

## Notice of Proposed Rule

### DEPARTMENT OF CHILDREN AND FAMILIES

Agency for Persons with Disabilities

#### RULE NOS.:RULE TITLES:

- 65G-7.001 Definitions
- 65G-7.002 Authorization for Medication Administration and Informed Consent Requirement
- 65G-7.003 Medication Administration Trainer Requirements
- 65G-7.0033 Medication Administration Training Course Curriculum Requirements
- 65G-7.0035 Validation Trainer Requirements
- 65G-7.004 Medication Assistance Provider Training and Validation Requirements
- 65G-7.005 Medication Administration Procedures
- 65G-7.008 Documentation and Record Keeping

**PURPOSE AND EFFECT:** The proposed amendments will bring the rules into compliance with Chapter 2025-111, Laws of Florida. The law amended section 393.506, F.S., to include requirements regarding the administration of insulin to Agency clients by unlicensed direct service providers. Currently, the medication administration rules in Chapter 65G-7, F.A.C., address requirements, standards, qualifications, curriculum, training, validation, safety measures, procedures, documentation and record keeping, as well as disciplinary measures applicable to unlicensed direct service providers who apply for and receive training and validation to provide Basic Medication Administration and Prescribed Enteral Formula Medication Administration. The rules currently prohibit the administration of insulin and there is no training or validation for insulin administration. The 2025 law authorizes unlicensed direct service providers who meet the requirements of section 393.506, F.S., to administer insulin and supervise self-administration of insulin. The Agency proposes to amend the rules accordingly.

**SUMMARY:** The proposed changes to Rule 65G-7.001, F.A.C., include definitions for “direct-support professional,” as that term is defined in section 393.063(13), F.S., and “subcutaneous.” Rule 65G-7.002, F.A.C., is amended to exempt client relatives and “direct-support professionals” in group homes compliant with new section 393.504, F.S., from the requirements in Chapter 65G-7, F.A.C. Proposed amendments to Rule 65G-7.003, F.A.C., establish the minimum qualification requirements for medication administration trainers, who must be licensed as a Registered Nurse, Advanced Practice Registered Nurse, or physician, as to insulin administration. Proposed changes to Rule 65G-7.0033, F.A.C., establish the insulin administration course curriculum. Rule 65G-7.0035, F.A.C., will be amended to establish requirements for those seeking to be approved to validate the competency of Medication Assistance Providers (MAPs) to administer insulin. Rule 65G-7.004, F.A.C., will establish training and validation requirements for MAPs who wish to administer insulin. Proposed changes to Rule 65G-7.005, F.A.C., will establish procedures for insulin administration. Rule 65G-7.008, F.A.C., will establish documentation and record keeping requirements for insulin administration. The proposed amendments create new forms for insulin administration, including the APD Insulin Administration Log, and update existing forms. Finally, the proposed amendments also make changes to grammar, capitalization, and punctuation, and update statutory citations.

#### SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: The authorizing statute mandates comprehensive and specific rulemaking. Subsection 393.506(1), F.S., authorizes unlicensed direct service providers to administer medication (including supervision of self-administration of medication) to Agency clients through the routes of administration specified in that subsection (oral, transdermal, ophthalmic, otic, rectal, inhaled, enteral, or topical prescription medications), if such unlicensed direct service provider “meets the requirements of this section.” Subsections (2) through (5) require, among other things, initial and annual training on medication administration, including course and hour requirements. Training must be conducted by agency-approved trainers, who also must be validated. Subsection (6) provides that the

Agency “shall establish by rule” the “standards and procedures that an unlicensed direct service provider must follow” when administering medication (or supervising self-administration of medication). Subsection 393.506(6), F.S., further provides that the rules “must, at a minimum,” address “qualification requirements for trainers, requirements for labeling medication, and documentation and recordkeeping, the storage and disposal of medication, instructions concerning the safe administration of medication or supervision of self-administered medication, informed-consent requirements and records, and the training curriculum and validation procedures.” Chapter 65G-7, F.A.C., contains these medication administration rules. Presently, the rules prohibit the administration of insulin (and supervision of self-administration of insulin). The Agency is proposing the instant rulemaking as required to implement insulin administration created in subsection 393.506(1), F.S., by Chapter 2025-111, Laws of Florida. The proposed changes, including but not limited to training and documentation, are due to the statute; the proposed rules do not impose fees, increase costs of doing business, personnel costs, time and effort to comply, or the need for specialized knowledge. Additionally, the rule requirements do not apply unless an unlicensed service provider voluntarily chooses to apply and become validated to administer insulin to Agency clients. As to an estimate of the number of entities impacted, the Agency does not know at this time how many unlicensed direct service providers will be interested in becoming validated to administer insulin or supervise the self-administration of insulin to Agency clients.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 393.501(1), 393.506(6) FS.

