



**COLORADO**  
Department of Public  
Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

To: Members of the State Board of Health

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

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

Date: February 15, 2017

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

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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 and take a competency exam approved by the Department every four years in order to be deemed qualified to administer medication in both licensed facilities and unlicensed facilities that are overseen by the Departments of Health Care Policy and Financing and Human Services. House Bill 16-1424 now requires that individuals wishing to become QMAPs in licensed facilities receive such training and testing from an independent training entity approved by the Department and requires the Department to establish in rule the minimum requirements for course content, instructor qualifications and competency examinations.

Division personnel and stakeholders from a variety of providers and geographical locations have been meeting monthly since August to work through the legislative mandate and arrive at consensus regarding these proposed rule amendments.

For the convenience of board members considering this request for rule-making, the Division has also included the text from House Bill 16-1424 in this 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  
February 15, 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 also allows 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 the Departments of Health Care Policy and Financing and Human Services to ascertain how best to align our various program and rule requirements to avoid disruption and maintain training standards and competency. Sections 2.1 and 7.4 of the proposed amendment are designed to address the differences of 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.

Lastly, 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

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)

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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  
February 15, 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 fingerprint 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 would result in annual revenue of \$71,400 to oversee the program. The fee amount is information since the statute does not required 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 thata 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 (typically, the 10<sup>th</sup> of the month following the Request for Rulemaking).

- Not applicable. This is a Request for Rulemaking Packet. Notification will occur if the Board of Health sets this matter for rulemaking.
- 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**

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7 **SECTION 1 – STATUTORY AUTHORITY AND APPLICABILITY**

8 1.1 The statutory authority for the promulgation of these rules is set forth in sections 25-1.5-103  
9 and 25-1.5-301, et seq., C.R.S.

10 1.2 Any licensed facility that administers medications to persons under its care shall comply with all  
11 applicable federal and state statutes and regulations, including but not limited to this Chapter  
12 ~~XXIV~~ 24.

13  
14 1.3 Any facility, AS DEFINED HEREIN, THAT ADMINISTERS MEDICATIONS TO PERSONS UNDER ITS CARE BUT IS  
15 NOT LICENSED BY THE DEPARTMENT MAY BE REQUIRED TO COMPLY WITH THIS CHAPTER 24 AS A  
16 CONDITION OF OPERATING ITS FACILITY IF SO DIRECTED BY ITS AUTHORIZING STATE AGENCY.

17 **SECTION 2 – DEFINITIONS**

18 2.1 "ADMINISTRATION" MEANS ASSISTING A PERSON IN THE INGESTION, APPLICATION, INHALATION, OR, USING  
19 UNIVERSAL PRECAUTIONS, RECTAL OR VAGINAL INSERTION OF MEDICATION, INCLUDING PRESCRIPTION  
20 DRUGS, ACCORDING TO THE LEGIBLY WRITTEN OR PRINTED DIRECTIONS OF THE ATTENDING PHYSICIAN OR  
21 OTHER AUTHORIZED PRACTITIONER OR AS WRITTEN ON THE PRESCRIPTION LABEL AND MAKING A WRITTEN  
22 RECORD THEREOF WITH REGARD TO EACH MEDICATION ADMINISTERED, INCLUDING THE TIME AND THE  
23 AMOUNT TAKEN, BUT "ADMINISTRATION" DOES NOT INCLUDE JUDGMENT, EVALUATION, OR ASSESSMENTS  
24 OR THE INJECTIONS OF MEDICATION, THE MONITORING OF MEDICATION, OR THE SELF-ADMINISTRATION OF  
25 MEDICATION, INCLUDING PRESCRIPTION DRUGS AND INCLUDING THE SELF-INJECTION OF MEDICATION BY  
26 THE RESIDENT.

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

33  
34 2.2 "APPROVED TRAINING ENTITY" MEANS AN AGENCY, ASSOCIATION, FACILITY, INDIVIDUAL, INSTITUTION OR  
35 ORGANIZATION THAT IS APPROVED BY THE DEPARTMENT TO PROVIDE MEDICATION ADMINISTRATION  
36 STUDENTS WITH A SUITABLE CLASSROOM AND CLINICAL EXPERIENCE.

37  
38 2.3 "APPROVAL" MEANS RECOGNITION THAT A MEDICATION ADMINISTRATION TRAINING PROGRAM MEETS THE  
39 STANDARDS ESTABLISHED BY THE DEPARTMENT.

