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

BILL:	CS/SB 958
INTRODUCER:	Health Policy Committee and Senator Bernard
SUBJECT:	Type 1 Diabetes Early Detection
DATE:	March 19, 2025
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Morgan	Brown	HP	**Fav/CS**
2.			AHS	
3.			FP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 958 creates s. 381.992, F.S., to require the Florida Department of Health (DOH), in collaboration with school districts, to develop Type 1 diabetes informational materials, as well as a standardized methodology for distribution. The materials must be developed and posted on the DOH's website by September 29, 2025. Parents and guardians of VPK, kindergarten, and first-grade students must be notified of the availability of the informational materials by September 30, 2025, and annually thereafter.

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

II. Present Situation:

Diabetes

Diabetes is a chronic health condition that affects how the human body converts food into energy.

The human digestive system breaks down carbohydrates consumed as food into glucose[1] and releases it into the bloodstream, which increases the blood's glucose level. Such an increase in

[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.

blood glucose 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.

Depending on the type of diabetes, the pancreas either does not make any insulin or does not make enough insulin, or the body cannot use insulin as well as it should. When there is not enough insulin, or cells stop responding to insulin, blood glucose levels elevate and stay elevated for extended periods. Over time, that can cause 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.

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] In 2022-2023, there were 6,568 students with Type 1 diabetes in Florida public schools.[4]

While the exact cause of Type 1 diabetes remains unknown, scientists believe there is a strong genetic component. The risk of developing the disease with no family history is approximately 0.4 percent. If an individual's biological mother has Type 1 diabetes, the risk of developing the condition is 1 to 4 percent. If an individual's biological father has Type 1 diabetes, the risk of developing the disease is 3 to 8 percent. If both biological parents have Type 1 diabetes, the risk of developing the condition is as high as 30 percent.[5]

Scientists also believe certain factors, such as a virus or environmental toxins, can trigger the immune system to attack cells in the pancreas if an individual has a genetic predisposition for developing Type 1 diabetes.[6]

Symptoms of Type 1

Symptoms of Type 1 diabetes are typically mild in the beginning, becoming progressively worse or more intense over time as the pancreas makes less insulin. Symptoms of Type 1 diabetes include:[7]

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[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 sugar. See: https://columbiasurgery.org/pancreas/pancreas-and-its-functions (last visited Mar. 15, 2025).
[3] Centers for Disease Control and Prevention, *What Is Diabetes?,* available at: https://www.cdc.gov/diabetes/basics/diabetes.html (last visited Mar. 15, 2025).
[4] Florida Department of Health, *Florida Diabetes Advisory Council Legislative Report (January 2025), available at* https://www.floridahealth.gov/%5C/provider-and-partner-resources/dac/_documents/2025-dac-report.pdf (last visited Mar. 14, 2025).
[5] Cleveland Clinic, *Type 1 Diabetes, available at* https://my.clevelandclinic.org/health/diseases/21500-type-1-diabetes#management-and-treatment (last visited Mar. 15, 2025).
[6] *Id.*
[7] *Id.*

- Excessive thirst;
- Frequent urination, including frequent full diapers in infants and bedwetting in children;
- Excessive hunger;
- Unexplained weight loss;
- Fatigue;
- Blurred vision;
- Slow healing of cuts and sores; and
- Vaginal yeast infections.

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, eating healthy food, and exercising regularly.[8] Type 2 diabetes is usually treated with oral medications but can require insulin injections in some cases.

Diagnosis and Tests

Type 1 diabetes can be diagnosed using the following tests:[9]

- Blood Glucose Test – Checks the amount of sugar in the blood. A health care provider may request a random test (without fasting) and a fasting test (no food or drink for at least eight hours before the test). If the result shows very high blood sugar, it typically means the patient has Type 1 diabetes.
- Glycosylated Hemoglobin Test (A1c) – If blood glucose test results indicate a diagnosis of diabetes, a health care provider may do an A1c test. This measures average blood sugar levels over roughly three months.
- Antibody Test – This blood test checks for autoantibodies to determine if a patient has Type 1 or Type 2 diabetes. Autoantibodies are proteins that attack the body's tissue by mistake. The presence of certain autoantibodies indicates Type 1 diabetes. Autoantibodies are not usually present in people diagnosed with Type 2 diabetes.

