

# 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 1021](#)

**TITLE:** Administration of Medications by Pharmacists

**SPONSOR(S):** Young and Franklin

**COMPANION BILL:** None

**LINKED BILLS:** None

**RELATED BILLS:** [SB 868](#) (Sharief)

### Committee References

[Health Professions & Programs](#)

16 Y, 0 N, As CS



[Health & Human Services](#)

## SUMMARY

### **Effect of the Bill:**

CS/HB 1021 authorizes a pharmacist who meets certain experience requirements to administer medications to a patient during a life-threatening emergency event at a Level 1 or Level 2 Trauma Center.

The bill expressly requires that a facility that allows for such delegation of tasks to include related procedures and protocols in the facility's internal risk management plan.

### **Fiscal or Economic Impact:**

None

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## ANALYSIS

### **EFFECT OF THE BILL:**

CS/HB 1021 authorizes a [pharmacist](#) to administer medications to a patient, at the direction of a physician licensed under chapters 458 or 459, F.S.,<sup>1</sup> during a life-threatening emergency event at a Level 1 or Level 2 [Trauma Center](#), if the pharmacist has completed either:

- An accredited postgraduate residency training program; or
- At least three years of direct patient care in a hospital setting.

The bill requires that a facility that permits a physician to delegate the administration of medication to a pharmacist to maintain records documenting that a pharmacist authorized to perform such tasks meets the above criteria.

The bill directs the Board of Pharmacy to adopt rules in order to implement the provisions of the bill. (Section [1](#)). To the appropriate measures to minimize the risk of adverse incidents to patients

The bill requires Level 1 and Level 2 Trauma Centers to develop, implement, and conduct ongoing evaluations of procedures, protocols, and systems related to pharmacist administration of medications in order to minimize the risk of adverse incidents to patients, if the facility permits the delegation of such task to a pharmacist. (Section [2](#)).

The bill provides an effective date of July 1, 2026. (Section 3).

### **RULEMAKING:**

The bill grants the Board of Pharmacy sufficient rulemaking authority to implement the provisions of the bill.

<sup>1</sup> Allopathic physicians, or medical doctors, are licensed under ch. 458, F.S.; osteopathic physicians are licensed under ch. 459, F.S.

**STORAGE NAME:** h1021a.HPP

**DATE:** 2/4/2026

*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.*

## RELEVANT INFORMATION

### SUBJECT OVERVIEW:

#### Pharmacist Licensure & Regulation

The Board of Pharmacy (Board), within the Department of Health (DOH), regulates the practice of [pharmacists](#) pursuant to ch. 465, F.S. To be eligible for licensure as a pharmacist, a person must:<sup>2</sup>

- Complete an application and remit a fee;
- Be at least 18 years of age;
- Hold a Doctor of Pharmacy degree<sup>3</sup> from a school or college of pharmacy accredited by an accrediting agency recognized and approved by the US Office of Education;<sup>4</sup>
- Have completed a total of 2,080 hours of a Board-approved internship program; and
- Pass both the North American Pharmacist Licensure Examination (NAPLEX) and the Multistate Pharmacy Jurisprudence Exam (MPJE).

#### *Pharmacist Scope of Practice*

In Florida, the practice of the profession of pharmacy includes:<sup>5</sup>

- Compounding, dispensing, and consulting concerning contents, therapeutic values, and uses of a medicinal drug;
- Consulting concerning therapeutic values and interactions of patent or proprietary preparations;
- Monitoring a patient's drug therapy and assisting the patient in the management of his or her drug therapy, including the review of the patient's drug therapy and communication with the patient's prescribing health care provider or other persons specifically authorized by the patient, regarding the drug therapy; and
- Transmitting information from prescribers to their patients.

A pharmacist may not alter a prescriber's directions, diagnose or treat any disease, initiate any drug therapy, or practice medicine or osteopathic medicine, unless permitted by law.<sup>6</sup>

Pharmacists may order and dispense drugs that are included in a formulary developed by a committee composed of members of the Board of Medicine (BOM), the Board of Osteopathic Medicine (BOOM), and the Board. The formulary may only include:<sup>7</sup>

<sup>2</sup> [S. 465.007, F.S.](#); see also, Florida Board of Pharmacy, Pharmacist Licensure by Examination for U.S. and Puerto Rico Graduates. Available at <https://floridaspharmacy.gov/pharmacist/> (last visited January 31, 2026).