40  
41 2.4 "CLASSROOM" MEANS THAT PORTION OF THE TRAINING PROGRAM IN WHICH MEDICATION ADMINISTRATION  
42 STUDENTS RECEIVE INSTRUCTION IN THE PRINCIPLES THAT COMPRISE THE BASIS FOR SAFE AND  
43 COMPLIANT MEDICATION ADMINISTRATION. THE CLASSROOM PORTION OF THE TRAINING PROGRAM MAY  
44 BE CONDUCTED EITHER ELECTRONICALLY OR IN PERSON.

45  
46 2.5 "COMPETENCY EVALUATION" MEANS EITHER:

- 1 (A) THE EXAMINATION OFFERED BY AN APPROVED TRAINING ENTITY THAT MUST BE TAKEN AND  
2 PASSED AS A CONDITION OF BECOMING A QUALIFIED MEDICATION ADMINISTRATION PERSON, OR  
3
- 4 (B) THE WRITTEN AND CLINICAL EXAMINATION ADMINISTERED BY THE DEPARTMENT BEFORE JULY 1,  
5 2017.
- 6 2.6 "CONTROLLED SUBSTANCE" MEANS ANY MEDICATION THAT IS REGULATED AND CLASSIFIED BY THE  
7 CONTROLLED SUBSTANCE ACT AT 21 USC §812 AS BEING SCHEDULE II THROUGH V.
- 8 2.7 "COURSE CONTENT" MEANS THE CLASSROOM AND SKILLS PRACTICE THAT THE TRAINING ENTITY IS  
9 REQUIRED TO DELIVER AS A CONDITION OF DEPARTMENT APPROVAL.
- 10 2.48 "Department" means the Department of Public Health and Environment.
- 11 2.29 "Facility" for purposes of this Chapter means:
- 12 (A) Correctional facilities under the supervision of the Executive Director of the Department  
13 of Corrections;
- 14 (B) Juvenile facilities operated by or under contract with the Department of Human Services,  
15 as set forth in section 19-2-401, et seq., C.R.S.;
- 16 (C) Assisted living residences as defined in section 25-27-102(1.3), C.R.S.;
- 17 (D) Adult foster care facilities provided for in section 26-2-122.3, C.R.S.;
- 18 (E) Alternate care facilities provided for in section 25.5-6-303(3), C.R.S.;
- 19 (F) Residential child care facilities for children as defined in section 26-6-102(8), C.R.S.;
- 20 (G) Secure residential treatment centers as defined in section 26-6-102(9), C.R.S.;
- 21 (H) Facilities that provide treatment for persons with mental illness as defined in section 27-  
22 65-102(7), C.R.S, except for those facilities which are publicly or privately licensed  
23 hospitals;
- 24 (I) All services funded through and regulated by the Department of ~~Human Services~~ HEALTH  
25 CARE POLICY AND FINANCING pursuant to article ~~40-5 6~~ of Title ~~27~~ 25.5, C.R.S., in support  
26 of persons with INTELLECTUAL AND developmental disabilities; and
- 27 (J) Adult day care facilities providing services in support of persons as defined in section  
28 25.5-6-303(1), C.R.S.
- 29 2.10 "MEDICATION ADMINISTRATION TRAINING PROGRAM" (HEREINAFTER REFERRED TO AS "TRAINING  
30 PROGRAM") MEANS A COURSE OF STUDY THAT IS APPROVED BY THE DEPARTMENT THAT MEETS THE  
31 REQUIREMENTS OF THIS CHAPTER.
- 32 2.311 "Medication reminder box" means a container that is compartmentalized and designed to hold  
33 medications for distribution according to a time element such as day, week, or portions thereof.
- 34 2.12 "MONITORING" MEANS
- 35 (A) REMINDING THE RESIDENT TO TAKE MEDICATION(S) AT THE TIME ORDERED BY THE  
36 PRACTITIONER;

- 1 (B) HANDING A RESIDENT A CONTAINER OR PACKAGE OF MEDICATION THAT WAS PREVIOUSLY  
2 LAWFULLY LABELED BY A PRACTITIONER FOR THE INDIVIDUAL RESIDENT;
- 3 (C) VISUAL OBSERVATION OF THE RESIDENT TO ENSURE COMPLIANCE;
- 4 (D) MAKING A WRITTEN RECORD OF THE RESIDENT'S COMPLIANCE WITH REGARD TO EACH  
5 MEDICATION, INCLUDING THE TIME TAKEN; AND
- 6 (E) NOTIFYING THE PRACTITIONER IF THE RESIDENT REFUSES OR IS UNABLE TO COMPLY WITH THE  
7 PRACTITIONER'S INSTRUCTIONS REGARDING THE MEDICATION.

