

FLORIDA HOUSE OF REPRESENTATIVES

FINAL BILL ANALYSIS

This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.

BILL #: [CS/HB 1567](#)

TITLE: Insulin Administration by Direct-Support Professionals and Relatives

SPONSOR(S): Tuck

COMPANION BILL: [CS/CS/SB 1736](#) (Grall)

LINKED BILLS: None

RELATED BILLS: None

FINAL HOUSE FLOOR ACTION: 111 Y's

0 N's

GOVERNOR'S ACTION:

Approved

SUMMARY

Effect of the Bill:

CS/HB 1567 authorizes certain persons to administer insulin, including sliding scale insulin therapy, to developmentally disabled individuals in group homes, if the group home provides training and adopts policies and procedures governing the administration of insulin. This authority applies to the residents' relatives and direct-support professionals, a new category of providers paid to provide certain services to a client receiving home and community-based services. It provides immunity from civil liability to group home facilities, and immunity from civil liability and criminal penalties to relatives and direct-support professionals, who are compliant with the requirements for the administration of insulin.

The bill also allows an unlicensed direct service provider to supervise the self-administration of insulin and epinephrine by developmentally disabled individuals in group home facilities. This authority applies to the use of insulin pens, epinephrine pens, or similar devices designed for subcutaneous self-administration.

Fiscal or Economic Impact:

The bill has an insignificant, negative fiscal impact on the state government. See Fiscal or Economic Impact.

JUMP TO

[SUMMARY](#)

[ANALYSIS](#)

[RELEVANT INFORMATION](#)

ANALYSIS

EFFECT OF THE BILL:

Services for Persons with Developmental Disabilities

Medication Administration in Group Homes

For persons with developmental disabilities living in [group homes](#), unlicensed direct service providers can provide medication assistance. However, the administration of insulin and epinephrine is generally restricted to a licensed healthcare professional.

CS/HB 1567 authorizes certain persons to administer [insulin](#) to developmentally disabled individuals in group homes, if the group home provides training and adopts policies and procedures governing the administration of insulin. This authority applies to the residents' relatives and direct-support professionals, a new category of providers paid to provide certain services to a client of the Agency for Persons with Disabilities (APD) who receives home and community-based services. (Sections [1](#), [2](#))

Specifically, the bill authorizes residents' relatives and [direct-support professionals](#) to administer sliding scale insulin therapy, which includes the calculation of an insulin dose based on current blood glucose and the administration of that calculated dose subcutaneously using an insulin pen containing premeasured doses or a syringe filled with the calculated dose drawn from a vial of insulin. (Section [2](#))

STORAGE NAME: h1567z

DATE: 6/3/2025

The bill requires group homes to provide training to the residents' relative and the direct-support professional, which must be conducted by licensed healthcare professionals, including registered nurses, licensed practical nurses, advanced practice registered nurses, physicians or physician assistants. (Section 2) The group home is also required to enact policies and procedures to regulate the administration of insulin by these individuals. The procedures must include, at a minimum:

- Requirements to have the client's prescribed insulin dosage and proof of the relative or direct-support professional's required training on file;
- Requirements for the group home facility to certify the relative or direct-support professional to administer insulin;
- Coordination procedures to ensure proper administration and to avoid duplication in insulin administration;
- Established emergency procedures related to insulin administration;
- Requirements for the group home facility to immediately notify the relative or direct-support professional if he or she is not in compliance with these requirements and immediately prohibit them from administering insulin. (Section 2)

The bill provides group homes, residents' relatives, and direct-support professionals in compliance with established policies and procedures, immunity from civil liability for damages and civil and criminal penalties arising from the administration of insulin. (Section 2)

The bill also allows an unlicensed [direct service provider](#) to supervise the self-administration of insulin and epinephrine by developmentally disabled individuals in group home facilities. This authority only applies to the use of insulin pens, epinephrine pens, or similar devices designed for subcutaneous self-administration. (Section 3)

The Agency for Persons with Disabilities (APD) will enforce the bills standards for medication administration in group homes through its licensing authority.¹ Under current law, APD may levy penalties against licensed group homes for violations of laws or rules including fines, suspension and revocation.²

The bill was approved by the Governor on May 30, 2025, ch. 2025-111., and will become effective July 1, 2025 (Section 5).

RULEMAKING:

Current law authorizes the Agency for Persons with Disabilities (APD) to adopt rules relating to regulations for community-based group home facilities. APD must revise its rules governing insulin administration by residents' relatives and direct-support professionals, training standards for these individuals, and specify protocols for documentation and record-keeping.