LAW IMPLEMENTED: 393.506 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAR.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Leslie Bryson, Rules Attorney, Office of General Counsel, Agency for Persons with Disabilities, 4030 Esplanade Way, Suite 380, Tallahassee, Florida 32399 (850)922-4464, leslie.bryson@apdcares.org

THE FULL TEXT OF THE PROPOSED RULE IS:

#### **65G-7.001 Definitions.**

The terms and phrases used in this chapter shall have the meanings defined below:

(1) through (7) No change.

(8) “Direct-support professional” means the same as defined in section 393.063(13), F.S.

(9)(8) “Dispense” means the same as defined in section 465.003(13)(6), F.S.

(9) through (17) renumbered (10) through (18) No change.

(19)(18) “Medication Administration Record” or “MAR” means the chart maintained for each client that records the medication administration information required by this chapter. Other information or documents pertinent to medication administration may be attached to the MAR.

(20)(19) “Medication Administration Trainer” or “Trainer” means an individual who is licensed or authorized to practice nursing by the State of Florida pursuant to chapter 464, F.S., and who obtains Agency approval to train MAP applicants in Basic Medication Administration, or Prescribed Enteral Formula Administration, or Insulin Administration pursuant to Rule 65G-7.003, F.A.C.

(20) through (22) renumbered (21) through (23) No change.

(24)(23) “Pharmacist” means any person licensed pursuant to chapter 465 section 465.003, F.S., to practice the profession of pharmacy.

(24) through (27) renumbered (25) through (28) No change.

(29)(28) “Prescription” means prescription as defined in section 465.003(23), F.S. includes any order for drugs or medicinal supplies written or transmitted by any means of communication by a practitioner licensed or legally authorized by the State of Florida to prescribe such drugs or medicinal supplies and which is intended to be dispensed by a pharmacist. The term also includes a verbally transmitted order to the pharmacist by the lawfully designated agent of such practitioner. The term also includes an order written or transmitted by a practitioner licensed to practice in a jurisdiction other than this state, but only if the pharmacist called upon to dispense such

~~order determines, in the exercise of her or his professional judgment, that the order is valid and necessary for the treatment of a chronic or recurrent illness. The term "prescription" also includes a pharmacist's order for a product selected from the formulary created pursuant to section 465.186, F.S. Prescriptions may be retained in written form or the provider may cause them to be recorded in a data processing system, provided that such order can be produced in printed form upon lawful request, per section 465.003(14), F.S.~~

(29) through (35) renumbered (30) through (36) No change.

(37) "Subcutaneous" means beneath or under all layers of the skin.

(36) through (39) renumbered (38) through (41) No change.

(42)(40) "Validation Trainer" means a practitioner who is licensed or authorized to practice nursing by the State of Florida pursuant to chapter 464, F.S., or who is licensed or authorized to practice medicine by the State of Florida pursuant to chapter 458 or 459, F.S., and who obtains Agency approval to validate MAPs or MAP applicants in Medication Administration, ~~or Prescribed Enteral Formula Administration, or Insulin Administration~~ pursuant to Rule 65G-7.0035, F.A.C.

(43)(41) "Validation by simulation" means the in-person, one-on-one imitation by a MAP or MAP applicant of the actual process ~~used utilized~~ when administering medication or supervising the self-administration of medication by a particular route, which must occur as part of the required Medication Administration Training Course.

(44)(42) "Waiver Support Coordinator" or "WSC" means a Support Coordinator as defined in section 393.063(43)(41), F.S.

*Rulemaking authority 393.501(1), 393.506(6) FS. Law Implemented 393.506 FS. History—New 3-30-08, Amended 7-1-19.*

### **65G-7.002 Authorization for Medication Administration and Informed Consent Requirement.**

(1) through (3) No change.