<sup>3</sup> Individuals who graduated with a Bachelor of Science in Pharmacy before January 1, 2001 are also eligible for licensure. See,

<sup>4</sup> *Id.* If the applicant has graduated from a 4-year undergraduate pharmacy program of a school or college of pharmacy located outside the United States, the applicant must demonstrate proficiency in English, pass the board-approved Foreign Pharmacy Graduate Equivalency Examination, and complete a minimum of 500 hours in a supervised work activity program within Florida under the supervision of a Florida-licensed pharmacist.

<sup>5</sup> [S. 465.003\(13\), F.S.](#)

<sup>6</sup> [S. 465.003, F.S.](#)

<sup>7</sup> [S. 456.186, F.S.](#)

- Medicinal drugs of single or multiple active ingredients in any strengths when such active ingredients have been approved individually or in combination for over-the-counter sale by the U.S. Food and Drug Administration (FDA);
- Medicinal drugs recommended by the FDA Advisory Panel for transfer to over-the-counter status pending approval by the FDA;
- Medicinal drugs containing any antihistamine or decongestant as a single active ingredient or in combination;
- Medicinal drugs containing fluoride in any strength;
- Medicinal drugs containing lindane in any strength;
- Over-the-counter drugs which under federal law have been approved for reimbursement by the Florida Medicaid Program; and
- Topical anti-infectives, excluding eye and ear topical anti-infectives

A pharmacist may order the following, within his or her professional judgment and subject to the conditions established by Board rule:<sup>8</sup>

- Certain oral analgesics for mild to moderate pain. The prescription is limited to a six-day supply for one treatment of:
  - Magnesium salicylate/phenyltoloxamine citrate.
  - Acetylsalicylic acid (Zero order release, long acting tablets).
  - Choline salicylate and magnesium salicylate.
  - Naproxen sodium.
  - Naproxen.
  - Ibuprofen.
- Certain urinary analgesics, not exceeding a two (2) day supply;
- Otic analgesics. Antipyrine 5.4%, benzocaine 1.4%, glycerin, if clinical signs or symptoms of tympanic membrane perforation do not exist. The product shall be labeled for use in the ear only;
- Anti-nausea preparations;
- Certain antihistamines and decongestants;
- Certain topical antifungal and antibacterial treatments;
- Topical anti-inflammatory treatments;
- Certain otic antifungal/antibacterial treatments.
- Keratolytics for the treatment of warts, except in patients under age two, or with diabetes or impaired circulation;
- Vitamins with fluoride, excluding vitamins with folic acid in excess of 0.9 mg;
- Medicinal shampoos containing lindane for the treatment of head lice;
- Certain ophthalmic solutions;
- Certain histamine H12 antagonists;
- Certain acne products; and
- Topical antiviral to treat herpes simplex infections of the lips.

### *Expanded Pharmacist Services*

In addition to the standard pharmacy scope of practice outlined above, current law allows for a pharmacist to provide other patient care services if specific conditions are met.

Current law allows a pharmacist to perform specific additional services outside of the standard scope of pharmacy practice if specific conditions are met. A pharmacist may be certified to administer vaccines or epinephrine auto-

<sup>8</sup> Rule 64B16-27.220, F.A.C.

injections upon completing a certification program approved by the Board in consultation with the BOM and BOOM.<sup>9</sup>

Current law also allows for a pharmacist to provide additional patient care services in collaboration with a physician. Under a written collaborative practice agreement or the framework of an established protocol with a physician, a pharmacist who meets required certification, liability, and continuing education requirements can provide:

- Testing or screening for and treatment of minor, nonchronic health conditions;<sup>10</sup>
- Administer antipsychotic medication by injection;<sup>11</sup>
- Direct patient care services for chronic health conditions;<sup>12</sup>
- Order and dispense post-exposure prophylaxis medication to reduce risk of HIV infection.<sup>13</sup>

Current law does not grant pharmacists the authority to administer medications to patients during a life-threatening emergency at a trauma center.