8 2.413 "Qualified manager" means a person who:

- 9 (A) Is the owner or operator of the facility or a supervisor designated by the owner or  
10 operator of the facility for the purpose of implementing section 25-1.5-303, C.R.S., and
- 11 (B) Has completed training in the administration of medication pursuant to section 25-1.5-  
12 303, C.R.S., or is a licensed nurse, licensed physician, or licensed pharmacist in the  
13 State of Colorado.

14 2.14 "PRACTITIONER" MEANS A PERSON AUTHORIZED BY LAW TO PRESCRIBE TREATMENT, MEDICATION OR  
15 MEDICAL DEVICES WHO IS ACTING WITHIN THE SCOPE OF SUCH AUTHORITY.

16 2.15 "PROGRAM COORDINATOR" MEANS THE INDIVIDUAL DESIGNATED BY AN APPROVED TRAINING ENTITY WHO  
17 ACTS AS LIAISON TO THE DEPARTMENT AND IS RESPONSIBLE FOR TRANSMITTING THE NAMES OF  
18 STUDENTS WHO HAVE PASSED THE TRAINING ENTITY'S COMPETENCY EXAMINATION, APPLICABLE FEES  
19 AND COURSE CONTENT UPDATES.

20 2.16 "QUALIFIED INSTRUCTOR" MEANS A NURSE, PHARMACIST, PHYSICIAN OR PHYSICIAN ASSISTANT WITH AN  
21 ACTIVE, UNRESTRICTED COLORADO LICENSE.

22 2.517 "Qualified medication administration staff member PERSON" or "QMAP" means ~~a person~~ AN  
23 INDIVIDUAL who ~~has passed the department's competency evaluation and~~ PASSED A COMPETENCY  
24 EVALUATION ADMINISTERED BY THE DEPARTMENT BEFORE JULY 1, 2017, OR PASSED A COMPETENCY  
25 EVALUATION ADMINISTERED BY AN APPROVED TRAINING ENTITY ON OR AFTER JULY 1, 2017 AND WHOSE  
26 NAME APPEARS ON THE DEPARTMENT'S LIST OF PERSONS WHO HAVE PASSED THE REQUISITE  
27 COMPETENCY EVALUATION.

28 ~~(A) — Is trained and employed by a facility on a full or part-time basis to provide direct care~~  
29 ~~service including medication administration to the facility's residents, or~~

30 ~~(B) — Is utilized by a facility on a contractual, full or part-time basis to provide direct care~~  
31 ~~services including medication administration to the facility's residents.~~

32 ~~(1) — The term qualified medication administration staff member does not apply to~~  
33 ~~intermittent, temporary or pool staffing services provided by agencies offering~~  
34 ~~such services.~~

35 2.618 "Self-administration" means the ability of a person to take medication independently without any  
36 assistance from another person.

37 2.19 "SKILLS PRACTICE" MEANS THAT PORTION OF THE TRAINING PROGRAM WHERE STUDENTS IN A SIMULATED  
38 CARE SETTING PRACTICE MEDICATION ADMINISTRATION SKILLS AND APPLICATION OF CLASSROOM  
39 PRINCIPLES UNDER THE DIRECT SUPERVISION OF QUALIFIED INSTRUCTORS. THE SKILLS PRACTICE  
40 PORTION OF THE TRAINING PROGRAM SHALL BE CONDUCTED IN PERSON RATHER THAN ELECTRONICALLY.

1     **SECTION 3 – GENERAL PROVISIONS FACILITY RESPONSIBILITIES**

2     3.1     ~~The~~ EACH facility shall ensure that there is a qualified medication administration staff member  
3             onsite any time medication is administered, including when medication is administered pro re  
4             nata (PRN) or “as needed.”

5     ~~3.2     The facility shall maintain payment or other documentation verifying the employment status of~~  
6             ~~each qualified medication administration staff member.~~

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

9                     ~~(1)     The name of the specific person who is trained in medication administration and~~  
10                    ~~will be providing these services;~~

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

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

14     ~~3.3     The department shall maintain a list on its web site of all qualified medication administration staff~~  
15             ~~members who have passed the competency evaluation.~~

16     ~~3.4     Every unlicensed person who is a “qualified manager” shall pass the competency evaluation~~  
17             ~~approved by the department pertaining to the administration of medications at least once every~~  
18             ~~four years.~~

19     ~~3.5     The facility shall report to the department if a QMAP or qualified manager engages in a pattern of~~  
20             ~~deficient medication administration practice or administers medication contrary to a physician’s~~  
21             ~~order or these rules that either causes or has the potential to cause harm to the recipient. Such~~  
22             ~~report shall be made no later than the next business day after the occurrence or no later than the~~  
23             ~~next business day after the facility becomes aware of the occurrence.~~

24     **SECTION 4 – POLICIES AND PROCEDURES**

25     ~~4.1     All licensed facilities shall maintain and follow written policies and procedures for the~~  
26             ~~administration of medication that are consistent with the regimen taught in the medication~~  
27             ~~administration course.~~

28     ~~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  
29             licensed to administer medications shall conduct a ~~drug-related~~ criminal background check on  
30             each person prior to employment OR PROMOTION TO A POSITION IN WHICH HE OR SHE HAS ACCESS TO  
31             MEDICATIONS.