Management and Treatment

People with Type 1 diabetes need synthetic insulin every day, multiple times a day, in order to live and be healthy. Insulin can be taken in the following ways:[10]

- Multiple daily injections using a vial and syringe – Insulin should be injected into fatty tissue in the belly, upper arm, thigh, or buttocks. Injections are usually the least expensive way to take insulin.
- Pre-filled insulin pens – Disposable pen needles can be more convenient than syringes, as well as a good option for individuals with poor vision.

[8] *Id.*
[9] *Id.*
[10] *Id.*

- Insulin pumps – Devices that deliver insulin continuously and on-demand, mimicking the pancreas. Pumps deliver insulin through a tiny catheter that goes in a fleshy area of the body.
- Rapid-acting inhaled insulin – Works more quickly than other types of insulin and is inhaled through the mouth, much like an asthma inhaler.

The amount of insulin needed daily varies over time and under specific circumstances. For instance, a larger dose of insulin is typically needed during puberty, pregnancy, and while taking steroid medication.[11]

People with Type 1 diabetes must monitor blood sugar levels closely throughout the day. Maintaining a healthy blood sugar range is the best way to avoid health complications. Blood sugar can be monitored using a:[12]

- Blood Glucose Meter – A finger is pricked with a lance, and a small drop of blood is placed on the meter's test strip. The blood glucose level appears on the meter within seconds. A blood glucose meter is usually the least expensive home testing option, but it only reports blood sugar at the time of the check.
- Continuous Glucose Monitor (CGM) – There are different types of CGMs, but most require a small sensor to be inserted under the skin at home every seven to 14 days. Some CGMs are implanted by a health care provider. The sensor continuously records blood glucose levels. People using a CGM require fewer finger sticks. CGM systems can be more expensive than fingerstick blood glucose meters but provide much more information about glucose levels, including previous and future trends. Different alarms can be set to alert the user when blood sugar is trending too low or too high.

A large part of Type 1 diabetes management is monitoring the carbohydrates in food and drinks consumed to determine proper doses of insulin. Carbohydrate counting at its basic level involves counting the number of grams of carbohydrate in a meal by reading nutrition labels and then matching the dose of insulin. An insulin-to-carb ratio is used to calculate the amount of insulin that should be taken to manage blood sugars when eating. Insulin-to-carb ratios vary from person to person and may even be different at different times of the day.[13]

Complications

Low blood sugar (hypoglycemia) can occur from taking too much insulin based on food intake and/or activity level and needs to be treated right away. Hypoglycemia is usually considered to be below 70 milligrams per deciliter. Symptoms and consequences may include:[14]

- Shaking, trembling, sweating, and chills;
- Dizziness, lightheadedness, and faster heart rate;
- Headaches;
- Hunger;
- Nausea;
- Nervousness or irritability;

[11] *Id.*
[12] *Id.*
[13] *Id.*
[14] *Id.*

- Disorientation and confusion;
- In severe instances, seizure; and
- In the most severe instances, brain damage or death.

Poorly managed diabetes, over the long-term, results in continuous high blood sugar, leading to numerous complications, such as:[15]

- Eye problems, including diabetes-related retinopathy, diabetes-related macular edema, cataracts, and glaucoma;
- Foot problems, including ulcers and infections that can lead to gangrene and amputation;
- Heart disease;
- High blood pressure;
- Kidney disease;
- Oral health problems;
- Diabetes-related neuropathy or nerve damage;
- Skin conditions, including dry skin, bacterial and fungal infections, and diabetes-related dermopathy; and
- Strokes.