Lawmaking is a legislative power; however, the Legislature may delegate a portion of such power to executive branch agencies to create rules that have the force of law. To exercise this delegated power, an agency must have a grant of rulemaking authority and a law to implement.

FISCAL OR ECONOMIC IMPACT:

STATE GOVERNMENT:

APD estimates the cost to implement the bill is \$20,000 in nonrecurring funds to make modifications to the iConnect information technology system. APD reverted approximately \$1.7 million in surplus General Revenue funds from the Contracted Services categories during Fiscal Year 2023-24. APD has sufficient base appropriation to address the \$20,000 fiscal need; however, APD is also authorized to transfer funds between categories if no appropriation is increased or decreased by greater than 5% or \$250,000, whichever is greater.³

¹ S. [393.067, F.S.](#)

² S. [393.0673, F.S.](#)

³ S. [216.292\(2\)\(a\), F.S.](#)

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Services for Persons with Developmental Disabilities

APD serves more than 60,000 persons with developmental disabilities⁴ and supports these individuals with unique abilities and their families in living, learning and working by identifying their social, medical, behavioral, residential and therapeutic needs.⁵

To be eligible for APD services, an individual must have a disorder or syndrome that is attributable to intellectual disability, cerebral palsy, autism, spina bifida, Down syndrome, Phelan-McDermid syndrome, or Prader-Willi syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.⁶ APD's overarching goal is to prevent or reduce the severity of developmental disabilities and develop and implement community-based services that will help individuals with developmental disabilities achieve their greatest potential for independent and productive living in the least restrictive means.⁷

Persons with developmental disabilities reside in various types of residential settings. Some individuals with developmental disabilities live with family, some live in their own homes, while other may live in residential facilities. APD licenses and regulates residential facilities that serve and assist individuals with developmental disabilities; these include foster care facilities, group home facilities, residential habilitation centers, and adult day training programs.⁸

Group Home Facility Regulation

The Agency for Persons with Disabilities (APD), is charged with licensing community-based residential facilities that serve individuals with developmental disabilities to include foster care facilities, group home facilities, residential habilitation centers, and adult day training programs.⁹ The APD is required to conduct annual inspections and review facilities and programs.¹⁰

The APD may also conduct unannounced inspections to determine compliance by foster care facilities, group home facilities, residential habilitation centers, and adult day training programs to ensure applicable provisions and rules are for training staff of the facility or a program are being followed.¹¹

APD licensees and their employees are required to allow APD staff to inspect any part of the facility or program building, as well as review records related to the facility operations or an APD resident care. Inspections may occur at any time when staff, management, owners, directors, residents, are present. The failure to comply with this requirement constitutes a Class II violation.¹²

Violations

Rule 65-2.0041, F.A.C., establishes different classes of violations related to the operation and maintenance of the facility and care of the resident. These classifications, include Class I, Class II, or Class III violations, are used to determine the severity of a violation and the corresponding administrative fines. Class I violations are the most serious, presenting an imminent danger to the resident, while Class III violations are the least severe.

⁴ Agency for Persons with Disabilities, *About Us*, available at <https://apd.myflorida.com/about/> (last visited March 13, 2025).

⁵ *Id.*

⁶ S. [393.063\(11\), F.S.](#)

⁷ S. [393.062, F.S.](#)

⁸ S. [393.067, F.S.](#)

⁹ S. [393.067\(1\), F.S.](#)

¹⁰ S. [393.067\(2\), F.S.](#)

¹¹ S. [393.067\(9\), F.S.](#)

¹² Rule 65G-2.0032(4), F.A.C.

- **Class I violations:** These present an imminent danger to clients or substantial probability of death or serious harm;
- **Class II violations:** Are related to the operation and maintenance of a facility or to the care of the resident which the agency determines directly threaten the physical or emotional health, safety, or security of the resident, other than class I violation;
- **Class III violations:** Are related to the operation and maintenance of the facility or the personal care of residents, other than Class I or Class II violations.

Notice of Non-Compliance

A Notice of Non-Compliance is an official warning for minor violations of rules or regulations. It is used to inform the facility of a violation that requires correction, but does not impose immediate fines. The purpose of the NNC is to provide an opportunity for compliance before imposing additional consequences. The Notice of Non-Compliance are used to address Class II or III violations, not Class I violations.¹³

Licensees are required to provide APD with a Corrective Action Plan within 15 days upon receiving the NNC. The corrective action plan must clearly describe the actions the facility or program will take to correct the violation and its licensing requirements.¹⁴

Direct Service Providers

A [direct service provider](#)¹⁵ is someone who has direct face-to-face contact with an APD client and provides services to the client in a residential facility or has access to a client's living areas, funds or personal property. A direct service provider is not a licensed health care practitioner.