(4) The requirements of this chapter do not apply to the following:

(a) Health care practitioners whose professional licenses include administration of medication, except all health care practitioners who provide medication assistance to Agency clients must ensure the medication administration related documentation requirements attached to Agency clients are maintained pursuant to this chapter to ensure the safety and welfare of the clients. This includes the use of the following forms in cases where the client is served by both MAPs and licensed health care practitioners:

1. No change.

2. A medication administration record to document any medications given as instructed in Rule 65G-7.008, F.A.C. The health care practitioner may ~~use utilize~~ the Medication Administration Record Form, APD Form 65G-7.008 A, ~~as adopted and incorporated by reference in Rule 65G-7.008, F.A.C.;~~

3. The Insulin Administration Log, APD Form 65G-7.008, adopted and incorporated by reference in Rule 65G-7.008, F.A.C.;

4.3. The Off-Site Medication Form, APD Form 65G-7.009 A, as adopted and incorporated by reference in Rule 65G-7.009, F.A.C.;

5.4. The Medication Destruction Record, APD Form 65G-7.007 A, as adopted and incorporated by reference in Rule 65G-7.007, F.A.C.;

6.5. The Medication Error Report, APD Form 65G-7.006 A, as adopted and incorporated by reference in Rule 65G-7.006, F.A.C.;

7.6. The Controlled Medication Count Form, APD Form 65G-7.007 B, adopted and incorporated by reference in Rule 65G-7.007, F.A.C.;

(b) through (c) No change.

(d) Clients authorized to self-administer medication without assistance or supervision as described in Rule 65G-7.0025, F.A.C., except as pertains to storage of medications as outlined in Rule 65G-7.007, F.A.C.

(e) Direct-support professionals and client relatives when administering insulin in group homes in compliance with section 393.504, F.S.

*Rulemaking Authority 393.501(1), 393.506(6) FS. Law implemented 393.506 FS. History—New 3-30-08, Amended 7-1-19.*

### **65G-7.003 Medication Administration Trainer Requirements.**

(1) Proposed Trainers RNs or LPNs must receive Agency approval before providing or offering to provide any

either of the following three ~~two~~ medication administration courses to MAP applicants:

- (a) Basic Medication Administration Training; ~~or~~
- (b) Prescribed Enteral Formula Administration Training; ~~or~~
- (c) Insulin Administration Training.

(2) Trainer Eligibility: To be eligible for approval to provide either medication administration courses ~~course~~, individuals must:

- (a) Be licensed or authorized to practice: ~~nursing by the State of Florida pursuant to chapter 464, F.S.;~~  
1. Nursing by the State of Florida pursuant to chapter 464, F.S.; or  
2. Medicine as a physician in the State of Florida pursuant to chapter 458 or 459, F.S.  
3. To be eligible for approval to provide Insulin Administration Training, individuals must be a licensed Registered Nurse or Advanced Practice Registered Nurse pursuant to chapter 464, F.S., or be authorized to practice medicine as a physician pursuant to chapter 458 or 459, F.S.

(b) Apply on a "Medication Administration Trainer Application Form," APD Form 65G-7.003 A, effective ~~March 2026, December 2018~~ adopted and incorporated herein, which may be obtained at <http://flrules.org/Gateway/reference.asp?No=Ref-19162-10589>. The application must include the full address, email address, and telephone number of the applicant, and his or her name, nursing license number and license expiration date. Applicants that wish to provide the prescribed enteral formula administration course or the insulin administration course must clearly indicate so on the Medication Administration Trainer Application Form.

- (c) No change.

(3) If the Agency denies an application to offer training, it will identify the reasons for the denial in writing in a notice to the applicant. This notice shall include a statement of the applicant's due process rights to a hearing pursuant to sections ~~section~~ 120.569 and 120.57, F.S.

- (4) Approved Trainers shall:

- (a) No change.

(b) Use Utilize standard course curriculum provided by the Agency for all medication administration training, ~~and~~ and prescribed enteral formula administration training, ~~and insulin administration~~ training, with the exception of providers using utilizing previously approved web-based curriculums as of July 1, 2018. Such web-based providers may continue to use utilize those web-based courses, so long as the curriculum continues to meet curriculum standards as set forth in Rule 65G-7.0033, F.A.C. Otherwise, the Agency-provided curriculums are the only course curriculums that may be used utilized for training MAP applicants. Failure to teach the curriculum to the Agency standards and requirements as set forth in Rule 65G-7.0033, F.A.C., shall subject the trainer's approval to disciplinary action, including revocation of approval;

- (c) through (h) No change.

- (5) All Trainers must attend:

(a) An Initial Training providing an overview of Chapter 65G-7, F.A.C., provided by a Regional Office MCM before the application to provide medication administration training is approved. Locations and information on how to attend this training can be obtained from the Regional Office. Contact information for each Regional Office may be found at [www.apdcare.org/locations](http://www.apdcare.org/locations);

- (b) No change.