The School Health Services Program of the DOH

In partnership with the Florida Department of Education (DOE), the DOH's School Health Services Program (program) provides services required in ss. 381.0056, 381.0057, and 402.3026, F.S. School health services are intended to minimize health barriers to learning for public school students in pre-kindergarten through grade 12. To ensure the provision of safe and appropriate county-level school health services, the program provides funding, technical assistance, and oversight of health services provided in Florida's public schools. The three program components are: basic school health services, comprehensive school health services, and full-service schools.[16]

Basic School Health Services

Basic school health services are required by s. 381.0056, F.S., to promote student health through a variety of day-to-day health services to public school students. All 67 counties provide basic school health services, which include:[17]

- Nursing assessments, health counseling, referrals, and follow-up for suspected or confirmed health problems;
- Individualized health care plan development;
- In-school care management for chronic and acute health conditions, such as diabetes, asthma, allergies, and epilepsy;
- Assistance with medication administration and health care procedures;
- Vision, hearing, scoliosis, and growth and development screenings;
- First-aid and emergency health services;

[15] *Id.*
[16] Florida Department of Health, *School Health Program, available at* https://www.floridahealth.gov/programs-and-services/childrens-health/school-health/school-health-program.html (last visited Mar. 14, 2025).
[17] *Id.*

- Communicable disease prevention and intervention; and
- Emergency preparedness.

Comprehensive School Health Services

Comprehensive school health services are supplemental services provided in addition to basic school health services to promote the health of students, reduce risk-taking behavior, and reduce teen pregnancy. Currently, 46 counties receive funding to provide these services in locally selected schools with high rates of teen birth, substance abuse, and other high-risk behaviors.[18]

Full-Service Schools

Pursuant to s. 402.3026, F.S., full-service schools provide additional school-based health and social services, such as:[19]

- Nutritional services;
- Economic and job placement services;
- Parenting classes;
- Counseling for abused children;
- Mental health and substance abuse counseling; and
- Adult education for parents.

Currently, 66 counties receive funding to provide full-service school programs in schools with high numbers of medically underserved, high-risk students.[20]

School Health Services Plan

Every two years, the program ensures each county health department (CHD) and school district submits a School Health Services Plan (plan). This plan details how the local program will meet the requirements for school health services. Each local CHD and school district collaborates to meet the requirements outlined in its plan. The plan includes provisions related to the management and care of students living with diabetes, in accordance with s. 1002.20(3)(j), F.S. Additional guidance from the DOE can be found in Rule 6A-6.0253, F.A.C.[21]

Guidelines for the Care and Delegation of Care for Students with Diabetes in Florida Schools[22]

In 2014, the DOH collaborated with multiple partners to develop the "Guidelines for the Care and Delegation of Care for Students with Diabetes in Florida Schools." This reference manual is a key resource for Florida school health nurses and local programs serving students with diabetes. The DOH is in the process of making revisions to this manual.[23]

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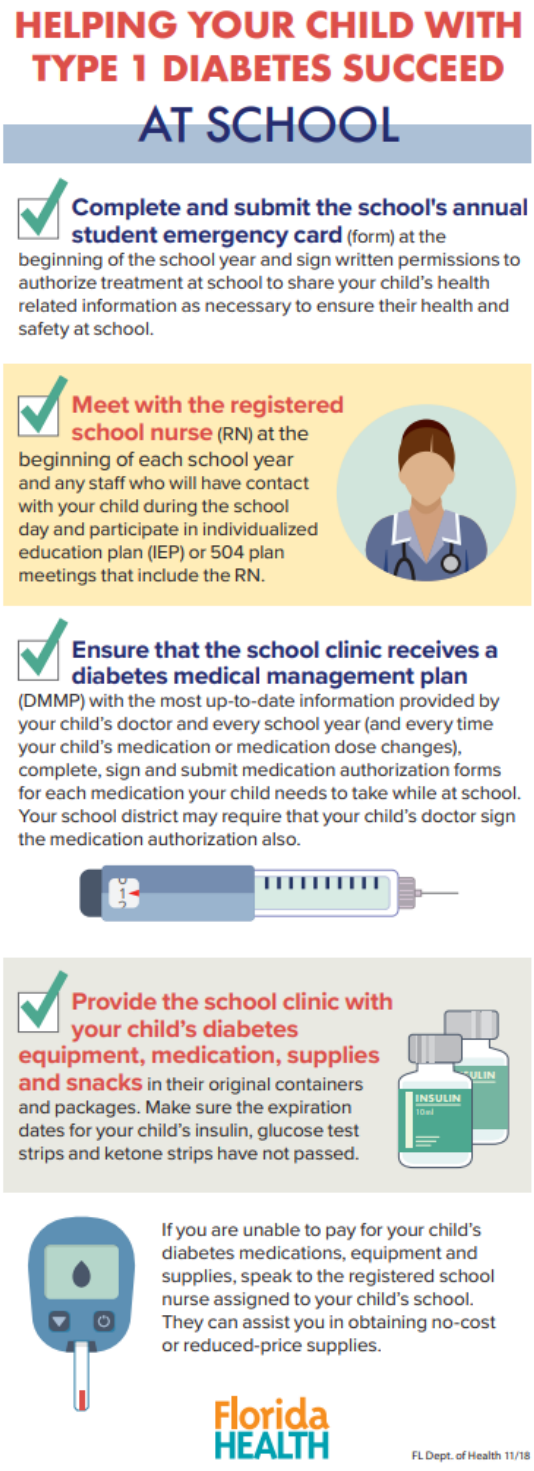
[18] *Id*.
[19] *Id.*
[20] *Id*.
[21] Florida Department of Health, *House Bill 723 Analysis* (Mar. 3, 2025) (on file with Senate Committee on Health Policy).
[22] Florida Department of Health, *Guidelines for the Care and Delegation of Care for Students with Diabetes in Florida Schools*, *available at* https://www.floridahealth.gov/programs-and-services/childrens-health/school-health/_documents/diabetes-guidelines-for-the-care-delegation-of-care-for-students-with-diabetes-in-florida-schools.pdf (last visited Mar. 14, 2025).
[23] *Supra* note 21.

