

HOUSE OF REPRESENTATIVES FINAL BILL ANALYSIS

BILL #:	CS/CS/HB 1337	FINAL HOUSE FLOOR ACTION:		
SUBJECT/SHORT TITLE	Nursing	114	Y's 0	N's
SPONSOR(S):	Health & Human Services Committee; Health Quality Subcommittee; Pigman	GOVERNOR'S ACTION:	Approved	
COMPANION BILLS:	CS/SB 1594			

SUMMARY ANALYSIS

CS/CS/HB 1337 passed the House on March 1, 2018, as amended, and subsequently passed the Senate on March 9, 2018.

Advanced registered nurse practitioners (ARNPs) are licensed registered nurses with post-graduate education in nursing that prepares them to perform advanced or specialized nursing. ARNPs may perform nursing or medical acts that are authorized pursuant to a written protocol with a physician. A clinical nurse specialist (CNS) is trained to be an expert clinician in a specialized area, such as a certain population, setting, or disease state. Both ARNPs and CNSs receive advanced training and practice advanced or specialized nursing; however, the two professions require separate certifications.

CS/CS/HB 1337 repeals the separate certification for a CNS and includes CNS as a category of ARNP. A person who is currently certified as a CNS would have to meet all the same licensure requirements as an ARNP, including maintaining professional liability coverage. The bill retains the current scope of practice of a CNS, but requires a CNS to practice pursuant to a written protocol with a physician.

Currently, ARNPs are licensed as registered nurses and then certified as ARNPs. The bill authorizes the Department of Health (DOH) to license, rather than certify, ARNPs as such. An ARNP must still hold a license as a registered nurse to be licensed as an ARNP. The bill also adds the category of "certified nurse practitioner" to ARNP, which is comprised of the same group of licensees who are currently termed "nurse practitioners."

The bill requires DOH and the Board of Nursing to develop a transition plan to convert the certifications that ARNPs and CNSs currently hold to licenses. The bill authorizes currently certified ARNPs and CNSs to continue practicing under such certifications until DOH and the Board of Nursing complete the transition from certification to licensure.

The bill changes the term "advanced registered nurse practitioner" to "advanced practice registered nurse" (APRN) throughout Florida Statutes. This will conform Florida laws to those in a majority of states.

The bill has an insignificant, positive fiscal impact on DOH and an insignificant, negative fiscal impact on DOH, which can be absorbed through current resources. The bill has no fiscal impact on local governments.

The bill provides an effective date of October 1, 2018, except as otherwise expressly provided.

The bill was approved by the Governor on March 23, 2018, ch. 2018-106, L.O.F., and will become effective on October 1, 2018.

This document does not reflect the intent or official position of the bill sponsor or House of Representatives.

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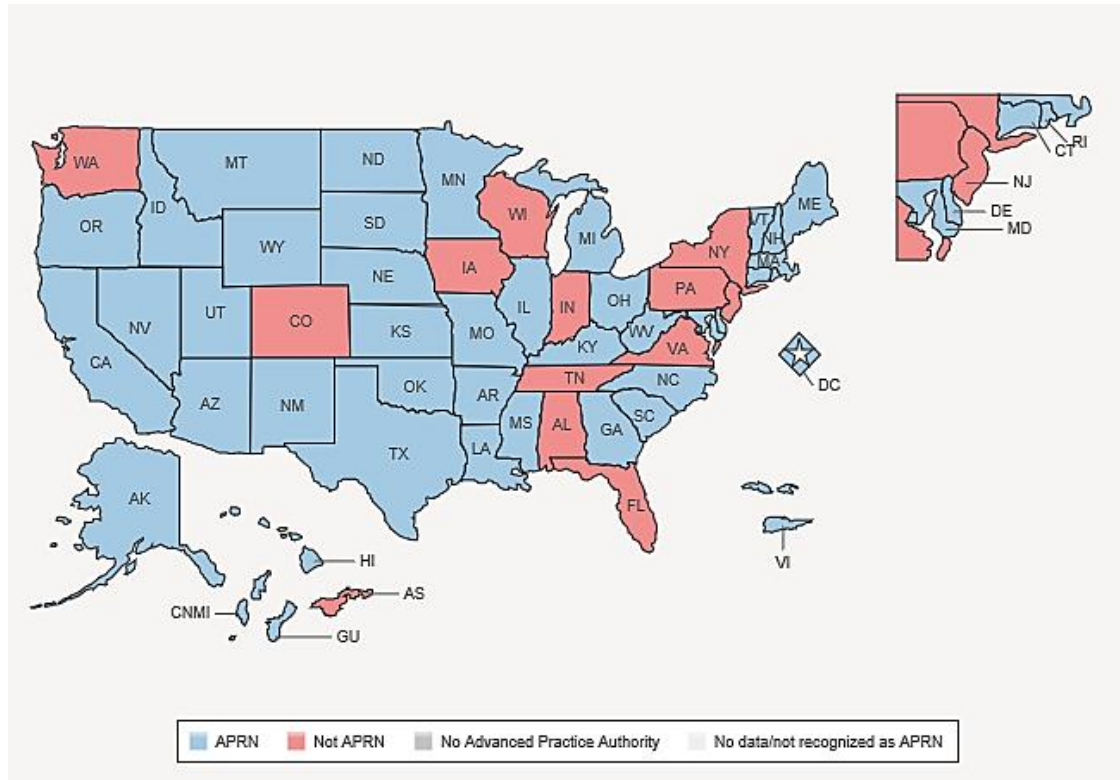
I. SUBSTANTIVE INFORMATION