(6) The Agency shall assign a Trainer Number to each Approved Trainer that the Trainer must display on all materials used in connection with the courses taught. The individual who has obtained a Trainer Number is authorized to teach medication administration courses, prescribed enteral formula administration courses, insulin administration courses, ~~or all such courses~~ both throughout the State of Florida.

(7) Any Approved Trainer who has received a Trainer Number prior to January 1, 2019, may continue to provide training using the most current curriculum provided by the Agency. The Trainer shall not be required to attend the initial Chapter 65G-7, F.A.C., overview mentioned in paragraph (5)(a). The Trainer shall be required to attend the Annual Update Training described in paragraph (5)(b).

- (8) No change.

(9) Failure to comply with section ~~chapter~~ 393.506, F.S., or any provision of Chapter 65G-7, F.A.C., shall subject the Trainer's approval to disciplinary action, including use of a corrective action plan, suspension, or revocation of the Trainer's approval. If revoked, the Trainer shall not subsequently be approved to provide

medication administration training, or prescribed enteral formula administration training, or insulin administration training. The Agency may take action against a Trainer's approval if the Trainer fails to comply with section chapter 393.506, F.S., or Chapter 65G-7, F.A.C., including any of the following actions or omissions:

(a) through (n) No change.

(o) Providing training that the Agency determines does not meet the standards set forth pursuant to Rule 65G-7.0033, F.A.C.;

(p) No change.

(10) Training Certificates:

(a) No change.

(b) Certificate Requirements for MAP Applicants:

1. Upon successful completion of the Basic Medication Administration examination, the Trainer shall issue the examinee a completed Certificate of Completion for Basic Medication Administration Training, APD Form 65G-7.003 B, effective December 2018, adopted and incorporated herein, which may be obtained at <http://www.flrules.org/Gateway/reference.asp?No=Ref-10590>. ~~The Certificate shall contain the name of the Trainer, the Agency assigned Trainer Number, date(s) of course administration, name of the examinee, and the signature of the Trainer.~~ Upon successful completion of the validation by simulation and the course exam, the Trainer shall issue the examinee a partially completed Basic Medication Administration Validation Certificate, APD Form 65G-7.003 C, effective April 2019, adopted and incorporated herein, which may be obtained at <http://www.flrules.org/Gateway/reference.asp?No=Ref-10591>. This Validation Certificate Form shall reflect the examinee's successful completion of the validation by simulation only and may not be issued prior to the successful completion of the exam.

2. No change.

3. Upon successful completion of the Insulin Administration examination, the Trainer shall issue the examinee a completed Insulin Administration Certificate of Completion, APD Form 65G-7.003 E, effective March 2026, adopted and incorporated herein, which may be obtained at <https://flrules.org/Gateway/reference.asp?No=Ref-19174>.

3. through 4. renumbered 4. through 5. No change.

*Rulemaking Authority 393.501(1), 393.506(6) FS. Law Implemented 393.506 FS. History—New 3-30-08, Amended 7-1-19.*

### **65G-7.0033 Medication Administration Training Course Curriculum Requirements.**

(1) The Agency shall provide Medication Administration Training curriculum for the following courses:

(a) Basic Medication Administration course; and

(b) Prescribed Enteral Formula Administration course; and—

(c) Insulin Administration course.

(2) Basic Medication Administration course curriculum requirements:

(a) Basic Medication Administration Courses shall:

1. through 2. No change.

3. Use Utilize the test provided by the Agency.

(b) No change.

(c) Web-Based course curriculum requirements: Basic Medication Administration Trainers may provide the Agency course via web-based distance learning if the course complies with the following curriculum requirements in addition to the requirements provided for in paragraphs (2)(a) and (2)(b):

1. The course taught must:

a. Demonstrate:

(I) through (III) No change.

b. No change.

c. Provide for in-person simulation of routes as indicated in Rule 65G-7.004, F.A.C.;

d. through f. No change.

2. through 3. No change.

(3) Prescribed Enteral Formula Administration Course Requirements:

(a) Prescribed Enteral Formula Administration Training shall:

1. through 2. No change.
3. Use Utilize the test provided by the Agency.

(b) through (c) No change.

**(4) Insulin Administration Course Requirements:**

(a) Insulin Administration courses shall:

1. Not be less than four hours in length and include didactic, demonstration, and return demonstration elements;

2. Be limited to no more than six participants for each class; and

3. Use the test provided by the Agency.

(b) The Insulin Administration course curriculum, as provided by the Agency, covers:

1. Safe storage and handling of insulin, including proper disposal of administration equipment;

2. Understanding administration instructions;

3. Proper administration of insulin;

4. Symptoms of hypoglycemia and hyperglycemia;

5. Potential adverse reactions, including reactions at administration sites; and

6. Validation requirements.

(c) The Insulin Administration Training may not be provided via web-based training.

