFECTS INCLUDING THERAPEUTIC, SIDE, AND ADVERSE EFFECTS.
21 (d) WHEN, WHERE AND HOW TO PROPERLY NAVIGATE APPROPRIATE MEDICATION
22 REFERENCE RESOURCES.
- 23 (3) MEDICATION ADMINISTRATION RECORDS (MARs) INCLUDING, BUT NOT LIMITED TO:
- 24 (a) MEDICATION TIMING OPTIONS (SPECIFIED VS. TIME WINDOW), AND
25 (b) **RULES AND PRACTICE FOR DOCUMENTING ADMINISTRATION OF MEDICATION TO**
26 **RESIDENT OR CLIENT.**
- 27 (4) COMMUNICATION AND INTERPERSONAL SKILLS FOR ADDRESSING UNIQUE NEEDS AND
28 BEHAVIORS OF INDIVIDUALS WHO ARE ELDERLY, HAVE IMPAIRED PHYSICAL CAPACITY,
29 IMPAIRED COGNITIVE ABILITY, BEHAVIORAL ISSUES, DEMENTIA AND/OR ALZHEIMER'S.
- 30 (5) INFECTION CONTROL.
31 (6) SAFETY AND EMERGENCY PROCEDURES
32 (7) DRUG DIVERSION AWARENESS.

- 1 (8) PREVENTING AND REPORTING ABUSE, NEGLECT AND MISAPPROPRIATION OF
2 RESIDENT OR CLIENT PROPERTY.
- 3 (B) MEDICATION ADMINISTRATION PROCEDURES INCLUDING, BUT NOT LIMITED TO:
- 4 (1) ADMINISTERING, MONITORING AND SELF-ADMINISTRATION,
- 5 (2) ADMINISTERING PRN MEDICATIONS IN ACCORDANCE WITH SCOPE OF
6 PRACTICE,
- 7 (3) STANDARDS, PRECAUTIONS AND SAFE PRACTICE,
- 8 (4) PREPARING OR ALTERING MEDICATION FOR ADMINISTRATION IN ACCORDANCE WITH
9 MANUFACTURER'S INSTRUCTIONS AND AUTHORIZED PRACTITIONER'S ORDERS,
- 10 (5) COUNTING, ADMINISTERING AND DOCUMENTING CONTROLLED SUBSTANCES,
- 11 (6) PROPER DOCUMENTATION OF MEDICATION ADMINISTRATION,
- 12 (7) DETERMINING, DOCUMENTING AND REPORTING MEDICATION ERRORS,
- 13 (8) MEDICATION STORAGE AND DISPOSAL, AND
- 14 (9) FILLING AND ADMINISTRATION OF MEDICATION REMINDER BOXES AND DAY/TRIP
15 PACKS.

16 **SECTION 5 7 – ADMINISTRATION OF MEDICATION ADMINISTRATION PRACTICE STANDARDS**

- 17 ~~5.1 The term "administration" of medication does not include judgment, evaluation, assessment or~~
18 ~~monitoring of medication.~~
- 19 ~~5.2~~ 7.1 Prescription and non-prescription medications shall be administered ~~only~~ by qualified medication
20 administration ~~staff members~~ PERSONS and only upon written order of a licensed physician or
21 ~~other licensed~~ AN authorized practitioner. Such orders shall be current for all medications.
- 22 (A) New orders from ~~either a physician, physician's assistant or advance practice nurse with~~
23 ~~prescriptive authority~~ AN AUTHORIZED PRACTITIONER shall be obtained and followed
24 whenever a ~~patient or~~ resident OR CLIENT returns to the facility after an inpatient
25 hospitalization.
- 26 ~~5.3~~ 7.2 Non-prescription medications shall be labeled with THE ~~resident's~~ RECIPIENT'S full name.
- 27 ~~5.4~~ 7.3 No resident OR CLIENT shall be allowed to take another's medication ~~nor shall~~ AND staff ~~be allowed~~
28 ~~to~~ SHALL NOT give ~~one resident's~~ medication to ~~another resident~~ ANYONE OTHER THAN THE RESIDENT
29 OR CLIENT FOR WHOM IT WAS ORDERED.
- 30 ~~5.5~~ 7.4 ~~Unless otherwise authorized by statute, q~~ Qualified medication administration ~~staff members~~
31 PERSONS shall not:
- 32 (A) administer medication through a gastrostomy tube or ADMINISTER INSULIN UNLESS
33 SPECIFICALLY AUTHORIZED TO DO SO PURSUANT TO RULES ADOPTED BY THE DEPARTMENT OF
34 HEALTH CARE POLICY AND FINANCING OR THE DEPARTMENT OF HUMAN SERVICES.
- 35 (B)

