

FLORIDA HOUSE OF REPRESENTATIVES

FINAL BILL ANALYSIS

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BILL #: [CS/HB 519](#)

TITLE: Administration of Controlled Substances by Paramedics

SPONSOR(S): Bartleman

COMPANION BILL: [SB 1224](#) (Harrell)

LINKED BILLS: None

RELATED BILLS: None

FINAL HOUSE FLOOR ACTION: 108 Y's 0 N's

GOVERNOR'S ACTION: Approved

SUMMARY

Effect of the Bill:

The bill allows certain health care practitioners to authorize a certified paramedic, under their direction and supervision, to administer a controlled substance in the course of providing emergency services.

Fiscal or Economic Impact:

None

JUMP TO

[SUMMARY](#)

[ANALYSIS](#)

[RELEVANT INFORMATION](#)

ANALYSIS

EFFECT OF THE BILL:

Current Florida licensure law does not expressly authorize [paramedics](#) from administering controlled substances; however, federal law does authorize this, if permitted by state law.

The bill allows certain health care practitioners to authorize a certified paramedic, under their direction and supervision, to administer a controlled substance in the course of providing emergency services. Specifically, such authorization may be provided to a certified paramedic by a: (Section [1](#))

- Licensed physician;
- Licensed osteopathic physician;
- Licensed podiatric physician;
- Licensed physician assistant;
- Licensed dentist;
- Licensed veterinarian;
- Licensed advanced practice registered nurse;
- Licensed naturopath; or a
- Licensed optometrist.

The bill was approved by the Governor on May 23, 2025, ch. 2025-93, L.O.F., and became effective on that date.

RELEVANT INFORMATION

SUBJECT OVERVIEW:

[Paramedics](#)

Emergency medical responders include paramedics and emergency medical technicians (EMTs) certified by the Department of Health (DOH). The nomenclature used to describe emergency medical responders has evolved as the workforce has professionalized in the years since the first training program for ambulance attendants was

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DATE: 6/4/2025

developed in the 1950s.¹ For roughly 40 years, the terms “emergency medical responder” and “first responder” were used as rough approximations of one another, in both state law² and federal guidelines.³ In the late 1990s and early 2000s, the profession underwent a wave of national standardization which led to the term “first responder” falling out of use as the National Highway Traffic Safety Administration (NHTSA), under the U.S. Department of Transportation, transitioned to exclusive use of the more specific term “emergency medical responder.”⁴

The profession now has two classes of emergency medical responders: EMTs, who are certified to provide basic life support (BLS); and paramedics, who are certified to provide both basic and advanced life support (ALS) to patients.

BLS refers to any emergency medical service that uses only basic life support techniques.⁵ BLS includes basic non-invasive interventions to reduce morbidity and mortality associated with out-of-hospital medical and traumatic emergencies.⁶ The services provided may include stabilization and maintenance of airway and breathing, some pharmacological interventions, trauma care, and transportation to an appropriate medical facility.⁷ ALS refers to any emergency medical or non-transport service that uses advanced life support techniques.⁸ ALS includes the assessment or treatment of a person by a qualified individual, such as a paramedic, who is trained in the use of techniques such as the administration of drugs or intravenous fluid, endotracheal intubation, telemetry, cardiac monitoring, and cardiac defibrillation.⁹

In Florida, paramedics are regulated by DOH under ch. 401, F.S. To be certified as a paramedic, a person must complete an approved Florida paramedic training course, submit an application to DOH, and pass the National Registry of Emergency Medical Technicians examination.¹⁰ Current law does not address the ability of paramedics to administer controlled substances.

Controlled Substances

Florida Law

Chapter 893, F.S., the Florida Comprehensive Drug Abuse Prevention and Control Act (Act), classifies controlled substances into five categories, called schedules. These schedules regulate the manufacture, distribution, preparation, and dispensing of the substances listed therein. The distinguishing factors between the different drug schedules are the “potential for abuse”¹¹ of the substance and whether there is a currently accepted medical use for the substance.¹² The controlled substance schedules are as follows:

- **Schedule I** substances have a high potential for abuse and currently have no accepted medical use in the United States, including substances such as cannabis and heroin.¹³

¹ U.S. Department of Transportation, National Highway Traffic Safety Administration, *National Emergency Medical Services, Education Standards*. (2021). Available at https://www.ems.gov/assets/EMS_Education-Standards_2021_FNL.pdf (last visited March 12, 2025).

² See, Ch. 401, F.S.; See also, Ch. 95-408, Laws of Fla.

³ See, U.S. Department of Transportation, National Highway Safety Administration, *First Responder: National Standard Curriculum* (1995). Available at https://www.ems.gov/assets/FR_1995.pdf (last visited March 12, 2025).

⁴ *Supra*, note 1, p. 10. See also, U.S. Department of Transportation, National Highway Traffic Safety Administration, *National Emergency Medical Services, Education Standards*. (2000). Available at https://www.ems.gov/assets/EMS_Education_Agenda-1663283496.pdf (last visited March 12, 2025).

⁵ S. 401.23(8), F.S.

⁶ S. 401.23(7), F.S., and U.S. Department of Transportation, National Highway Safety Administration, *National EMS Scope of Practice Model* 23-24. Available at www.nhtsa.gov/people/injury/ems/pub/emtbns.pdf (last visited March 12, 2025).

⁷ *Id.*

⁸ S. 401.23(3), F.S.

⁹ S. 401.23(2), F.S.

¹⁰ Florida Department of Health, Licensing, *Notice to Paramedic Students*, available at <https://www.floridahealth.gov/licensing-and-regulation/emt-paramedics/licensing/index.html> (last visited March 12, 2025).