*Rulemaking Authority 393.501(1), 393.506(6) FS. Law Implemented 393.506 FS. History—New 7-1-19, Amended \_\_\_\_\_.*

**65G-7.0035 Validation Trainer Requirements.**

(1) Individuals must first receive Agency approval as a Validation Trainer before validating or offering to validate the competency of a MAP or MAP applicant to provide either:

(a) Basic medication administration assistance; or

(b) Prescribed enteral formula administration; or

(c) Insulin administration.

(2) Validation Trainer Eligibility: To be eligible for approval as a Validation Trainer, individuals must:

(a) Be licensed or authorized to practice:

1. Nursing in the State of Florida pursuant to chapter 464, F.S. Validation Trainers for Insulin Administration must be a licensed Registered Nurse or Advanced Practice Registered Nurse pursuant to chapter 464, F.S.; or

2. No change.

(b) Apply on a “Validation Trainer Application Form,” APD Form, APD Form 65G-7.0035 A, effective March 2026 ~~December 2018~~, adopted and incorporated herein, which may be obtained at <http://flrules.org/Gateway/reference.asp?No=Ref-19163> 10593. The application must include the full address, email address, and telephone number of the applicant, and his or her name, professional license number, and expiration date. Applicants who wish to validate the competency of MAPs or MAP applicants to provide prescribed enteral formula administration or insulin administration must clearly indicate so on the Validation Trainer Application Form.

(c) No change.

(3) through (5) No change.

(6) The Agency shall assign a Validation Trainer Number to each Approved Validation Trainer that the Validation Trainer must display on all materials used in connection with the validations completed. The individual who has obtained a Validation Trainer Number is authorized to validate medication administration, prescribed enteral formula administration, insulin administration, or all validations both throughout the State of Florida.

(7) No change.

(8) Failure to comply with section 393.506, F.S., or any provision of Chapter 65G-7, F.A.C., shall subject the Validation Trainer’s approval to disciplinary action, including use of a corrective action plan, suspension, or revocation of the Validation Trainer’s approval. If revoked, the Validation Trainer shall not subsequently be approved to provide validation training. The Agency shall take action against a Validation Trainer’s approval for any of the following actions or omissions:

(a) through (j) No change.

(9) Training Certifications:

(a) No change.

(b) Certificate Requirements for MAP Applicants:

1. Upon successful completion of the on-site validation, the Validation Trainers shall complete the Basic Medication Administration Validation Certificate, APD Form 65G-7.003 C, effective April 2019, adopted in Rule 65G-7.003, F.A.C.

2. No change.

3. Upon successful completion of the on-site validation completed during the Insulin Administration validation, the Validation Trainers shall issue the examinee a completed Insulin Administration Validation Certificate, APD Form 65G-7.0035 C, effective March 2026, adopted and incorporated herein, which may be obtained at <https://flrules.org/Gateway/reference.asp?No=Ref-19175>.

4.3. No change.

5.4. Validation Trainers shall not substitute a different form for the certificate forms listed in paragraph (9)(8)(b).

6.5. No change.

*Rulemaking Authority 393.501(1), 393.506(6) FS. Law Implemented 393.506 FS. History—New 7-1-19, Amended*

**65G-7.004 Medication Assistance Provider Training and Validation Requirements.**

(1)(a) No change.

(b) No change.

(c) Unless otherwise authorized by law in the State of Florida, individuals who are not recognized by the Agency as a MAP permitted to administer insulin or supervise the self-administration of insulin to Agency clients are prohibited from doing so.

(2) An individual who wishes to obtain authorization as a MAP to administer medication or supervise the self-administration of medication to Agency clients must:

(a) through (b) No change.

(c) Obtain validation pursuant to subsections (5)(4) and (6)(5), prior to being permitted to assist in medication administration.

(3) A MAP or MAP applicant who wishes to administer or supervise self-administration of prescribed enteral formulas must:

(a) through (c) No change.

(d) Obtain validation focused on prescribed enteral formula administration pursuant to subsections (5)(4) and (6)(5), in addition to the Agency-provided medication administration training course and validation; and

(e) No change.