32             ~~(A)     All licensed facilities shall establish, follow and maintain a written policy and procedure~~  
33             ~~concerning drug related criminal background checks. Such policy and procedure shall~~  
34             ~~include, at a minimum:~~

35                     ~~(1)     Criteria for the investigation and evaluation of any drug-related offenses revealed~~  
36                     ~~by the background check, and~~

37                     ~~(2)     Criteria for monitoring any person hired with prior drug-related offenses. and~~

38                     ~~(3)     Sufficient record keeping to document compliance with items (1) and (2).~~

1 ~~4.3 Facility operators and administrators shall require each unlicensed person who administers~~  
2 ~~medication in the facility to pass the competency evaluation developed or approved by the~~  
3 ~~department pursuant to section 25-1.5-302(2), C.R.S., as a condition of employment in that~~  
4 ~~facility at least once every five years. QMAPs who have not retested in the five years prior to~~  
5 ~~January 1, 2010, shall do so as soon as practicable, but no later than January 1, 2012.~~

6 ~~(A) Facility operators and administrators shall document each unlicensed person's~~  
7 ~~satisfactory completion of on-the-job training and passage of the competency evaluation~~  
8 ~~in his or her permanent personnel file.~~

9 ~~(B) If an existing QMAP does not successfully complete the competency evaluation within~~  
10 ~~the time limits established in this section 4.3, the facility shall immediately cancel that~~  
11 ~~individual's medication administration responsibility and so notify the department.~~

12 3.3 EACH FACILITY SHALL ESTABLISH, FOLLOW AND MAINTAIN A WRITTEN POLICY AND PROCEDURE  
13 CONCERNING CRIMINAL BACKGROUND CHECKS. SUCH POLICY AND PROCEDURE SHALL INCLUDE, AT A  
14 MINIMUM:

15 (A) CRITERIA FOR THE INVESTIGATION AND EVALUATION OF ANY CRIMINAL OFFENSES REVEALED BY  
16 THE BACKGROUND CHECK, AND

17 (B) CRITERIA FOR MONITORING ANY PERSON HIRED WITH A CRIMINAL OFFENSE HISTORY.

18 3.4 A FACILITY SHALL REQUIRE A QUALIFIED MEDICATION ADMINISTRATION PERSON OR QUALIFIED MANAGER,  
19 AS A CONDITION OF EMPLOYMENT OR PROMOTION TO A POSITION WHERE THE INDIVIDUAL HAS ACCESS TO  
20 MEDICATIONS, TO SIGN A DISCLOSURE STATEMENT UNDER PENALTY OF PERJURY STATING THAT HE OR  
21 SHE HAS NEVER HAD A PROFESSIONAL LICENSE TO PRACTICE NURSING, MEDICINE, OR PHARMACY  
22 REVOKED IN COLORADO OR ANY OTHER STATE FOR REASONS DIRECTLY RELATED TO THE  
23 ADMINISTRATION OF MEDICATIONS.

24 3.5 A FACILITY THAT EMPLOYS OR CONTRACTS WITH A PERSON WHO IS NOT LICENSED TO ADMINISTER  
25 MEDICATIONS SHALL VERIFY THAT THE PERSON'S NAME IS INCLUDED ON THE DEPARTMENT'S LIST OF  
26 QUALIFIED MEDICATION ADMINISTRATION PERSONS.

27 3.6 THE OPERATOR OR ADMINISTRATOR OF EACH FACILITY THAT HIRES A QUALIFIED MEDICATION  
28 ADMINISTRATION PERSON SHALL PROVIDE SUCH PERSON WITH ON-THE-JOB TRAINING THAT FOCUSES ON  
29 THE UNIQUE NEEDS OF THE FACILITY.

30 3.7 A FACILITY SHALL ENSURE THAT EACH QUALIFIED MEDICATION ADMINISTRATION PERSON HIRED ON OR  
31 AFTER JULY 1, 2017, IS ADEQUATELY SUPERVISED UNTIL HE OR SHE HAS SUCCESSFULLY COMPLETED  
32 THE TRAINING.