- 1 7.5 A QUALIFIED MEDICATION ADMINISTRATION PERSON SHALL NOT ADMINISTER EPINEPHRINE INJECTIONS
2 ~~prepare, draw up, or administer medication in a syringe for injection into the bloodstream or skin,~~
3 ~~including insulin pens~~ UNLESS THE PERSON HAS
- 4 (A) BEEN DIRECTED TO DO SO BY A 911 EMERGENCY CALL OPERATOR AS AN URGENT FIRST AID
5 MEASURE, OR
- 6 (B) HAS COMPLETED AN ANAPHYLAXIS TRAINING PROGRAM CONDUCTED BY A NATIONALLY
7 RECOGNIZED ORGANIZATION AND IS AUTHORIZED TO USE AN EPINEPHRINE INJECTOR PURSUANT
8 TO SECTION 25-47-103, C.R.S.
- 9 7.6 The contents of any medication container having EITHER no label or ~~with~~ an illegible label shall be
10 destroyed immediately.
- 11 7.7 Medication that has a specific expiration date shall not be administered after that date.
- 12 7.8 ~~Each facility shall document the disposal of~~ FOR ALL MEDICATIONS MANAGED BY A FACILITY, THERE
13 SHALL BE DOCUMENTATION THAT discontinued, out-dated, or expired medications ARE RETURNED TO
14 THE RESIDENT, CLIENT OR LEGAL REPRESENTATIVE WITH INSTRUCTIONS FOR THEIR PROPER DISPOSAL OR
15 PROMPTLY DISPOSED OF BY THE FACILITY IF THE RESIDENT, CLIENT OR LEGAL REPRESENTATIVE
16 CONSENTS.
- 17 **SECTION 68 – MEDICATION REMINDER BOXES OR SYSTEMS**
- 18 68.1 Residents OR CLIENTS who self-administer medication may use medication reminder boxes.
19 Facilities using medication reminder boxes for persons who are not self-administering shall have
20 a QMAP NURSE OR QUALIFIED MEDICATION ADMINISTRATION PERSON available to assist with or
21 administer from the medication reminder box.
- 22 68.2 Only AUTHORIZED PRACTITIONERS, NURSES OR QUALIFIED MEDICATION ADMINISTRATION PERSONS ~~may~~
23 ARE ALLOWED TO assist residents OR CLIENTS with medication reminder boxes.
- 24 (A) Each QMAP QUALIFIED MEDICATION ADMINISTRATION PERSON assisting a resident OR CLIENT
25 with a medication reminder box shall be familiar with the type and quantity of medication
26 in each compartment of the box.
- 27 68.3 Each QMAP QUALIFIED MEDICATION ADMINISTRATION PERSON assisting with or administering from a
28 medication reminder box shall, immediately after assisting or administering, record the assist or
29 administration on medication ADMINISTRATION record forms developed or acquired and maintained
30 by the facility.
- 31 (A) The medication administration record shall contain complete instructions for the
32 administration of each medication.
- 33 (B) The medication administration record shall contain a specific entry for each medication
34 given THAT INCLUDES THE DATE, TIME AND AMOUNT OF THE MEDICATION, AND THE SIGNATURE
35 OF THE PERSON ADMINISTERING THE MEDICATION.
- 36 68.4 The facility shall be responsible for administering the correct medications to its residents OR
37 CLIENTS in a manner consistent with the provisions of section 25-1.5-303, C.R.S.
- 38 68.5 ~~A licensed pharmacist shall prepare medications for each medication reminder box in a registered~~
39 ~~prescription drug outlet or other outlet and in accordance with sections 12-22-121(4) and 12-22-~~
40 ~~123,C.R.S.~~

1 ~~(A) If a physician or other authorized practitioner orders a change in any medication for the~~
2 ~~resident, the facility shall discontinue use of the medication reminder until the pharmacist~~
3 ~~has refilled it according to the change ordered.~~

4 MEDICATION REMINDER BOXES OR SYSTEMS ARE ALLOWABLE ONLY IF SUCH CONTAINERS HAVE BEEN
5 FILLED AND PROPERLY LABELED BY A PHARMACIST LICENSED PURSUANT TO ARTICLE 42.5 OF TITLE 12,
6 C.R.S., A NURSE LICENSED PURSUANT TO ARTICLE 38 OF TITLE 12, C.R.S, A QUALIFIED MEDICATION
7 ADMINISTRATION PERSON, OR THROUGH THE GRATUITOUS CARE OF FAMILY MEMBERS OR FRIENDS OF THE
8 RESIDENT OR CLIENT.

9 68.6 ~~If a licensed nurse or QMAP fills the medication reminder box or a family member or friend~~
10 ~~gratuitously fills it, †The facility shall ensure that a label is attached to the EACH MEDICATION~~
11 ~~REMINDER box. If the medication reminder box has a labeling system, such labeling system may~~
12 ~~be used.~~

13 (A) The information on the label shall include the name of the resident OR CLIENT, each
14 medication, the dosage, the quantity, the route of administration, and the time that each
15 medication is to be administered.

16 (B) The facility shall ensure that each medication reminder box has a corresponding
17 medication ADMINISTRATION record where all administrations are documented immediately
18 after administration.