(4) An individual who wishes to obtain authorization as a MAP to administer insulin or supervise the self-administration of insulin to Agency clients must:

(a) Be authorized as a MAP for the administration or supervision of self-administration of insulin pursuant to subsection (2);

(b) Complete Insulin Administration Course training. A list of available Trainers may be obtained from the Regional Office MCM;

(c) Complete a two-part, Agency-provided exam following the Insulin Administration Course training, achieving a score of at least 90% on the course content section of the exam and 100% on the APD Insulin Administration Log section of the exam. If the individual fails to obtain a passing score, he or she may be permitted by the Trainer to retake the examination, once, to attempt to obtain a passing score. If the individual fails to obtain a passing score the second time, he or she must retake the Insulin Administration Course training prior to being permitted to attempt to obtain a passing score; and

(d) Obtain validation focused on insulin administration pursuant to subsections (5) and (6), in addition to the Agency-provided medication administration training course and validation.

(5)(4) Validation Requirements:

(a) through (b) No change.

(c) MAP applicants who wish to administer prescribed enteral formula medication or to supervise the self-administration of prescribed enteral formula medication shall obtain a separate validation specific to prescribed enteral formula administration in addition to the validation required for Basic Medication Administration pursuant to

paragraph (5)(a)(4)(a). A list of available Validation Trainers may be obtained from the Regional Office MCM.

(d) MAP applicants who wish to administer insulin shall obtain a separate validation specific to insulin administration in addition to the validation required for Basic Medication Administration pursuant to paragraph (5)(a). A list of available Validation Trainers may be obtained from the Regional Office MCM.

(e)(d) The MAP must achieve a score of 100% proficiency in the validation prior to being approved to provide medication administration assistance, or prescribed enteral formula administration, or insulin administration.

(f)(e) MAP applicants must successfully complete their initial validation for their primary non-simulated medication administration routes within 180 days of completion of the Medication Administration Training, including Basic Medication Administration Training, and Prescribed Enteral Formula Training, and Insulin Administration Training.

(6)(5) Successful assessment and validation require that the applicant demonstrate his or her capability to correctly administer medication and supervise the self-administration of medications in a safe and sanitary manner in an on-site client-setting using the client's prescribed medications, except for the simulated routes, which include otic, transdermal, and topical administration routes.

(a) through (b) No change.

(c) Validation for Insulin Administration includes a demonstration of the following proficiencies:

1. The ability to comprehend and follow insulin administration instructions on a physician's order and properly complete a MAR form and the APD Insulin Administration Log form;

2. The ability to administer prescribed insulin by the subcutaneous administration route;

3. The ability to write legibly, convey accurate information, and comply with medication administration record-keeping requirements;

4. The ability to communicate in a manner that permits health care providers and emergency responders to adequately and quickly respond to emergencies;

5. Knowledge of the proper storage and handling of insulin; and

6. Demonstrates adequate training on the preparation of an insulin dose, identification and preparation of appropriate administration sites, and proper disposal of insulin administration equipment to ensure safe administration of insulin.

(d)(e) No change.

(7)(6) To maintain his or her ability to administer or supervise the self-administration of medication, a MAP must attend an Update Training Course and be revalidated annually, subject to the following qualifications:

(a) Update Training Course (referred to as Annual Inservice Training in section 393.506, F.S.):

1. through 2. No change.

3. MAPs that administer or supervise the self-administration of insulin must attend an annual update training course in Insulin Administration provided by the Agency prior to their revalidation. This course is required in addition to the Basic Medication Administration annual update training course. Upon successful completion of the Insulin Administration annual update, the MAP shall receive a Certificate of Completion for Insulin Administration Annual Update, APD Form 65G-7.004 C, effective March 2026, adopted and incorporated herein, which may be obtained at <http://flrules.org/Gateway/reference.asp?No=Ref-19165>.

4.3. No change.

(b) Revalidation Requirements:

1. No change.

2.a. If the MAP's validation for the all administration routes other than the primary route expire, the MAP is not required to complete the required courses provided for in subsection (2). In this case, the MAP may continue to administer medications or supervise the administration of medications for routes for which the MAP maintains a current validation.

b. No change.

3. MAPs shall, at least annually, through demonstration, be assessed and revalidated as competent to:

a. No change.

b. Administer prescribed enteral formulas, if previously validated for prescribed enteral formula administration. This revalidation is in addition to the required revalidation for Basic Medication Administration; and,

c. Administer insulin, if previously validated for administering insulin. This revalidation is in addition to the

required revalidation for Basic Medication Administration.

4. through 6. No change.

7. MAPS who fail to acquire revalidation for insulin administration before the expiration of their validation must retake the Insulin Administration Course and successfully revalidate within 180 days of completion of the Insulin Administration Course, prior to continuing to administer insulin.