Direct service providers are currently authorized to provide medication assistance to group home residents if they complete agency-provided training course and has current validation to provide clients with medication.¹⁶ Medication assistance is being aware of a client's medications, reminding them to take the medication as directed, helping with containers, providing water if necessary, and supervising¹⁷ them while they take the medication on their own to ensure they do so safely and appropriately.¹⁸

Medication administration is more involved and can include selecting the correct dosage, handing the client medication or inserting or applying the medication for the client as prescribed.¹⁹ Only licensed health care practitioners may administer medication that requires injection, or administration on as as-needed basis in the health care practitioner's professional judgement and assessment of the client. This restriction can create challenges in ensuring accessible treatment for developmentally disabled individuals in group homes.

A direct service provider may administer, or supervise the self-administration of, medication if the provider completes an agency-provided medication administration training course followed by the issuance of a current validation for the route by which the medication is administered.²⁰ Direct service providers with the necessary validation may use the following routes of administration for an APD client.²¹

Route of Administration	Description
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¹³ Rule 65G-2.004, F.A.C.

¹⁴ Rule 65G-2.004(2), F.A.C

¹⁵ S. [393.063\(12\), F.S.](#)

¹⁶ Rule 65G-7.001(20), F.A.C

¹⁷ Rule 65G-7.001(36), F.A.C.

¹⁸ *Id.*

¹⁹ Rule 65G-7.005(4), F.A.C

²⁰ S. [393.506, F.S.](#); Rule 65G-7.004(1)(a), F.A.C.

²¹ S. [393.506\(1\), F.S.](#)

Enteral	Medication delivered by tube via the body's gastrointestinal system (e.g. nasal passage tubes, feeding tubes). ²²
Inhaled	Delivery of medication droplets or moisture suspended in a gas, such as oxygen, by inhalation through the nose or mouth (e.g. inhalers, nebulizers). ²³
Ophthalmic	A solution or ointment to be instilled into the eye or applied on or around the eyelid (e.g. eye drops). ²⁴
Oral	Any medication in tablet, capsule, or liquid form introduced into the gastrointestinal tract by mouth. ²⁵
Otic	Solutions or ointments to be placed in the outer ear canal or applied around the outer ear (e.g. ear drops, ear cream). ²⁶
Rectal	Any prescribed medication, capsule, enema or suppository to be administered via the rectum. ²⁷
Topical	A salve, lotion, ointment, cream, shampoo or solution applied locally to a body part. ²⁸
Transdermal	An adhesive patch containing a pre-measured amount of topical medication that is absorbed into the body via the epidermis (outer layer of skin) at a fixed rate (e.g. nicotine patches). ²⁹

Direct-Support Professionals

Unlike home health aides and personal care aides, who exclusively address a person's medical and health-related needs,³⁰ a [direct-support professional](#) is a caregiver who provides help and support to individuals with intellectual and developmental disabilities or other special needs.³¹ A direct-support professional's primary role is to help individuals lead more independent and fulfilling lives through an array of services such as:³²

- Supporting engagement with the community by providing employment support and transportation;
- Developing accommodations to help people with disabilities become more independent;
- Providing caregiving and support with activities of daily living including medication administration, wound care, accessing food, and mobility assistance;
- Advocating for rights and services, such as accessing resources and opportunities in the community and working with employers to customize job duties; and
- Providing emotional support.

Direct-Support Professionals are not recognized by Florida law, but the following states have job training programs that issue a credential from the U.S Department of Labor Office of Apprenticeship once the individual has completed the program:³³

- Alaska
- Maryland
- Missouri
- New York

²² Rule 65G-7.001(1)(a), F.A.C.

²³ Rule 65G-7.001(1)(b), F.A.C.

²⁴ Rule 65G-7.001(1)(c), F.A.C.

²⁵ Rule 65G-7.001(1)(d), F.A.C.

²⁶ Rule 65G-7.001(1)(e), F.A.C.

²⁷ Rule 65G-7.001(1)(g), F.A.C.

²⁸ Rule 65G-7.001(1)(h), F.A.C.

²⁹ Rule 65G-7.001(1)(i), F.A.C.