19 (C) ~~If a physician or other authorized~~ AN AUTHORIZED practitioner orders a change in any
20 medication for the resident, the facility shall discontinue use of the medication reminder
21 box until IT HAS BEEN PROPERLY REFILLED ~~the nurse, QMAP designated by the qualified~~
22 ~~manager, family member or friend has refilled the box according to the change ordered.~~

23 68.7 If any medication in the medication reminder box is not consistent with the labeling, ~~administration~~
24 ~~or assistance to the resident shall not proceed and the qualified medication administration staff~~
25 ~~member~~ PERSON shall NOT ADMINISTER THE MEDICATION TO THE RESIDENT OR CLIENT AND SHALL
26 immediately notify the proper person as outlined in the policies and procedures of the facility.

27 (A) For purposes of this paragraph, the proper person shall be whoever filled the medication
28 reminder box or the ~~resident's physician or other licensed~~ AUTHORIZED practitioner who
29 prescribed the medication(s).

30 (B) Once the problem with the medication(s) is resolved and all medications are correctly
31 assigned to the appropriate compartments of the medication reminder, the qualified
32 medication administration ~~staff member~~ PERSON may resume the administration or
33 assistance to the resident OR CLIENT from the medication reminder box.

34 68.8 Any medication problem shall be resolved prior to the next administration.

35 68.9 PRN or "as needed" medications of any kind shall not be placed in a medication reminder box.
36 Only medications intended for oral ingestion shall be placed in the medication reminder BOX.

37 (A) Medications that require administration according to special instructions, including but not
38 limited to instructions such as "30 minutes or an hour before meals," rather than
39 administered routinely shall not be placed in a medication reminder.

40 68.10 Medications in the medication reminder box shall only be used at the time specified on the box.
41 Medication reminder boxes shall not be filled for more than two weeks at a time.

1 68.11 Any medication reminder “day packs” or individual “trip packs” assembled for administration
2 outside the facility shall comply with the requirements of this section 6 8.

3 SECTION 9 – STORAGE OF MEDICATION

4 79.1 All medication shall be stored on-site including medication that is placed in a medication reminder
5 box and filled by staff, A family member or other designated person.

6 79.2 All controlled substances **as defined in section 12-22-303, C.R.S.**, shall be stored under double
7 lock, counted and signed for at the end of every shift in the presence of either two (2) QMAPS or
8 a QMAP and a qualified manager.

9 (A) If the above procedure is not possible, the QMAP going off-duty shall count and sign for
10 the controlled substances and the next on-duty QMAP shall verify the count and sign. If
11 the count cannot be verified, the discrepancy shall be immediately reported to the facility
12 administrator.

13 79.3 All prescription and non-prescription medication shall be maintained and stored in a manner that
14 ensures the safety of all residents OR CLIENTS.

15 79.4 Medication shall not be stored with disinfectants, insecticides, bleaches, household cleaning
16 solutions, or poisons.

17 SECTION 8 – CONTRACT INSTRUCTORS

18 8.1 ~~The medication administration curriculum may be taught by a person who contracts with the~~
19 ~~department or is otherwise approved by the department to teach an approved curriculum and~~
20 ~~holds a valid license in good standing as a physician, nurse, pharmacist or physician assistant.~~

21 8.2 ~~All private contractors shall provide the department with a list of all persons who have taken the~~
22 ~~contractor’s approved training sessions and/or have passed the competency evaluation. Said list~~
23 ~~shall be provided to the department within fifteen (15) days of the training session or evaluation.~~

24 (A) ~~Such contractors shall also provide the department with any other pertinent information~~
25 ~~reasonably requested by the department pursuant to its authority under this Chapter.~~

26 SECTION 9 – DEPARTMENT OVERSIGHT

27 9.1 ~~Each QMAP and qualified manager shall sign a disclosure statement under penalty of perjury~~
28 ~~stating that he or she has never had a professional license to practice nursing, medicine, or~~
29 ~~pharmacy revoked in Colorado or any other state for reasons directly related to the administration~~
30 ~~of medications.~~

31 (A) ~~Any misrepresentation or falsification of an individual’s disclosure shall constitute good~~
32 ~~cause for the department to rescind that individual’s medication administration authority.~~

33 (B) ~~Each QMAP and qualified manager shall notify the department within ten (10) days of~~
34 ~~any change in the information previously disclosed.~~

35 9.2 ~~If the department determines, after an investigation, that a QMAP or qualified manager has~~
36 ~~engaged in a pattern of deficient medication administration practice or has administered~~
37 ~~medication contrary to a physician’s order or these rules that either causes or has the potential to~~
38 ~~cause harm to the recipient, the department shall rescind that individual’s medication~~
39 ~~administration authority until the individual undergoes retraining, retesting, and successfully~~
40 ~~passes the competency examination.~~

1 ~~9.3 — Compliance with this Chapter XXIV 24 is a condition of licensure for any facility licensed by the~~
2 ~~department that administers medications to persons under its care. Failure to comply may result~~
3 ~~in the department taking action against the facility's license pursuant to 6 CCR 1011-1, Chapter II~~
4 ~~and section 24-4-104, C.R.S.~~

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