8.7. No change.

(8)(7) A MAP may only assist in the administration of medication through an administration route for which the MAP holds a current, active validation.

(a) No change.

(b) Temporary Validation.

1. When a client is prescribed a medication requiring an administration route for which the MAP has not been validated, the MAP may obtain a temporary validation for only that specific administration route and only that specific client from any individual licensed or authorized to practice nursing in the State of Florida pursuant to chapter 464, F.S., or licensed to practice medicine as a physician in the State of Florida pursuant to chapter 458 or 459, F.S., if:

a. through c. No change.

d. The nurse or physician documents the validation using either utilizing Temporary Validation Form, Form 65G-7.004 C, effective March 2026 April 2019, adopted and incorporated herein, which may be obtained at [http://flrules.org/Gateway/reference.asp?No=Ref-19166\\_10597](http://flrules.org/Gateway/reference.asp?No=Ref-19166_10597), or using utilizing a document with the nurse or physician's letterhead on it indicating:

(I) through (III) No change.

(IV) The length of time the validation is necessary in order to ensure the client obtains the medication as prescribed and to provide time for the MAP to either obtain a validation from an Agency-approved Validation Trainer or locate a MAP who is validated in the appropriate administration route to provide the medication. Under no circumstances shall a ~~an~~ Temporary Validation last longer than 30 days from the date of validation.

2. If the physician doctor or nurse uses utilizes a form with the nurse or physician's letterhead on it rather than the Temporary Validation Form, the document used utilized to record the Temporary Validation must be attached to the Temporary Validation Form. Completed Temporary Validation forms must be maintained by the MAP and his or her employer and be available to the Agency for review upon request.

3. No change.

(c) No change.

(d) Temporary validation cannot be issued for insulin administration. If the client is prescribed insulin, the MAP must obtain the required training and validation specific to insulin administration before administering insulin or supervising the self-administration of insulin.

(8) through (10) renumbered (9) through (11) No change.

*Rulemaking Authority 393.501(1), 393.506(6) FS. Law Implemented 393.506 FS. History—New 3-30-08, Amended 7-1-19.*

## **65G-7.005 Medication Administration Procedures.**

(1) through (2) No change.

(3) MAPs that have not completed the Insulin Administration training and received the corresponding training certification and validation certification shall not administer insulin or supervise the self-administration of insulin under this chapter.

(4)(3) No change.

(5)(4) MAPs and licensed health care practitioners shall:

(a) Only provide administration of medication or supervision with self-administration of medications as prescribed or ordered by the client's health care practitioner and which are properly labeled and dispensed in accordance with chapters 465 and 499, F.S. If multiple clients are prescribed identical OTC medications, the facilities may use utilize a single stock container to provide the medications to multiple clients;

(b) No change.

(c) Comply with the time limit as provided for in time-limited orders (i.e. those that are ordered for a specific number of doses or days). Such orders do not require an order to discontinue at the completion of the time allotted in

the time limit time limit;

(d) through (n) No change.

(o) Record the date, time, dosage, and name of each regularly scheduled medication or PRN medication on the MAR immediately following administration or supervision of self-administration and sign or initial the entries. For PRN medications, the MAP or licensed health care practitioner must also enter the reason for the medication on the back of the MAR (if using the APD MAR form adopted and incorporated by reference in Rule 65G-7.008, F.A.C.) or in a place provided for such an entry on a pharmacy-provided or electronic MAR;

(p) through (s) No change.

(6)(5) No change.

(7) In emergency situations, MAPs are permitted to administer prescribed rescue (emergency) medications via routes outlined by this rule chapter, if they have not been previously validated for that particular route. However, MAPs must have first received training by an individual licensed or authorized to practice nursing pursuant to chapter 464, F.S., or medicine as a physician pursuant to chapters 458 or 459, F.S., demonstrating the proper administration of the medication, in any route outlined in this rule chapter, that is being used in the emergency. Documentation of this training must be readily available to verify in-service training was provided.

(8) A MAP who has been validated to administer or supervise self-administration of insulin may administer prescribed insulin through an insulin pen or similar device designed for self-administration.

(9)(7) In the administration of medications, a MAP shall not:

(a) through (e) No change.

(f) Administer medications or supervise the self-administration of medication via a parenteral, subcutaneous, intra-dermal, intra-muscular or intravenous route, with the exception of an epi-pen administered in an emergency situation, or the subcutaneous administration of insulin through an insulin pen, or similar device designed for self-administration, as authorized under this section. This prohibition includes the administration of insulin. However, a MAP may test blood sugar if the test is not associated with insulin administration;

(g) through (k) No change.