³⁰ U.S Bureau of Labor Statistics, *Home Health and Personal Care Aides*, available at <https://www.bls.gov/ooh/healthcare/home-health-aides-and-personal-care-aides.htm> (last visited March 14, 2025).

³¹ U.S Department of Labor, Office of Disability Employment Policy, *Direct Support Professionals*, available at <https://www.dol.gov/agencies/odep/program-areas/individuals/DSP> (last visited March 14, 2025).

³² *Id.*

³³ *Id.*

- Tennessee

Additionally, national organizations, such as the National Alliance for Direct-Support Professionals (NADSP), offer national certification programs. While not a substitute for state licensure or certification, these programs provide training that leads to professional competency.³⁴

Diabetes

Diabetes occurs when blood glucose, also called blood sugar, is too high. Blood glucose is the body's main source of energy and comes mainly from one's diet. Insulin, a hormone made by the pancreas, helps the glucose in the blood get into the cells to be used for energy. Another hormone, glucagon, works with insulin to control blood glucose levels. There are two primary types of diabetes, Type 1 and Type 2.³⁵

Type 1 Diabetes

In most people with Type 1 diabetes, the body's immune system, which normally fights infection, attacks and destroys the cells in the pancreas that make insulin.³⁶ As a result, the pancreas stops making insulin. Without insulin, glucose cannot get into the cells and blood glucose rises above normal.³⁷ Individuals with Type 1 diabetes need to take insulin every day to stay alive. In the United States, about approximately 1.24 million people have Type 1 diabetes.³⁸ This number is expected to grow to 5 million by 2050.³⁹

Symptoms of Type 1 diabetes are serious and usually happen quickly, over a few days to weeks, and can include:⁴⁰

- Excessive thirst
- Frequent urination
- Excessive hunger
- Unexplained weight loss
- Fatigue
- Blurred vision
- Slow healing of cuts and sores

Diabetic ketoacidosis (DKA) is a serious complication of diabetes, which, if not treated, can be life threatening. The condition develops when the body cannot produce enough insulin.⁴¹ Without enough insulin, the body begins to break down fat as fuel.⁴² This causes a buildup of acids in the bloodstream called ketones; if left untreated, the buildup can lead to DKA.⁴³ Symptoms of DKA include, among others:⁴⁴

- Being very thirsty
- Urinating often
- Feeling a need to throw up and throwing up
- Having stomach pain

³⁴ National Alliance for Direct Support Professionals, *NADSP Certification*, available at <https://nadsp.org/services/certification/> (last visited March 30, 2025).

³⁵ Cleveland Clinic, *Diabetes*, available at <https://my.clevelandclinic.org/health/diseases/7104-diabetes> (last visited March 6, 2025).

³⁶ U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, *Type 1 Diabetes*, available at <https://www.niddk.nih.gov/health-information/diabetes/overview/what-is-diabetes/type-1-diabetes/> (last visited March 6, 2025).

³⁷ *Id.*

³⁸ Cleveland Clinic, *Type 1 Diabetes*, available at <https://my.clevelandclinic.org/health/diseases/21500-type-1-diabetes> (last visited March 6, 2025).

³⁹ *Id.*

⁴⁰ *Id.*

⁴¹ Mayo Clinic, Patient Care & Health Information, Disease & Conditions, *Diabetic Ketoacidosis*, available at <https://www.mayoclinic.org/diseases-conditions/diabetic-ketoacidosis/symptoms-causes/syc-20371551> (last visited on March 1, 2025).

⁴² *Id.*

⁴³ *Id.*

⁴⁴ *Id.*

- Being weak or tired
- Being short of breath
- Being confused
- Having fruity-scented breath

Type 2 Diabetes

Type 2 diabetes happens when the body cannot use insulin correctly and sugar builds up in the blood. It was once called adult-onset diabetes. Over time, high blood sugar levels in Type 2 diabetes can damage the eyes, kidneys, nerves and heart.⁴⁵ This can happen because the pancreas doesn't make enough of a hormone called insulin that helps sugar enter the cells. It happens also because the cells respond poorly to insulin by taking in less sugar. This leads to elevated glucose levels in the bloodstream, which can cause long-term complications if untreated. Symptoms of Type 2 diabetes often develop gradually and may include:⁴⁶

- Increased thirst, frequent urination, excessive hunger;
- Unintended weight loss, fatigue, blurred vision; and/or
- Slow-healing sores, frequent infections, and tingling or numbness in the hands or feet.

