The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Education Pre-K -12

BILL:	SB 772
INTRODUCER:	Senator Calatayud
SUBJECT:	Diabetes Management in Schools
DATE:	March 14, 2025
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Sabitsch	Bouck	ED	**Pre-meeting**
2.			HP	
3.			RC	

I. Summary:

SB 772 authorizes a school district or charter school to acquire and maintain undesignated glucagon to treat students with diabetes who experience a hypoglycemic emergency or whose prescribed glucagon is not available onsite or has expired. Specifically, the bill:

- Allows a licensed pharmacist to dispense undesignated glucagon to a school district or charter school with a prescription.
- Allows a school district or charter school to enter into arrangements with manufacturers or suppliers of glucagon to obtain products.
- Requires undesignated glucagon obtained by school districts and charter schools to be stored in a specific manner.
- Requires that a school district or charter school employee or agent trained in the administration of glucagon be responsible for the storage, maintenance, and administration of undesignated glucagon.
- Requires certain notifications immediately after administration of undesignated glucagon.
- Releases school district and charter school employees and agents from liability related to glucagon administration unless there is gross negligence or willful or wanton misconduct.

The bill takes effect on July 1, 2025.

II. Present Situation:

Types of Diabetes

Diabetes is a chronic, long-lasting heath condition that affects how your body turns food into energy. The human body breaks down most of the food humans eat into sugar (glucose) and releases it into the bloodstream. When the blood sugar goes up, the pancreas is signaled to

release insulin, which allows the blood sugar into the body's cell for use as energy.[1] For individuals with diabetes, the body does not make enough insulin or can't use the insulin as well as it should, which results in too much blood sugar remaining in the bloodstream. This can lead to serious health problems, such as heart disease, vision loss, and kidney disease. There is no cure for diabetes.[2] There are three basic types of diabetes:

- Type 1 diabetes
- Type 2 diabetes
- Gestational diabetes

Type 1 diabetes is thought to be caused by an autoimmune reaction (the body attacks itself by mistake). This reaction stops the body from making insulin. If a person doesn't have enough insulin, too much sugar builds up in the blood, causing hyperglycemia (high blood sugar), and the body can't use food for energy. This can lead to serious health problems or even death if it's not treated. People with Type 1 diabetes need synthetic insulin every day in order to live and be healthy. Currently, it is not known how to prevent type 1 diabetes. Type 1 diabetes is usually diagnosed in children and young adults but can be diagnosed at any age, and symptoms often develop quickly.[3]

Type 2 diabetes is when the body doesn't use insulin well and cannot keep blood sugar at normal levels. Type 2 diabetes is a chronic condition that happens when a person has persistently high blood sugar levels or hyperglycemia. It develops over many years and is usually diagnosed in adults but more and more in children, teens, and young adults are also developing type 2 diabetes. Symptoms often develop over several years and can go on for a long time without being noticed. Sometimes there aren't any noticeable symptoms at all.[4] Most cases of type 2 diabetes are preventable or can be delayed with lifestyle changes. About 1 in 10 Americans have diabetes and between 90 percent and 95 percent have type 2 diabetes.[5]

With type 2 diabetes, the body makes insulin, but cells do not respond to it the way they should. This is known as insulin resistance. The body's cells are not able to take in glucose from the bloodstream as well as they once did, which leads to higher blood sugar levels. Over time, type 2 diabetes can cause the body to produce less insulin, which can further increase blood sugar levels. Some people can manage type 2 diabetes with diet and exercise. Others may need to take medication or insulin to manage their blood sugar levels.[6]

Gestational diabetes develops in pregnant women who have never had diabetes. If a woman has gestational diabetes, her baby could be at higher risk for health problems. Gestational diabetes usually goes away after the baby is born. However, it increases the mother's risk for type 2

[1] U.S. Centers for Disease Control, *Diabetes Basics*, https://www.cdc.gov/diabetes/about/index.html (last visited Mar. 10, 2025)
[2] *Id.*
[3] *Id.*
[4] U.S. Centers for Disease Control, *Type 2 Diabetes*, https://www.cdc.gov/diabetes/about/about-type-2-diabetes.html (last visited Mar. 10, 2025)
[5] *Id.*
[6] Healthline, *How Insulin and Glucagon Work*, https://www.healthline.com/health/diabetes/insulin-and-glucagon (last visited Mar. 11, 2025)

diabetes later in life and the baby is more likely to have obesity as a child or teen and develop type 2 diabetes later in life.[7]

Individuals with diabetes can experience hypoglycemia.[8] Hypoglycemia is a condition in which an individual's blood sugar (glucose) level is lower than the standard range. Glucose is the body's main energy source. Hypoglycemia is often related to diabetes treatment and the most common reason for low blood sugar is a side effect of medications used to treat diabetes. If blood sugar levels become too low, hypoglycemia signs and symptoms can include:[9]

- Looking pale.
- Shakiness.
- Sweating.
- Headache.
- Hunger or nausea.
- An irregular or fast heartbeat.
- Fatigue.
- Irritability or anxiety.
- Difficulty concentrating.
- Dizziness or lightheadedness.
- Tingling or numbness of the lips, tongue or cheek.