A. EFFECT OF CHANGES:

Present Situation

Advanced Practice Nurses

The term advanced practice nurse (APN) refers to registered nurses who have completed rigorous training and advanced education, usually resulting in a master's degree or higher. The titles of APNs vary from state to state. The National Council of State Boards of Nursing encourages states to use the term "advanced practice registered nurse" (APRN) to promote uniformity and title recognition across the nation.¹ Florida is one of 12 states that has not adopted the term APRN.²



Florida Advanced Practice Nurses

In Florida, an APN is titled as an "advanced registered nurse practitioner" (ARNP)³ and is categorized as a nurse practitioner, certified nurse midwife, certified registered nurse anesthetist, or psychiatric nurse.⁴

ARNPs practice advanced or specialized nursing, which includes, in addition to practices of professional nursing that registered nurses are authorized to perform, advanced-level nursing acts approved by the Board of Nursing (Board) as appropriate for ARNPs to perform by virtue of their post-

¹ National Council of State Boards of Nursing, *Model for Uniform National Advanced Practice Registered Nurse (APRN) Regulation: A Handbook for Legislators*, available at https://www.ncsbn.org/2010_APRN_HandbookforLegislators_web.pdf (last visited March 9, 2018).

² National Council of State Board of Nursing, *APRN Title Map*, available at <https://www.ncsbn.org/5398.htm> (last visited March 9, 2018).

³ Section 464.003(3), F.S.

⁴ Section 464.012(4), F.S. Section 394.455(35), F.S., defines a psychiatric nurse as an ARNP who has an advanced degree in psychiatric nursing, holds a certification as a psychiatric mental health advanced practice nurse, and has 2 years of post-master's clinical experience under the supervision of a physician.

basic specialized education, training, and experience.⁵ Advanced or specialized nursing acts may only be performed if authorized under a supervising physician's protocol.⁶ ARNPs are also authorized to practice certain medical acts, as opposed to nursing acts, as authorized within the framework of an established supervisory physician's protocol.⁷

An applicant must be licensed as a registered nurse, have a master's degree in a nursing clinical specialty area with preparation in specialized practitioner skills, and submit proof that the applicant holds a current national advanced practice certification from a board-approved nursing specialty board to be certified as an ARNP.⁸

All ARNPs must carry malpractice insurance or demonstrate proof of financial responsibility. An applicant for certification is required to submit proof of coverage or financial responsibility within sixty days of certification and prior to each biennial certification renewal. An ARNP must have professional liability coverage of at least \$100,000 per claim with a minimum annual aggregate of at least \$300,000 or an unexpired irrevocable letter of credit in the amount of at least \$100,000 per claim with a minimum aggregate availability of at least \$300,000.⁹

ARNP Scope of Practice in Florida

Within the framework of the written protocol, an ARNP may:¹⁰

- Prescribe, dispense, administer, or order any drug;¹¹
- Initiate appropriate therapies for certain conditions;
- Order diagnostic tests and physical and occupational therapy;
- Perform certain acts within his or her specialty; and
- Perform additional functions as may be determined by Board rule.

Clinical Nurse Specialists

A clinical nurse specialist (CNS) is trained to be an expert clinician in a specialized area, such as certain population, setting, or disease state.¹² A CNS delivers and manages advance practice nursing care to individuals and groups.¹³ To be certified as a CNS, an applicant must hold a current registered nurse license and:¹⁴

- Hold a current certification in a specialty area as a CNS from a nationally recognized certifying body as determined by the board; or
- Hold a master's degree in a specialty area for which there is no certification; and
- Complete 1,000 hours of clinical experience in the specialty area with at least 500 hours completed after graduation.

⁵ Section 464.012(3), F.S.

⁶ Id.

⁷ Id.

⁸ Section 464.012(1), F.S., and Rule 64B9-4.002, F.A.C.