There is no cure for Type 2 diabetes. Losing weight, eating well and exercising can help manage the condition. If diet and exercise aren't enough to manage blood sugar, diabetes medicines or insulin therapy may help. Early diagnosis and management are crucial to prevent complications such as heart disease, kidney damage, and nerve issues.

Insulin

Insulin is a vital hormone produced by the pancreas that regulates blood sugar levels by facilitating the movement of glucose from the bloodstream into the body's cells, where it is used for energy.

For individuals with diabetes, the body either does not produce enough insulin (Type 1 diabetes) or cannot use it effectively (Type 2 diabetes), leading to elevated blood sugar levels. Insulin therapy is crucial for managing diabetes, as it helps maintain blood sugar within a healthy range, preventing complications such as heart disease, kidney damage, and nerve issues. Without adequate insulin, glucose cannot enter cells, resulting in energy deficits and potentially life-threatening conditions like diabetic ketoacidosis.⁴⁷

Insulin Administration

Insulin can be administered through various methods. The most common methods are through syringe, insulin pens, insulin pumps, and inhalers.⁴⁸

- Syringes deliver insulin through a needle and are widely used due to their simplicity and cost-effectiveness.
- Insulin pens, which are pre-filled or refillable devices, offer convenience and portability.
- Insulin pumps provide continuous subcutaneous insulin infusion, allowing for precise dosage adjustments and greater flexibility in managing blood sugar levels.
- Inhalers deliver rapid-acting insulin through the lungs and are typically used in combination with long-acting injectable insulin.

Anaphylaxis

⁴⁵ Mayo Clinic, *Type 2 Diabetes*, available at <https://www.mayoclinic.org/diseases-conditions/type-2-diabetes/symptoms-causes/syc-20351193> (last visited March 29, 2025).

⁴⁶ *Id.*

⁴⁷ Cleveland Clinic, *Insulin*, available at <https://my.clevelandclinic.org/health/body/22601-insulin> (last visited March 29, 2025).

⁴⁸ US Centers for Disease Control & Prevention, *4 Ways to Take Insulin*, available at <https://www.cdc.gov/diabetes/about/4-ways-to-take-insulin.html> (last visited March 29, 2025).

Anaphylaxis is a severe, whole body allergic reaction to a chemical that has become an allergen.⁴⁹ During anaphylaxis, the human body releases chemicals that can cause shock, a sudden drop in blood pressure, and difficulty breathing.⁵⁰ Symptoms of anaphylaxis include a rapid and weak pulse; skin rash; swelling of the face, eyes, lips or throat; narrowing of the airways; nausea, vomiting, and diarrhea; and dizziness, fainting or loss of consciousness.⁵¹ Common causes of anaphylaxis include certain medications, foods, insect bites or stings, and exposure to latex.⁵² If anaphylaxis is not treated right away, it can be fatal.⁵³ Anaphylaxis requires an immediate injection of epinephrine and follow-up trip to the emergency room.⁵⁴

Epinephrine

Epinephrine is in a class of medications that work by relaxing the muscles in the airways and tightening the blood vessels.⁵⁵ An epinephrine auto-injector is a prescription medication device, in a specific dose calculated for certain body weight, that is packaged for the administration in the event of a life-threatening allergic reaction.⁵⁶ An epinephrine injection is used along with emergency medical treatment to treat anaphylaxis.

⁴⁹ U.S. National Library of Medicine, National Institute of Health, *Anaphylaxis*, available at <http://www.nlm.nih.gov/medlineplus/ency/article/000844.htm> (last visited March 30, 2025).
⁵⁰ Mayo Foundation for Medical Education and Research, *Anaphylaxis: First aid*, available at <https://www.mayoclinic.org/first-aid/first-aid-anaphylaxis/basics/art-20056608> (last visited March 30, 2025).
⁵¹ *Id.*
⁵² Mayo Clinic, *Anaphylaxis*, available at <https://www.mayoclinic.org/diseases-conditions/anaphylaxis/symptoms-causes/syc-20351468> (last visited March 30, 2025).
⁵³ *Id.*
⁵⁴ *Id.*
⁵⁵ National Library of Medicine, Medline Plus, *Epinephrine Injection*, available at <https://medlineplus.gov/druginfo/meds/a603002.html> (last visited March 30, 2025).
⁵⁶ Allergy, Asthma & Clinical Immunology Journal, *International recommendations on epinephrine auto-injector doses often differ from standard weight-based guidance: a review and clinical proposals*, available at <https://aacijournal.biomedcentral.com/counter/pdf/10.1186/s13223-022-00736-5.pdf> (last visited March 30, 2025).