FLORIDA HOUSE OF REPRESENTATIVES
BILL ANALYSIS

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

BILL #: CS/HB 567	**COMPANION BILL:** None
TITLE: Podiatric Medicine	**LINKED BILLS:** None
SPONSOR(S): Chaney	**RELATED BILLS:** SB 1092 (Massullo)

Committee References

Health Professions & Programs
16 Y, 0 N, As CS

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Health & Human Services

SUMMARY

Effect of the Bill:
CS/HB 567 limits the current mandatory requirement for podiatrists of 2 hours of continuing education on the safe and effective prescribing of controlled substances, to apply only to a podiatrist registered with the United States Drug Enforcement Administration and authorized to prescribe controlled substances under the Federal Controlled Substances Act.

Fiscal or Economic Impact:
None

JUMP TO SUMMARY ANALYSIS RELEVANT INFORMATION BILL HISTORY

ANALYSIS

EFFECT OF THE BILL:

CS/HB 567 limits the current mandatory requirement for podiatrists of 2 hours of continuing education on the safe and effective prescribing of controlled substances, to apply only to a podiatrist registered with the United States Drug Enforcement Administration and authorized to prescribe controlled substances under the Federal Controlled Substances Act. (Section 1).

The bill provides an effective date of July 1, 2026. (Section 2).

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Podiatric Medicine

Practice of Podiatric Medicine

Under current law s. 461.003, F.S., the practice of podiatric medicine involves the diagnosis or medical, surgical, palliative, and mechanical treatment of ailments of the human foot and leg. The amputation of the toes or other parts of the foot is within the scope of practice of podiatric medicine; however, the amputation of the foot or leg in its entirety is beyond the scope of practice of podiatric medicine. For surgical treatments, podiatric physicians may only operate anatomically below the anterior tibial tubercle.

Podiatric Licensure

Podiatrists are regulated by the Board of Podiatric Medicine (Board) within the Department of Health (DOH) under ch. 461, F.S., which establishes minimum requirements for the safe practice of podiatric medicine. At the end of Fiscal Year 2024-2025, there were 1,589 in-state and 312 out-of-state Florida-licensed podiatric physicians.[1]

Licensed podiatrists are subject to discipline under ch. 456, F.S., and the podiatrist-specific grounds in ch. 461, F.S. DOH and the Board may take action for rule violations, fraud, and other enumerated misconduct. The Board's implementing rules are codified in Rule Chapter 64B18, F.A.C., addressing matters such as licensure and renewal, continuing medical education, advertising, and disciplinary grounds.

Prescribing Authority

Current law authorizes a podiatric physician to prescribe drugs that relate specifically to the scope of practice authorized in ch. 461, F.S.[2] To become authorized to prescribe controlled substances to treat chronic nonmalignant pain, a podiatrist must designate himself or herself as a controlled substance prescribing practitioner on his or her practitioner profile and comply with all requirements specified in s. 456.44, F.S., and in rules established by the Board of Podiatric Medicine.[3] Federal law requires a podiatrist to register with the United States Drug Enforcement Administration (DEA) before he or she may lawfully dispense[4] a controlled substance.[5]

As a condition to receiving DEA registration, a podiatrist must complete at least 8 hours of training on the treatment and management of patients with opioid or other substance use disorders, the safe pharmacological management of dental pain and screening, brief intervention, and referral for appropriate treatment of patients with or at risk of developing opioid or other substance use disorders.[6]

Federal law makes it unlawful for a registrant to dispense a controlled substance not authorized by his or DEA registration to another registrant or other authorized person.[7] A registrant who engages in such unlawful practice is subject to a civil penalty of not more than $25,000 and to criminal prosecution.[8]

Continuing Education

Current law requires podiatric physicians to complete 40 hours of continuing education (CE) as a part of the biennial licensure renewal process, and at least two of those hours must be on the safe and effective prescribing of controlled substances. All podiatrists, including those who are not authorized to prescribe controlled substances, are required to the take the CE on safe and effective prescribing of controlled substances. The Board must approve the criteria for CE programs or courses.[9]

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[1] Division of Medical Quality Assurance, "Annual Report and Long-Range Plan: Fiscal Year 2024-2025," *Department of Health*, pp. 29 https://www.floridahealth.gov/wp-content/uploads/2026/01/2025.10.31.FY24-25MQAAR-FINAL1-1.pdf (last visited January 28, 2026).
[2] S. 461.003(5), F.S.
[3] S. 456.44(2), F.S., Rule 64B18-23.002(2)(g), F.A.C.
[4] Federal law relating to drug abuse prevention and control states that the term "dispense" means "to deliver a controlled substance to an ultimate user or research subject by, or pursuant to the lawful order of, a practitioner, including the prescribing and administering of a controlled substance and the packaging, labeling or compounding necessary to prepare the substance for such delivery. The term "dispenser" means a practitioner who so delivers a controlled substance to an ultimate user or research subject. 21 U.S.C. § 802(10).
[5] 21 U.S.C. § 822(a)(2); 21 C.F.R. § 1301.11(a).
[6] 21 U.S.C. § 823(m)(1).
[7] 21 U.S.C. § 842(a)(2).
[8] 21 U.S.C. § 842(c).
[9] S. 461.007(3), F.S., and Rule 64B18-17, F.A.C. By rule, the Board automatically approves CE programs sponsored or approved by the American Podiatric Medical Association, the Council on Podiatric Medical Education, the American Medical Association, the American Osteopathic Association, and the American Hospital Association. Rule 64B18-17.002(1), F.A.C.

Controlled Substances

Florida Law

Chapter 893, F.S., the Florida Comprehensive Drug Abuse Prevention and Control 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"[10] of the substance and whether there is a currently accepted medical use for the substance.[11]

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, heroin, LSD, MDMA, and psilocybin and psilocin.[12]
- 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 amphetamine, codeine, fentanyl, methamphetamine, morphine, raw opium, and oxycodone.[13]
- 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 anabolic steroids and ketamine.[14]
- 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.[15]
- 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.[16]

Federal Law

The Federal Controlled Substances Act[17] 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:[18]

- 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.

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[10] S. 893.02(22), F.S., defines "potential for abuse" to mean 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.
[11] *See* s. 893.03, F.S.
[12] S. 893.03(1), F.S.
[13] S. 893.03(2), F.S.
[14] S. 893.03(3), F.S.
[15] S. 893.03(4), F.S.
[16] S. 893.03(5), F.S.
[17] 21 U.S.C. § 812.
[18] 21 U.S.C. § 811(c).

RECENT LEGISLATION:

YEAR	BILL #/SUBJECT	HOUSE/*SENATE* SPONSOR(S)	OTHER INFORMATION
2021	HB 17 - Podiatric Medicine	Bell, Killebrew/ *Hooper*	Became law on July 1, 2021.

OTHER RESOURCES:

Board of Podiatric Medicine
United States Drug Enforcement Administration Diversion Control Division

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Health Professions & Programs Subcommittee	16 Y, 0 N, As CS	2/3/2026	McElroy	DesRochers
THE CHANGES ADOPTED BY THE COMMITTEE:				
Health & Human Services Committee				

THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.