33 3.8 THE FACILITY SHALL RETAIN DOCUMENTATION OF COMPLIANCE WITH SECTIONS 3.2 THROUGH 3.7.

#### 34 **SECTION 4 - PROCEDURES FOR TRAINING ENTITY APPROVAL**

35 4.1 ANY AGENCY, ASSOCIATION, FACILITY, INDIVIDUAL, INSTITUTION OR ORGANIZATION DESIRING TO BECOME  
36 AN APPROVED TRAINING ENTITY SHALL:

37 (A) SUBMIT AN APPLICATION AND ALL REQUIRED ATTACHMENTS CONCERNING ITS MEDICATION  
38 ADMINISTRATION TRAINING PROGRAM IN THE FORM AND MANNER REQUIRED BY THE  
39 DEPARTMENT, AND

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

1 4.2 A TRAINING ENTITY SHALL NOT ENROLL STUDENTS IN A MEDICATION ADMINISTRATION TRAINING PROGRAM  
2 UNTIL IT HAS RECEIVED APPROVAL FROM THE DEPARTMENT. STUDENTS ATTENDING AND COMPLETING A  
3 NON-APPROVED PROGRAM ARE NOT ELIGIBLE FOR INCLUSION ON THE DEPARTMENT'S PUBLIC LIST OF  
4 INDIVIDUALS WHO HAVE PASSED THE QMAP COMPETENCY EVALUATION AND A FACILITY SHALL NOT  
5 ALLOW SUCH INDIVIDUAL TO ADMINISTER MEDICATIONS.

6 **SECTION 5 - TRAINING PROGRAM ADMISSIONS**

7 5.1 THE APPROVED TRAINING ENTITY SHALL ENSURE THAT ALL APPLICANTS WISHING TO ENROLL IN A  
8 TRAINING PROGRAM TO BECOME A MEDICATION ADMINISTRATION PERSON PROVIDE PROOF OF BEING AT  
9 LEAST EIGHTEEN (18) YEARS OF AGE.

10 5.2 THE APPROVED TRAINING ENTITY SHALL PROVIDE EACH APPLICANT, PRIOR TO ENROLLMENT, WITH A  
11 WRITTEN STATEMENT REGARDING THE BASIC READING, WRITING AND MATH SKILLS THAT AN APPLICANT IS  
12 EXPECTED TO POSSESS IN ORDER TO SUCCESSFULLY COMPLETE THE COURSE.

13 **SECTION 6 – TRAINING PROGRAM COURSE CONTENT**

14 6.1 THE COURSE CONTENT SHALL BE DEVELOPED, IMPLEMENTED AND MANAGED BY THE TRAINING ENTITY  
15 AND APPROVED BY THE DEPARTMENT.

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

19 6.2 THE COURSE CONTENT SHALL CONTAIN THE REQUIRED ITEMS SPECIFIED BY THE DEPARTMENT AND  
20 CONTAINED IN THIS CHAPTER.

21 6.3 CLASSROOM AND SKILLS PRACTICE IN THE REQUIRED CONTENT MUST BE COMPLETED BEFORE STUDENTS  
22 PROCEED TO THE COMPETENCY EXAMINATION.

23 6.4 CLASSROOM AND SKILLS PRACTICE SHALL BE TAUGHT AND OVERSEEN BY A QUALIFIED INSTRUCTOR.

24 6.5 THE COMPETENCY EVALUATION SHALL INCLUDE WRITTEN AND PRACTICAL SKILLS TESTING AND BE  
25 ADMINISTERED BY A QUALIFIED INSTRUCTOR WHO SHALL DOCUMENT EACH STUDENT'S SUCCESS WITH THE  
26 COMPETENCIES.

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

29 (B) THE PRACTICAL SKILLS PORTION OF THE COMPETENCY EVALUATION SHALL ASSESS, AT A  
30 MINIMUM, WHETHER EACH STUDENT IS CAPABLE OF SAFE, SANITARY AND ACCURATE MEDICATION  
31 ADMINISTRATION FROM PREPARATION THROUGH ALLOWABLE ROUTES OF ADMINISTRATION AND  
32 DOCUMENTATION.

33 6.6 APPROVED TRAINING ENTITIES SHALL RETAIN STUDENT COMPETENCY EVALUATION RECORDS FOR A  
34 MINIMUM OF THREE YEARS.