As hypoglycemia worsens, signs and symptoms can include:[10]

- Confusion, unusual behavior or both, such as the inability to complete routine tasks.
- Loss of coordination.
- Slurred speech.
- Blurry vision or tunnel vision.
- Nightmares, if asleep.

Severe hypoglycemia may cause unresponsiveness (loss of consciousness) and seizures.[11]

Insulin and Glucagon

Insulin and glucagon work together to regulate blood sugar levels and ensure that the human body has a constant supply of energy. Insulin and glucagon are hormones that help regulate the levels of blood glucose (sugar) in the body. Glucose comes from food and moves through the bloodstream to help fuel the body.[12]

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[7] U.S. Centers for Disease Control, *Diabetes Basics*, https://www.cdc.gov/diabetes/about/index.html (last visited Mar. 10, 2025)
[8] Mayo Clinic, *Hypoglycemia- Overview*, https://www.mayoclinic.org/diseases-conditions/hypoglycemia/symptoms-causes/syc-20373685 (last visited Mar. 11, 2025)
[9] *Id.*
[10] *Id.*
[11] *Id.*
[12] Healthline, *How Insulin and Glucagon Work*, https://www.healthline.com/health/diabetes/insulin-and-glucagon (last visited Mar. 11, 2025)

Insulin controls whether sugar is used as energy or stored as glycogen. Glucagon signals cells to convert glycogen back into sugar. Insulin and glucagon work together to balance blood sugar levels, keeping them in the range that the body requires.

Glucagon is a natural hormone the human body makes that works with other hormones to control glucose (sugar) levels in the blood. Glucagon prevents blood sugar from dropping too low. The alpha cells in the pancreas make glucagon and release it in response to:[13]

- A drop in blood sugar
- Prolonged fasting
- Physical activity
- Protein-rich meals

There are also manufactured forms of glucagon that can be taken as an injection or nasal powder (dry nasal spray). People with diabetes mainly use this form of glucagon in emergencies when they have very low blood sugar (hypoglycemia). The glucagon triggers the liver to release stored glucose, which then raises blood sugar.[14]

Prevalence of Diabetes

The National Diabetes Statistic Report provides up-to-date information on the prevalence and incidence of diabetes and prediabetes, risk factors for complication, acute and long-term complication, deaths, and costs. Highlights of reported statistics include the following:[15]

- In 2021 there were 29.7 million people of all ages, or 8.9 percent of the U.S. population, who had diagnosed diabetes.
- In 2021 there were 352,000 children and adolescents younger than age 20 who had diagnosed diabetes, including 304,000 with type 1 diabetes.

Diabetes in Florida

The Florida Diabetes Advisory Council (DAC) is mandated and authorized by s. 385.203, F.S, to guide a statewide comprehensive approach to diabetes prevention, diagnosis, education, care, treatment, impact, and costs. The DAC serves as the advisory unit to the Department of Health (DOH), other governmental agencies, professional and other organizations, as well as the general public. The DAC makes specific recommendations to the State Surgeon General regarding the public health aspects of the prevention and control of diabetes. In January of each odd numbered year, the DAC, in conjunction with the DOH is required to submit a report to the Governor, the President of the Senate and the Speaker of the House of Representatives. The items highlighted below are from the most recent report dated January 2025.[16]

- Florida has seen an increase in the percentage of adults diagnosed with diabetes from 8.2 percent in 2002, to 12.2 percent in 2022. This is higher than the national rate of 11.6 percent.

[13] Cleveland Clinic, Glucagon, https://my.clevelandclinic.org/health/articles/22283-glucagon (last visited Mar. 10, 2025)
[14] *Id*.
[15] U.S. Centers for Disease Control, *National Diabetes Statistical Report*, https://www.cdc.gov/diabetes/php/data-research/index.html (last visited Mar. 10, 2025)
[16] Florida Department of Health, Florida Diabetes Advisory Council, *Legislative Report* (Jan. 2025), *available at* https://www.floridahealth.gov/provider-and-partner-resources/dac/_documents/2025-dac-report.pdf.

