**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 Health Policy

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| BILL: | CS/SB 772 |
| INTRODUCER: | Education Pre-K - 12 Committee and Senator Calatayud |
| SUBJECT: | Diabetes Management in Schools |
| DATE: | March 31, 2025 |
| REVISED: | |

| | ANALYST | STAFF DIRECTOR | REFERENCE | ACTION |
|---|---|---|---|---|
| 1. | Sabitsch | Bouck | ED | **Fav/CS** |
| 2. | Morgan | Brown | HP | **Pre-meeting** |
| 3. | | | RC | |

**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

## I. Summary:


CS/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:

- Provides definitions related to diabetes management in schools.
- Allows a school district or charter school to obtain a prescription for glucagon from a county health department or health care provider.
- 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, as well as certain health care practitioners, from civil and criminal liability related to glucagon administration or prescribing, respectively. Additionally, health care practitioners and pharmacists are not subject to regulatory discipline regarding licensure under the bill.

The bill provides an effective date of July 1, 2025.

## II. Present Situation:

### Types of Diabetes

Diabetes is a chronic heath condition that affects how the human body turns food into energy. The human body breaks down most of the carbohydrates humans eat into glucose[1] and releases it into the bloodstream, thereby increasing blood glucose. Such an increase should signal the pancreas[2] to release the hormone insulin, which acts as a catalyst to allow the body's cells to metabolize the glucose and convert it to energy, or to convert the glucose into forms suitable for short-term or long-term storage.

For individuals with diabetes, the body does not make enough insulin or cannot use the insulin as well as it should, which results in too much blood glucose remaining in the bloodstream. Over time, this can lead to serious health problems, such as heart disease, vision loss, kidney disease, vascular disease, and other maladies. Such outcomes are often known as long-term complications of diabetes.

There are three basic types of diabetes:
- Type 1 diabetes
- Type 2 diabetes
- Gestational diabetes

#### *Type 1 Diabetes*

Type 1 diabetes is thought to be caused by an autoimmune reaction in which the body's immune system attacks and destroys the cells in the pancreas that normally produce insulin. Roughly 5 to 10 percent of people with diabetes have Type 1. Symptoms of Type 1 often develop quickly. It is usually diagnosed in children, teens, and young adults. Someone with Type 1 diabetes must take insulin, usually through subcutaneous injection, on a regular basis to survive, one or more times per day. Currently, Type 1 diabetes can neither be prevented nor cured.[3]

#### *Type 2 Diabetes*

With Type 2 diabetes, the body does not use insulin well and cannot keep blood glucose at normal levels. About 90 to 95 percent of people with diabetes have Type 2. It develops over many years and is usually diagnosed in overweight, middle-aged adults, although it can sometimes manifest in adolescents and young adults. Type 2 diabetes can often be prevented or delayed, or even eliminated altogether, with healthy lifestyle changes, such as losing weight,

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[1] Glucose is the simplest type of carbohydrate (chemical formula $C_6H_{12}O_6$), and all carbohydrates consumed as food must be broken down into glucose before the body can metabolize them.
[2] The pancreas is an organ located in the abdomen. It plays an essential role in converting food into fuel. The pancreas has two main functions: an exocrine function that helps in digestion and an endocrine function that regulates blood glucose. *See*: https://columbiasurgery.org/pancreas/pancreas-and-its-functions (last visited Mar. 27, 2025).
[3] Centers for Disease Control and Prevention, *What Is Diabetes?, available at*: https://www.cdc.gov/diabetes/basics/diabetes.html (last visited Mar. 27, 2025).

eating healthy food, and exercising regularly.[4] Type 2 diabetes is usually treated with oral medications but can require insulin injections in some cases.

***Gestational Diabetes***

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 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.[5]

***Hypoglycemia***

Individuals with diabetes can experience hypoglycemia.[6] Hypoglycemia is a condition in which an individual's blood glucose level is lower than the standard range. Hypoglycemia is often related to diabetes treatment, and the most common reason for low blood glucose is a side effect of medications used to treat diabetes, usually insulin. If blood glucose levels become too low, hypoglycemia signs and symptoms can include:[7]

- 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:[8]

- Disorientation, confusion, and unusual behavior, such as the inability to complete routine tasks.
- Loss of coordination.
- Slurred speech.
- Blurry vision, double vision, or tunnel vision.