(10)(8) A MAP who has been validated to administer or supervise self-administration of prescribed enteral formulas shall not:

(a) No change.

(b) Administer prescribed enteral formulas using utilizing any procedures that require clinical judgement, which is the process by which a licensed health care professional decides on data to be collected about a client, makes an interpretation of the data, arrives at a diagnosis, and identifies appropriate medical intervention; this involves problem solving, decision making, and critical thinking;

(c) through (e) No change.

(9) through (11) renumbered (11) through (13) No change.

(14)(12) If a MAP or licensed health care practitioner violates any provision of section 393.506, F.S., or this chapter within an Agency-licensed residential facility, the Agency shall take such actions as set forth in Chapter 65G-2, F.A.C., against the residential facility where the MAP or licensed health care practitioner is providing services as is necessary to ensure the health, safety, and welfare of the Agency's clients and third parties.

(15)(13) Any person, including licensed health care practitioners, who in good faith renders emergency care or treatment in violation of this chapter, either in direct response to emergency situations related to and arising out of a public health emergency declared pursuant to section 381.00315, F.S., a state of emergency which has been declared pursuant to section 252.36, F.S., or at the scene of an emergency outside of a hospital, physician's doctor's office, or other place having proper medical equipment, without objection of the injured victim or victims, shall not be held responsible for the administrative violation as a result of such care or treatment where the person acts as an ordinary reasonably prudent person would have acted under the same or similar circumstances.

*Rulemaking Authority 393.501(1), 393.506(6) FS. Law Implemented 393.506 FS. History—New 3-30-08, Amended 7-1-19.*

### **65G-7.008 Documentation and Record Keeping.**

(1) The MAP and licensed health care practitioner shall maintain an up-to-date MAR for each client requiring assistance with medication administration, except when the client is off-site. The MAP and licensed health care practitioner must document the administration of medication or supervision of self-administered medication

immediately on the MAR. The MAP and licensed health care practitioner may use utilize the Agency's Medication Administration Record Form, APD Form 65G-7.008 A, effective April 2019, adopted and incorporated by reference herein, which may be obtained at <http://www.flrules.org/Gateway/reference.asp?No=Ref-10601>, or on an alternative MAR form that includes the following information:

(a) through (n) No change.

(2) If necessary, it is acceptable for more than one "back" "back" of the MAR to be attached to any MAR to allow for more entries and explanations.

(3) No change.

(4) Each client's record must contain the following medication documentation, recorded in a manner that effectively communicates to the Agency Staff and other health care providers, and which must be readily available to the MAP or licensed health care practitioner and for Agency review upon request:

(a) through (c) No change.

(d) Written determination by the client's physician that the client requires assistance with the administration of his or her medications, using utilizing Authorization for Medication Administration, as adopted and incorporated by reference in Rule 65G-7.002, F.A.C.; and,

(e) The current Informed Consent form adopted and incorporated by reference in Rule 65G-7.002, F.A.C., permitting a MAP to assist with the administration of medication.

(5) MAPs validated for insulin administration and the supervision of self-administration of insulin, and licensed health care practitioners, shall maintain an up-to-date insulin administration log using Insulin Administration Log, APD Form 65G-7.008, effective March 2026, adopted and incorporated herein, which may be obtained at <https://flrules.org/Gateway/reference.asp?No=Ref-19172>, for each client requiring assistance with insulin administration, except when the client is off-site. The MAP and licensed health care practitioner must immediately document the administration of insulin or supervision of self-administered insulin on Insulin Administration Log, APD Form 65G-7.008.

(6) If an electronic Medication Administration Record (eMAR) is being used to capture insulin administration, the eMAR must include all of the elements of the Insulin Administration Log, APD Form 65G-7.008:

(a) Insulin order information:

1. Name of insulin prescribed (as printed on medication label):

2. Dose:

3. Frequency:

4. Whether or not blood glucose level checks are required for administration of insulin to the client; and

5. Insulin order expiration date.

(b) Insulin administration:

1. Date and time of insulin administration:

2. Name of insulin administered:

3. Blood glucose level at the time of insulin administration, if required for the client:

4. Number of units given; and

5. Administration site.

(c) Name, role, and initials of the person administering insulin.

(7)(5) No change.

Rulemaking Authority 393.501(1), 393.506(6) FS. Law Implemented 393.506 FS. History—New 3-30-08, Amended 7-1-19, \_\_\_\_\_.

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