

February 1, 2026

Representative Kaylee Tuck  
Chair  
Health Professions & Programs Subcommittee  
Health and Human Services Committee  
Florida House of Representatives  
513 The Capitol, 402 South Monroe Street  
Tallahassee, FL 32399-1300

RE: Opposition to HB 439 / SB 1524 – Chiropractic Scope Expansion to Include Injectables

Dear Chair Tuck:

On behalf of our Florida-based members, the International Chiropractors Association (ICA) has reviewed HB 439, legislation proposing to expand the chiropractic scope of practice to include the administration of injectable substances. After careful evaluation, the ICA must express **strong opposition** to this bill based on patient safety concerns and the inadequacy of proposed training requirements.

The administration of injectable substances is an invasive medical procedure that carries inherent risks, including infection, adverse drug reactions, medication interactions, dosing errors, and emergency complications such as anaphylaxis. These risks are well-documented and are the reason injectable therapies are traditionally restricted to health professionals whose education includes extensive pharmacology, differential diagnosis, emergency medicine, sterile technique, and supervised clinical training.

Under HB 439, Doctors of Chiropractic would be permitted to administer injectable substances after completing a 36-hour certification program. This level of training is not comparable to the education and clinical preparation required of physicians, physician assistants, or nurses, all of whom undergo hundreds to thousands of hours of formal instruction and supervised clinical experience specifically focused on pharmacology and invasive procedures.

Entry-level chiropractic education and licensure testing are not structured around invasive medication procedures. The Council on Chiropractic Education's accreditation standards for DC programs include broad clinical sciences but do not identify injection administration as an educational competency or clinical meta-competency for entry-level training. Likewise, the National Board of Chiropractic Examiners published test plans for national boards focused on diagnosis, clinical decision-making, and chiropractic technique/case management. They do not list injection administration as a tested hands-on procedure. Allowing injectables after a 3-weekend post-graduate course would therefore authorize an invasive, higher-risk procedure that is not part of required baseline training or nationally assessed entry-level competence.

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Of particular concern is the ability, after a 36-hour course, to safely evaluate contraindications and drug–drug interactions. Florida's population includes more than 6.5 million residents over the age of 60, a demographic that routinely manages multiple chronic conditions and prescription medications. Additionally, chiropractic offices are not currently structured to meet the infection control, medication storage, biohazard disposal, and post-injection monitoring standards required for facilities where injectable procedures are routinely performed.

It is the opinion of the International Chiropractors Association that when a patient's condition warrants invasive or pharmacologic intervention, the appropriate standard of care is referral to a fully trained and credentialed healthcare professional.

For these reasons, we respectfully request that the Health Professions & Programs Subcommittee decline to advance HB 439.

Sincerely,



Joseph W. Betz, BS, DC, CICE, FCBP, FICA  
President  
International Chiropractors Association

Cc:

Members, Health Professions & Programs Subcommittee  
Dr. Brian Moriarty, President, Florida Chiropractic Society