35 6.7 THE COURSE CONTENT SHALL INCLUDE CLASSROOM AND SKILLS PRACTICE IN ALL OF THE FOLLOWING  
36 AREAS:

37 (A) THE PRINCIPLES OF ADMINISTERING MEDICATIONS THAT INCLUDE, AT A MINIMUM:

38 (1) THE SCOPE OF PRACTICE OF A MEDICATION ADMINISTRATION PERSON INCLUDING, BUT  
39 NOT LIMITED TO:

- 1 (a) AUTHORIZED SETTINGS AND REQUIREMENTS,
- 2 (b) MEDICATION RESTRICTIONS,
- 3 (c) ROLES, RESPONSIBILITIES AND CAUTIONS,
- 4 (d) SEVEN RIGHTS OF MEDICATION ADMINISTRATION,
- 5 (e) ROUTES AND FORMS OF ACCEPTABLE MEDICATION ADMINISTRATION,
- 6 (f) MEDICATION ORDERS, AND
- 7 (g) EXPIRATION AND REFILL DATES.
- 8 (2) THE USES AND FORMS OF DRUGS INCLUDING BUT NOT LIMITED TO:
  - 9 (a) THE PURPOSE OF PRESCRIBED MEDICATIONS.
  - 10 (b) CONTROLLED SUBSTANCE CLASSIFICATION AND ACCOUNTABILITY.
  - 11 (c) MEDICATION EFFECTS INCLUDING THERAPEUTIC, SIDE, AND ADVERSE EFFECTS.
  - 12 (d) WHEN, WHERE AND HOW TO PROPERLY NAVIGATE APPROPRIATE MEDICATION
  - 13 REFERENCE RESOURCES.
- 14 (3) MEDICATION ADMINISTRATION RECORDS (MARS) INCLUDING, BUT NOT LIMITED TO:
  - 15 (a) MEDICATION TIMING OPTIONS (SPECIFIED VS. TIME WINDOW), AND
  - 16 (b) RULES AND PRACTICE FOR DOCUMENTING.
- 17 (4) COMMUNICATION AND INTERPERSONAL SKILLS FOR ADDRESSING UNIQUE NEEDS AND
- 18 BEHAVIORS OF INDIVIDUALS WHO ARE ELDERLY, HAVE IMPAIRED PHYSICAL CAPACITY,
- 19 IMPAIRED COGNITIVE ABILITY, BEHAVIORAL ISSUES, DEMENTIA AND/OR ALZHEIMER'S.
- 20 (5) INFECTION CONTROL.
- 21 (6) SAFETY AND EMERGENCY PROCEDURES
- 22 (7) DRUG DIVERSION AWARENESS.
- 23 (8) PREVENTING AND REPORTING ABUSE, NEGLECT AND MISAPPROPRIATION OF
- 24 RESIDENT OR CLIENT PROPERTY.
- 25 (B) MEDICATION ADMINISTRATION PROCEDURES INCLUDING, BUT NOT LIMITED TO:
  - 26 (1) ADMINISTERING, MONITORING AND SELF-ADMINISTRATION,
  - 27 (2) ADMINISTERING PRN MEDICATIONS IN ACCORDANCE WITH SCOPE OF
  - 28 PRACTICE,
  - 29 (3) STANDARDS, PRECAUTIONS AND SAFE PRACTICE,
  - 30 (4) PREPARING OR ALTERING MEDICATION FOR ADMINISTRATION IN ACCORDANCE WITH
  - 31 MANUFACTURER'S INSTRUCTIONS AND PRACTITIONER'S ORDERS,

- 1 (5) COUNTING, ADMINISTERING AND DOCUMENTING CONTROLLED SUBSTANCES,
- 2 (6) PROPER DOCUMENTATION OF MEDICATION ADMINISTRATION,
- 3 (7) DETERMINING, DOCUMENTING AND REPORTING MEDICATION ERRORS,
- 4 (8) MEDICATION STORAGE AND DISPOSAL, AND
- 5 (9) FILLING AND ADMINISTRATION OF MEDICATION REMINDER BOXES AND DAY/TRIP
- 6 PACKS.