It is estimated that 38 million adults in the U.S. have diabetes, with Florida accounting for over 2.1 million of those diagnosed.[17]

- In 2022-2023, in a population of 2,851,846 pre-kindergarten through 12th grade students, there were 6,568 reported students with type 1 diabetes (0.23 percent) and 1,139 students with type 2 diabetes (0.04 percent) in Florida public schools, for a total of 7,707 (0.27 percent) students living with diabetes. Of these students, 5,833 (0.20 percent) received glucose monitoring assistance, 4,821 (0.17 percent) received carbohydrate-counting assistance, and 5,197 (0.18 percent) received assistance with insulin administration at schools throughout the school year.[18]
- It is estimated that in 2017, the total cost of diabetes in Florida was $24.8 billion, with $19.3 billion attributed to direct medical expenses for diagnosed diabetes and $5.5 billion attributed to indirect costs from loss of productivity due to the condition. The average annual medical expenditures among individuals with diabetes are 2.6 times higher than among individuals who have not been diagnosed with diabetes.[19]

Florida students with diabetes are covered under Section 504 of the Rehabilitation Act of 1973 which prohibits discrimination on the basis of disability in programs or activities that receive federal financial assistance from the U.S. Department of Education.[20] The Section 504 regulation defines an "individual with handicaps" as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. The key factor in determining whether a person is considered an "individual with handicaps" covered by Section 504 is whether the physical or mental impairment results in a substantial limitation of one or more major life activities. Major life activities, as defined in the regulation, include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.[21]

Diabetes may be considered a hidden disability under Section 504 that includes such conditions and diseases as specific learning disabilities, diabetes, epilepsy, allergy or chronic illnesses. A chronic illness involves a recurring and long-term disability such as diabetes, heart disease, kidney and liver disease, high blood pressure, or ulcers.[22] Students with diabetes may require the development of a Diabetes Medical Management Plan (DMMP) in order to meet the meet the needs of the student. The DMMP contains medical orders and all aspects of routine and emergency diabetes care. This plan works hand in hand with an Individual Health Plan (IHP) to describe how diabetes care as prescribed in the DMMP will be delivered in the school.[23]

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[17] Florida Department of Health, Florida Diabetes Advisory Council, *Legislative Report* (Jan. 2025), *available at* https://www.floridahealth.gov/provider-and-partner-resources/dac/_documents/2025-dac-report.pdf, at 8.
[18] Florida Department of Health, Florida Diabetes Advisory Council, *Legislative Report* (Jan. 2025), *available at* https://www.floridahealth.gov/provider-and-partner-resources/dac/_documents/2025-dac-report.pdf, at 15.
[19] Florida Department of Health, Florida Diabetes Advisory Council, *Legislative Report* (Jan. 2025), *available at* https://www.floridahealth.gov/provider-and-partner-resources/dac/_documents/2025-dac-report.pdf, at 20.
[20] U.S. Department of Education, *The Civil Rights of Students With Hidden Disabilities and Section 504*, https://www.ed.gov/laws-and-policy/individuals-disabilities/section-504/hidden-disabilities (last visited Mar. 10, 2025).
[21] *Id.*
[22] *Id.*
[23] American Diabetes Association, *Helping the Student with Diabetes Succeed- A Guide for School Personnel*, *available at* https://diabetes.org/sites/default/files/2023-10/School-guide-final-11-16-22.pdf.

III. Effect of Proposed Changes:

SB 772 modifies s. 1002.20, F.S., to support students with diabetes by allowing school districts and charter schools to request a prescription for glucagon that would enable schools to acquire and maintain a supply of undesignated (not assigned to a person) glucagon for the purposes of treating a student who experiences a hypoglycemic emergency or whose prescribed glucagon is not available or has expired.

The bill allows a licensed pharmacist to dispense undesignated glucagon to a school district or charter school and permits school districts and charter schools to enter into agreements with manufacturers or suppliers of glucagon to obtain favorable pricing. The bill also permits school districts and charter schools to seek donations or grants in order to obtain glucagon.

The bill specifies that undesignated glucagon must be stored in a location so that it is readily accessible to the school nurse of other school personnel who have been trained to administer glucagon to students and requires that a trained individual be responsible for storage, maintenance, and administration of glucagon stocked by a school.

The specifying of glucagon in the bill may limit the available options to treat hypoglycemia with other glucagon-like products.

The bill requires that the undesignated glucagon to be administered to a student with diabetes as prescribed in the student's diabetes management plan. Following the administration of undesignated glucagon to a student the bill requires specific notifications and a call for emergency services.

The bill limits liability for the administration of glucagon by school district or charter school employees and agents as well as the prescriber or furnisher of glucagon unless there is an injury that has resulted from an act or omission that constitutes gross negligence or willful or wanton misconduct.

The bill provides the Department of Health with rulemaking authority after receiving input from the American Diabetes Association and the Florida Association of School Nurses.

The bill takes effect on July 1, 2025.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 1002.20 of the Florida Statutes.:

IX. Additional Information:

A. Committee Substitute – Statement of Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.