### *Collaborative Pharmacy Practice Agreements*

A pharmacist may enter into a collaborative pharmacy practice agreement (CPPA) with a physician licensed under ch. 458, F.S., or ch. 459, F.S. A CPPA is a formal, written agreement in which a physician makes a diagnosis, supervises patient care, and refers specific patients to a pharmacist under a protocol that allows the pharmacist to provide specified patient care services for certain chronic medical conditions. A CPPA must indicate the functions beyond the pharmacist's typical scope of practice that may be delegated to the pharmacist by the collaborating physician. The terms and conditions of the CPPA must be appropriate to the pharmacist's training, and the services delegated to the pharmacist must be within the collaborating physician's scope of practice.<sup>14</sup> Common tasks under a CPPA include initiating, modifying, or discontinuing medication therapy, and ordering and evaluating tests.<sup>15</sup>

To provide services under a CPPA, a pharmacist must be certified by the Board. To be certified, a pharmacist must complete a 20-hour course<sup>16</sup> which has been approved by the Board, in consultation with the BOM and BOOM, and:<sup>17</sup>

- Hold an active and unencumbered license to practice pharmacy;
- Have earned a doctorate of pharmacy degree or have completed at least five years of experience as a licensed pharmacist;
- Maintain at least \$250,000 of liability coverage;<sup>18</sup> and
- Have established a system to maintain records of all patients receiving services under a CPPA for a period of five years from each patient's most recent provision of service.

### Florida's Trauma System

<sup>9</sup> [S. 465.189, F.S.](#)

<sup>10</sup> [S. 465.1895, F.S.](#)

<sup>11</sup> [S. 465.1893, F.S.](#)

<sup>12</sup> [S. 465.1865, F.S.](#)

<sup>13</sup> [S. 465.1861, F.S.](#)

<sup>14</sup> [S. 465.1865, F.S.](#)

<sup>15</sup> Centers for Disease Control and Prevention, *Advancing Team-Based Care Through Collaborative Practice Agreements* (2017). Available at <https://www.cdc.gov/cardiovascular-resources/media/cpa-team-based-care.pdf> (last visited January 31, 2026).

<sup>16</sup> At a minimum, the course must include instruction on the performance of patient assessments, ordering, performing, and interpreting clinical and laboratory tests, evaluating and managing diseases and health conditions, in addition to additional requirements set by the BOP. See, [s. 465.1865, F.S.](#)

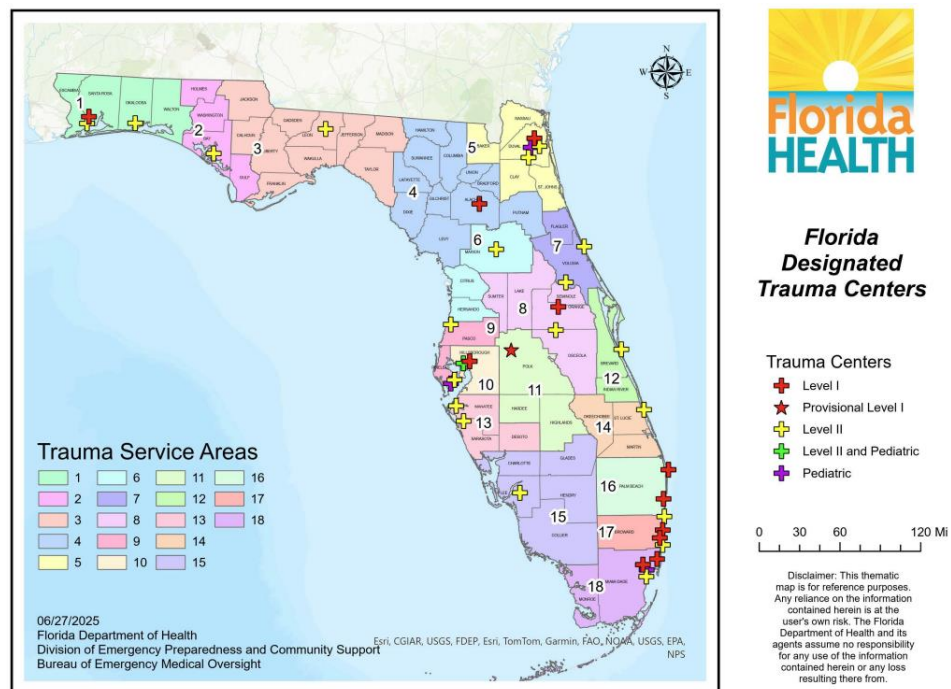
<sup>17</sup> [S. 465.1865, F.S.](#)

<sup>18</sup> A pharmacist who maintains liability coverage pursuant to [s. 465.1895, F.S.](#) satisfies this requirement.