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

8 ~~5.1 The term “administration” of medication does not include judgment, evaluation, assessment or~~  
9 ~~monitoring of medication.~~

10 ~~5.2 7.1 Prescription and non-prescription medications shall be administered only by qualified medication~~  
11 ~~administration staff members PERSONS and only upon written order of a licensed physician or~~  
12 ~~other licensed authorized practitioner. Such orders shall be current for all medications.~~

13 (A) ~~New orders from either a physician, physician’s assistant or advance practice nurse with~~  
14 ~~prescriptive authority A LICENSED PRACTITIONER shall be obtained and followed whenever a~~  
15 ~~patient or resident OR CLIENT returns to the facility after an inpatient hospitalization.~~

16 ~~5.3 7.2 Non-prescription medications shall be labeled with THE resident’s RECIPIENT’S full name.~~

17 ~~5.4 7.3 No resident OR CLIENT shall be allowed to take another’s medication nor shall AND staff be allowed~~  
18 ~~to SHALL NOT give one resident’s medication to another resident ANYONE OTHER THAN THE RESIDENT~~  
19 ~~OR CLIENT FOR WHOM IT WAS ORDERED.~~

20 ~~5.5 7.4 Unless otherwise authorized by statute, qQualified medication administration staff members~~  
21 ~~PERSONS shall not:~~

22 (A) ~~administer medication through a gastrostomy tube or ADMINISTER INSULIN UNLESS~~  
23 ~~SPECIFICALLY AUTHORIZED TO DO SO PURSUANT TO RULES ADOPTED BY THE DEPARTMENT OF~~  
24 ~~HEALTH CARE POLICY AND FINANCING OR THE DEPARTMENT OF HUMAN SERVICES.~~

25 (B)

26 7.5 ~~QUALIFIED MEDICATION ADMINISTRATION PERSONS SHALL NOT ADMINISTER EPINEPHRINE INJECTIONS~~  
27 ~~prepare, draw up, or administer medication in a syringe for injection into the bloodstream or skin,~~  
28 ~~including insulin pens EXCEPT WHEN DIRECTED TO DO SO BY A 911 EMERGENCY CALL OPERATOR AS AN~~  
29 ~~URGENT FIRST AID MEASURE.~~

30 7.6 ~~The contents of any medication container having EITHER no label or with an illegible label shall be~~  
31 ~~destroyed immediately.~~

32 7.7 ~~Medication that has a specific expiration date shall not be administered after that date.~~

33 7.8 ~~Each facility shall document the disposal of~~ FOR ALL MEDICATIONS MANAGED BY A FACILITY, THERE  
34 SHALL BE DOCUMENTATION THAT discontinued, out-dated, or expired medications ARE RETURNED TO  
35 THE RESIDENT, CLIENT OR LEGAL REPRESENTATIVE WITH INSTRUCTIONS FOR THEIR PROPER DISPOSAL OR  
36 PROMPTLY DISPOSED OF BY THE FACILITY IF THE RESIDENT, CLIENT OR LEGAL REPRESENTATIVE  
37 CONSENTS.

1     **SECTION 6 8 – MEDICATION REMINDER BOXES OR SYSTEMS**

- 2     68.1     Residents OR CLIENTS who self-administer medication may use medication reminder boxes.  
3             Facilities using medication reminder boxes for persons who are not self-administering shall have  
4             a ~~QMAP~~ QUALIFIED MEDICATION ADMINISTRATION PERSON available to assist with or administer from  
5             the medication reminder box.
- 6     68.2     Only LICENSED PRACTITIONERS OR QUALIFIED MEDICATION ADMINISTRATION PERSONS ~~may~~ ARE  
7             ALLOWED TO assist residents OR CLIENTS with medication reminder boxes.
- 8             (A)     Each ~~QMAP~~ QUALIFIED MEDICATION ADMINISTRATION PERSON assisting a resident OR CLIENT  
9                     with a medication reminder box shall be familiar with the type and quantity of medication  
10                    in each compartment of the box.
- 11    68.3     Each ~~QMAP~~ QUALIFIED MEDICATION ADMINISTRATION PERSON assisting with or administering from a  
12             medication reminder box shall, immediately after assisting or administering, record the assist or  
13             administration on medication ADMINISTRATION record forms developed or acquired and maintained  
14             by the facility.
- 15             (A)     The medication administration record shall contain complete instructions for the  
16                     administration of each medication.
- 17             (B)     The medication administration record shall contain a specific entry for each medication  
18                     given.
- 19    68.4     The facility shall be responsible for administering the correct medications to its residents OR  
20             CLIENTS in a manner consistent with the provisions of section 25-1.5-303, C.R.S.
- 21    68.5     A licensed pharmacist shall prepare medications for each medication reminder box in a registered  
22             prescription drug outlet or other outlet and in accordance with sections 12-22-121(4) and 12-22-  
23             123, C.R.S.
- 24             (A)     If a ~~physician or other authorized~~ LICENSED practitioner orders a change in any medication  
25                     for the resident OR CLIENT, the facility shall discontinue use of the medication reminder  
26                     until the pharmacist has refilled it according to the change ordered.
- 27    68.6     If a licensed nurse or ~~QMAP~~ QUALIFIED MEDICATION ADMINISTRATION PERSON fills the medication  
28             reminder box ~~or a family member or friend gratuitously fills it~~, the facility shall ensure that a label  
29             is attached to the box. If the medication reminder box has a labeling system, such labeling  
30             system may be used.
- 31             (A)     The information on the label shall include the name of the resident OR CLIENT, each  
32                     medication, the dosage, the quantity, the route of administration, and the time that each  
33                     medication is to be administered.
- 34             (B)     The facility shall ensure that each medication reminder box has a corresponding  
35                     medication record where all administrations are documented immediately after  
36                     administration. If a ~~physician or other authorized~~ LICENSED practitioner orders a change in  
37                     any medication for the resident OR CLIENT, the facility shall discontinue use of the  
38                     medication reminder box until ~~the nurse, QMAP designated by the qualified manager,~~  
39                     ~~family member or friend has refilled~~ the box HAS BEEN REFILLED according to the change  
40                     ordered.
- 41    68.7     If any medication in the medication reminder box is not consistent with the labeling, administration  
42             or assistance to the resident OR CLIENT shall not proceed and the qualified medication