¹¹ S. 893.035(3)(a), F.S., “potential for abuse” means that a substance has properties as a central nervous system stimulant or depressant or a hallucinogen that create a substantial likelihood of its being: 1) used in amounts that create a hazard to the user’s health or safety of the community; 2) diverted from legal channels and distributed through illegal channels; or 3) taken on the user’s own initiative rather than on the basis of professional medical advice.

¹² See s. 893.03, F.S.

¹³ S. 893.03(1), F.S.

- **Schedule II** substances have a high potential for abuse and have a currently accepted but severely restricted medical use in the United States, including substances such as raw opium, fentanyl, and codeine.¹⁴
- **Schedule III** substances have a potential for abuse less than the substances contained in Schedules I and II and have a currently accepted medical use in the United States, including substances such as stimulants and anabolic steroids.¹⁵
- **Schedule IV** substances have a low potential for abuse relative to substances in Schedule III and have a currently accepted medical use in the United States, including substances such as benzodiazepines and barbiturates.¹⁶
- **Schedule V** substances have a low potential for abuse relative to the substances in Schedule IV and have a currently accepted medical use in the United States, including substances such as mixtures that contain small quantities of opiates, narcotics, or stimulants.¹⁷

Under the Act, a practitioner¹⁸ in good faith and in the course of his or her professional practice only, may prescribe, administer, dispense, mix, or otherwise prepare a controlled substance, or the practitioner may authorize a controlled substance to be administered by a licensed nurse or an intern practitioner under his or her direction and supervision only.¹⁹ The Act does not expressly include paramedics in this authority.

Federal Law

The Federal Controlled Substances Act (CSA) also classifies controlled substances into schedules based on the potential for abuse and whether there is a currently accepted medical use for the substance. The Drug Enforcement Administration (DEA) is required to consider the following when determining where to schedule a substance:²⁰

- The substance's actual or relative potential for abuse;
- Scientific evidence of the substance's pharmacological effect, if known;
- The state of current scientific knowledge regarding the substance;
- The substance's history and current pattern of abuse;
- The scope, duration, and significance of abuse;
- What, if any, risk there is to public health;
- The substance's psychic or physiological dependence liability; and
- Whether the substance is an immediate precursor of a substance already controlled.

Emergency medical services (EMS) agencies use controlled substances for ALS patient care. However, until 2017, the CSA did not include guidance on administration of controlled substances by EMS agencies or EMS personnel. This lack of guidance led to confusion among states and EMS agencies concerning their authority, or lack thereof, to allow EMS professionals to administer controlled substances.

Prior to 2017, the CSA required physicians, pharmacists, manufacturers, and researchers to register with the DEA before making, distributing, administering, or studying substances on the national list of controlled substances. While the CSA did not specifically provide such authority to EMS agencies, some states and EMS agencies interpreted the rule to allow them to administer controlled substances under the DEA registration of the medical director or the hospital overseeing the EMS agency's patient care.²¹ Additionally, some states²² interpreted the CSA as allowing controlled substance administration by EMS professionals pursuant to a standing order.²³

¹⁴ S. [893.03\(2\), F.S.](#)

¹⁵ S. [893.03\(3\), F.S.](#)

¹⁶ S. [893.03\(4\), F.S.](#)

¹⁷ S. [893.03\(5\), F.S.](#)

¹⁸ S. [893.02\(23\), F.S.](#), "Practitioner" means a physician licensed under chapter 458, a dentist licensed under chapter 466, a veterinarian licensed under chapter 474, an osteopathic physician licensed under chapter 459, an advanced practice registered nurse licensed under chapter 464, a naturopath licensed under chapter 462, a certified optometrist licensed under chapter 463, a psychiatric nurse as defined in s. 394.455, a podiatric physician licensed under chapter 461, or a physician assistant licensed under chapter 458 or chapter 459, provided such practitioner holds a valid federal controlled substance registry number.

¹⁹ S. [893.05\(1\), F.S.](#)

²⁰ 21 U.S.C. § 811(c).

²¹ See 64J-1.004(3)(c), F.A.C., Or. Admin R. 333-250-0300 (2017), and N.D. Admin. Code 61-09-01-01 (2017).

The Protecting Patient Access to Emergency Medications Act of 2017 (PPAEMA) amended the CSA to create a single set of rules, relevant to the EMS setting of care, to be applied consistently across the county.²⁴ The PPAEMA authorizes EMS professionals²⁵ of a registered EMS agency to administer controlled substances in schedule II, III, IV, or V outside the physical presence of a medical director or authorizing medical professional, only if the EMS agency:²⁶

- Is authorized to do so by state law;
- Is registered with the DEA; and
- Has a standing order or verbal order from a medical director or an authorizing medical professional.

²² See e.g. N.D. Admin. Code 61-09-01-01 (2017), N.Y. Comp. Codes R. & Regs. 10, § 80.136 (2017), and 172 Neb. Admin. Code Ch. 12, § 004.

²³ Standing orders are written protocols pre-approved by a medical director and commonly used in the practice of pre-hospital emergency medicine, *see e.g.*, rule 64J-1.001(3)(a), F.A.C.

²⁴ Protecting Patient Access to Emergency Medications Act, H.R. 304, 115th Cong. (2017).

²⁵ 21 U.S.C. § 823(k)(13)(E), “Emergency medical services professional” means a health care professional (including a nurse, paramedic, or emergency medical technician) licensed or certified by the State in which the professional practices and credentialed by a medical director of the respective emergency medical services agency to provide emergency medical services within the scope of the professional’s State license or certification.

²⁶ 21 U.S.C. § 823(k)(4).