Program Infographic: "Helping your Child with Type 1 Diabetes Succeed at School[24]"



[24] Florida Department of Health, *Helping your Child with Type 1 Diabetes Succeed at School, available at* https://www.floridahealth.gov/programs-and-services/childrens-health/school-health/diabetes-school-card-2up.pdf (last visited Mar. 14, 2025).

III. Effect of Proposed Changes:

Section 1 creates s. 381.992, F.S., to require the DOH, in collaboration with school districts throughout the state, to develop Type 1 diabetes informational materials for the parents and guardians of students. The informational materials must be made available to each school district, school board, and charter school through the DOH's website.

Within 90 days after July 1, 2025, the DOH must develop the materials related to the early detection of Type 1 diabetes and post the information on its website. The DOH must develop a standardized methodology for each school district, school board, and charter school for the notification of the parents or guardians of public school VPK, kindergarten, and first-grade students. Parents and guardians must be notified of the availability of the Type 1 diabetes early detection materials by September 30, 2025, and annually thereafter.

The bill requires the informational materials on Type 1 diabetes to include, at minimum:

- A description of Type 1 diabetes.
- A description of the risk factors and warning signs associated with Type 1 diabetes.
- A description of the process for screening students for early detection of Type 1 diabetes using a blood autoantibody test.
- A recommendation for further evaluation for students displaying warning signs associated with Type 1 diabetes or positive early detection screening results.

Section 2 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:

CS/SB 958 could result in a nominal fiscal impact on the state. The operational impact resulting from this bill can be absorbed using existing resources.[25]

VI. Technical Deficiencies:

None.

VII. Related Issues:

CS/SB 958 does not provide for rulemaking authority. The DOH indicates that this authority may better allow the department to implement the methodology under which schools are required to notify parents and guardians of the informational materials.[26]

VIII. Statutes Affected:

This bill creates section 381.992 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 Health Policy on March 18, 2025:
The committee substitute:

- Creates the Type 1 Diabetes Early Detection Program within ch. 381, F.S., instead of ch. 385, F.S.
- Includes school boards, in addition to the previously included school districts and charter schools, as parties to whom the bill's informational materials must be available.
- Includes parents of VPK and kindergarten students, in addition to first-grade students, as parties who must be notified of the availability of the materials.
- Adjusts the timeframes for the development of informational materials and the notification of the availability of the materials to parents and guardians, i.e. the DOH must develop the materials within 90 days after July 1, 2025, and parents or guardians

[25] *Supra* note 21.
[26] *Id.*

must be notified of the availability of the materials by September 30, 2025, and annually thereafter.

B. Amendments:

None.