1 administration ~~staff member~~ PERSON shall immediately notify the proper person as outlined in the  
2 policies and procedures of the facility.

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

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

10 68.8 Any medication problem shall be resolved prior to the next administration.

11 68.9 PRN or "as needed" medications of any kind shall not be placed in a medication reminder box.  
12 Only medications intended for oral ingestion shall be placed in the medication reminder.

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

16 68.10 Medications in the medication reminder box shall only be used at the time specified on the box.  
17 Medication reminder boxes shall not be filled for more than two weeks at a time.

18 68.11 Any medication reminder "day packs" or individual "trip packs" assembled for administration  
19 outside the facility shall comply with the requirements of this section 6 8.

## 20 **SECTION 9 – STORAGE OF MEDICATION**

21 79.1 All medication shall be stored on-site including medication that is placed in a medication reminder  
22 box and filled by staff, A family member or other designated person.

23 79.2 All controlled substances as defined in section 12-22-303, C.R.S., shall be stored under double  
24 lock, counted and signed for at the end of every shift in the presence of either two (2) QMAPS or  
25 a QMAP and a qualified manager.

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

30 79.3 All prescription and non-prescription medication shall be maintained and stored in a manner that  
31 ensures the safety of all residents OR CLIENTS.

32 79.4 Medication shall not be stored with disinfectants, insecticides, bleaches, household cleaning  
33 solutions, or poisons.

## 34 **SECTION 8 – CONTRACT INSTRUCTORS**

35 ~~8.1 The medication administration curriculum may be taught by a person who contracts with the~~  
36 ~~department or is otherwise approved by the department to teach an approved curriculum and~~  
37 ~~holds a valid license in good standing as a physician, nurse, pharmacist or physician assistant.~~

1 ~~8.2 — All private contractors shall provide the department with a list of all persons who have taken the~~  
2 ~~contractor's approved training sessions and/or have passed the competency evaluation. Said list~~  
3 ~~shall be provided to the department within fifteen (15) days of the training session or evaluation.~~

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

6 **SECTION 9 — DEPARTMENT OVERSIGHT**

7 ~~9.1 Each QMAP and qualified manager shall sign a disclosure statement under penalty of perjury~~  
8 ~~stating that he or she has never had a professional license to practice nursing, medicine, or~~  
9 ~~pharmacy revoked in Colorado or any other state for reasons directly related to the administration~~  
10 ~~of medications.~~

11 ~~(A) — Any misrepresentation or falsification of an individual's disclosure shall constitute good~~  
12 ~~cause for the department to rescind that individual's medication administration authority.~~

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

15 ~~9.2 — If the department determines, after an investigation, that a QMAP or qualified manager has~~  
16 ~~engaged in a pattern of deficient medication administration practice or has administered~~  
17 ~~medication contrary to a physician's order or these rules that either causes or has the potential to~~  
18 ~~cause harm to the recipient, the department shall rescind that individual's medication~~  
19 ~~administration authority until the individual undergoes retraining, retesting, and successfully~~  
20 ~~passes the competency examination.~~

21 ~~9.3 — Compliance with this Chapter XXIV 24 is a condition of licensure for any facility licensed by the~~  
22 ~~department that administers medications to persons under its care. Failure to comply may result~~  
23 ~~in the department taking action against the facility's license pursuant to 6 CCR 1011-1, Chapter II~~  
24 ~~and section 24-4-104, C.R.S.~~

25 .....