A [trauma center](#) is a type of hospital that provides trauma surgeons, neurosurgeons, and other surgical and non-surgical specialists and medical personnel, equipment, and facilities for immediate or follow-up treatment of severely injured patients who have sustained a single or multisystem injury due to blunt or penetrating means or burns.<sup>19</sup> Care of trauma patients at a designated trauma center leads to better outcomes and significantly reduces mortality risk following traumatic injuries than care at a non-designated facility.<sup>20</sup>

DOH is responsible for designating trauma centers in each of the state's 18 Trauma Service Areas (TSAs).<sup>21</sup> Current law requires each TSA have a minimum number of trauma centers based primarily on the TSAs population.<sup>22</sup>

### Florida's Trauma Service Areas<sup>23</sup>



A hospital may receive a designation as a Level I, Level II, pediatric, or provisional trauma center if DOH verifies that the hospital is in substantial compliance with statutory standards. Trauma centers generally must:<sup>24</sup>

- Have formal research and education programs for the enhancement of trauma care;
- Serve as a resource facility to serve as a resource to other trauma centers and general hospitals through shared outreach, education, and quality improvement activities; and
- Participate in an inclusive system of trauma care, including providing leadership, system evaluation, and quality improvement activities.

### Internal Risk Management Programs

<sup>19</sup> Smith, S., & Scantling, D. R. (2025). Improving care and equity in the American trauma system: past, present and future. *Trauma surgery & acute care open*, 10(2), e001729. <https://doi.org/10.1136/tsaco-2024-001729>

<sup>20</sup> Southern, A.P., Celik, D.H., EMS: *Trauma Center Designation* (2025). In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available at <https://www.ncbi.nlm.nih.gov/books/NBK560553/> (last visited January 31, 2026).

<sup>21</sup> [S. 395.4001, F.S.](#)

<sup>22</sup> [S. 395.402, F.S.](#)

<sup>23</sup> Department of Health, Florida Designated Trauma Centers (2025). Available at <https://www.floridahealth.gov/wp-content/uploads/2025/08/florida-trauma-centers-map.pdf> (last visited January 30, 2026).

<sup>24</sup> [S. 465.4001, F.S.](#)

Every hospital and ambulatory surgical center licensed under part I of ch. 395, F.S., including facilities with Level 1 and Level 2 trauma centers, is required to establish and maintain an internal risk management program.<sup>25</sup> The purpose of the risk management program is to control and prevent medical accidents and injuries.<sup>26</sup> The internal risk management program must include:

- A process to investigate and analyze the frequency and causes of adverse incidents to patients;
- Appropriate measures to minimize the risk of adverse incidents to patients;
- The analysis of patient grievances that relate to patient care and the quality of medical services;
- A system for informing a patient or an individual that she or he was the subject of an adverse incident; and
- An incident reporting system which allows for the reporting of adverse incidents to the risk manager within 3 business days after their occurrence.<sup>27</sup>

## BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
<a href="#">Health Professions &amp; Programs Subcommittee</a>	16 Y, 0 N, As CS	2/3/2026	McElroy	Osborne
THE CHANGES ADOPTED BY THE COMMITTEE:	Required Level 1 and Level 2 Trauma Centers that permit pharmacists to administer medication to maintain related protocols and documentation as part of the facility's internal risk management program.			
<a href="#">Health &amp; Human Services Committee</a>				

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**THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.**  
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<sup>25</sup> [S. 395.0197\(1\), F.S.](#)

<sup>26</sup> [S. 395.10971, F.S.](#)

<sup>27</sup> S. 395.0197(1)(a)-(d), F.S.