Severe hypoglycemia may cause loss of consciousness, and, in the most severe cases, seizures, brain damage, or death.[9]

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[4] *Id.*
[5] U.S. Centers for Disease Control, *Diabetes Basics*, https://www.cdc.gov/diabetes/about/index.html (last visited Mar. 27, 2025).
[6] Mayo Clinic, *Hypoglycemia- Overview*, https://www.mayoclinic.org/diseases-conditions/hypoglycemia/symptoms-causes/syc-20373685 (last visited Mar. 27, 2025).
[7] *Id.*
[8] *Id.*
[9] *Id.*

**Insulin and Glucagon**

Insulin and glucagon work together to regulate blood glucose 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 in the body.[10]

Insulin is needed for the body to use glucose as energy. When blood glucose is not needed immediately, it is stored as glycogen (short term storage)[11] or fat (long-term storage). Glucagon signals cells to convert stored glycogen back into glucose when the body needs immediate energy or when blood glucose begins falling. Insulin and glucagon work together to balance blood glucose levels, keeping them in the range that the body requires.

However, when a diabetic has introduced too much insulin into his or her body through injection or has not eaten enough carbohydrates to correspond to the injected insulin, blood glucose can drop dangerously low, and in such dangerous cases, the body is unable to convert glycogen back into glucose rapidly enough to counteract that effect.

There are also manufactured forms of glucagon that can be taken as an injection or nasal powder (dry nasal spray). This form of glucagon may be used in emergencies when a diabetic has very low blood glucose and is experiencing moderate or severe hypoglycemia. The glucagon triggers the liver to rapidly release glucose that had been stored as glycogen, which then raises blood glucose and should partially or fully mitigate hypoglycemia.[12]

**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:[13]

- 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

[10] Healthline, *How Insulin and Glucagon Work*, https://www.healthline.com/health/diabetes/insulin-and-glucagon (last visited Mar. 27, 2025).
[11] Glycogen is the stored form of glucose that's made up of many connected glucose molecules. When the human body does not immediately need glucose for energy, it stores glucose primarily in muscles and the liver as glycogen for later use. *See*: https://my.clevelandclinic.org/health/articles/23509-glycogen (last visited Mar. 27, 2025)
[12] *Id.*
[13] U.S. Centers for Disease Control, *National Diabetes Statistical Report*, https://www.cdc.gov/diabetes/php/data-research/index.html (last visited Mar. 27, 2025).

(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.[14]

- 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. It is estimated that 38 million adults in the U.S. have diabetes, with Florida accounting for over 2.1 million of those diagnosed.[15]
- In 2022-2023, in a population of 2,851,846 pre-kindergarten through 12-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.[16]
- 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.[17]

Florida students with diabetes are covered under Section 504 of the federal 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.[18] 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.[19]

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[14] 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.
[15] 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.
[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, at 15.
[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 20.
[18] 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. 27, 2025).
[19] *Id.*

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.[20] 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.[21]

## III. Effect of Proposed Changes:

CS/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 provides definitions for the following:

- Authorized health care practitioner, which includes a licensed allopathic or osteopathic physician, physician assistant, or advanced practice registered nurse.
- Participating school, which is a public school maintaining a supply of undesignated glucagon under the bill.
- Undesignated glucagon, which is a glucagon rescue therapy that is prescribed in the name of a public school or school district.

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 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 requires an employee of the public school to call for emergency assistance.

[20] *Id.*
[21] 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. (last visited Mar. 27, 2025).

The bill provides immunity from civil or criminal liability from the administration of glucagon by certain school district or charter school employees. Additionally, the bill provides immunity from civil or criminal liability to authorized health care practitioners and pharmacists who, acting in good faith and exercising reasonable care, prescribe or dispense glucagon under the bill, as well as providing that such persons are not subject to adverse action regarding professional licensing statute or rule.

The bill requires the State Board of Education, in cooperation with the Department of Health, to adopt rules to implement the provisions in the bill.

The bill provides an effective date of 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 Substantial Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**CS by Education Pre-K – 12 on March 17, 2025:**
The committee substitute:

- Defines terms related to authorized personnel, schools, and rescue therapy.
- Authorizes and provides requirements for a school district or school to acquire and maintain a supply of undesignated glucagon for treatment of students.
- Allows a school district or school to engage a wholesale distributor of manufacturer of glucagon to obtain a stock of glucagon and sets requirements for accepting donated or transferred glucagon.
- Allows a school district to request a prescription of glucagon from a county health department and permits an authorized health care practitioner to prescribe glucagon in the name of the school district or school.
- Provides requirements for the administration of the undesignated glucagon to students experiencing a hypoglycemic emergency and provides criminal and civil immunity to certain employees, authorized health care practitioners and pharmacists. Protects certain authorized healthcare practitioners and pharmacists from discipline and other adverse actions under any professional licensure statute or rule.

B. Amendments:

None.