⁹ Section 456.048, F.S., and r. 64B9-4.002, F.A.C. DOH Form DH-MQA 1186, 01/09, "Financial Responsibility," is incorporated into the rule by reference. Certain licensees, such as those who practice exclusively for federal or state governments, only practice in conjunction with a teaching position, or can demonstrate no malpractice exposure in this state are exempt from the financial responsibility requirements.

¹⁰ Sections 464.012(3),(4), and 464.003, F.S.

¹¹ Controlled substances may only be prescribed or dispensed if the ARNP has graduated from a program leading to a master's or doctoral degree in a clinical specialty area with training in specialized practitioner skills.

¹² National Association of Clinical Nurse Specialists, *What is a CNS?*, available at <http://nacns.org/about-us/what-is-a-cns/> (last visited March 9, 2018).

¹³ Department of Health, *2018 Agency Legislative Bill Analysis*, (Jan. 11, 2018), on file with the Health Quality Subcommittee.

¹⁴ Section 464.0115, F.S.

The Board has approved the following nationally recognized certifying bodies for applicants to meet the certification requirements for clinical nurse specialists:¹⁵

- Oncology Nursing Certification Corporation;
- American Association of Critical-Care Nurses;
- American Nurses Credentialing Centers; and
- National Board for Certification of Hospice and Palliative Nurses.

As of June 30, 2017, there are 165 licensed CNSs in Florida.¹⁶

Under Florida law, a CNS is authorized to deliver and manage advanced practice nursing care to individuals and groups, including:¹⁷

- Assessing the health status of individuals and families using methods appropriate to the population and area of practice;
- Diagnosing human responses to actual or potential health problems;
- Planning for health promotion, disease prevention, and therapeutic intervention in collaboration with the patient or client;
- Implementing therapeutic interventions based on the nurse specialist's area of expertise and within the scope of advanced nursing practice, including but not limited to, direct nursing care, counseling, teaching, and collaboration with other licensed health care providers; and
- Coordinating health care as necessary and appropriate and evaluating with the patient or client the effectiveness of care.

The National Council of State Boards of Nursing includes CNS as one of the 4 roles for an APRN, along with certified nurse practitioner, certified registered nurse anesthetist, and certified nurse midwife.¹⁸

Effect of Proposed Changes

Advanced Practice Registered Nurses

CS/CS/HB 1337 changes the term “advanced registered nurse practitioner” to “advanced practice registered nurse” (APRN) throughout Florida Statutes.

Currently, APRNs are licensed as registered nurses and then certified as APRNs. The bill authorizes DOH to license, rather than certify, APRNs as such. APRNs must still hold a license as a registered nurse to be licensed as an APRN. The bill also adds the category of certified nurse practitioner which is comprised of the same group of licensees who are currently termed “nurse practitioners.”

The bill clarifies that certified nurse midwives who graduate on or after October 1, 1998, must hold a master's degree. This is an existing requirement; however, due to the updated title of nurse practitioner to “certified nurse practitioner,” the bill separately requires this APRN role to meet this criteria.

Clinical Nurse Specialists

The bill repeals the separate certification for a CNS and categorizes a CNS as an APRN. A person who is currently certified as a CNS will have to meet all the same licensure requirements as an APRN. A CNS who graduates on or after July 1, 2007, must hold a master's degree. The bill also requires a CNS

¹⁵ Rule 64B9-4.015, F.A.C.

¹⁶ Id.

¹⁷ Section 464.003(7), F.S.

¹⁸ National Council of State Boards of Nursing, *APRNs in the U.S.*, available at <https://www.ncsbn.org/aprn.htm> (last visited March 9, 2018).

to obtain professional liability coverage of at least \$100,000 per claim with a minimum annual aggregate of at least \$300,000 or an unexpired irrevocable letter of credit in the amount of at least \$100,000 per claim with a minimum aggregate availability of at least \$300,000. As an APRN, a CNS will have the authority to prescribe and administer medicinal drugs, including controlled substances.

The bill defines the scope of practice for a CNS in conformity with the current statutory definition of “clinical nurse practice,” and requires the CNS to practice pursuant to a written protocol with a physician.

The bill requires DOH and the Board to establish a transition process and timeline for ARNPs and CNSs who are certified in good standing as of September 30, 2018, to convert to an APRN license that becomes effective October 1, 2018. The bill authorizes an ARNP or CNS who holds a certificate to practice in good standing on September 30, 2018, to continue practicing while DOH and the Board transitions from certification to licensure. The bill does not restrict the authority of DOH or the Board to discipline such individuals during the transition period. This provision sunsets on October 1, 2020.

The bill provides an effective date of October 1, 2018, except as otherwise expressly provided in the bill. Effective March 1, 2019, the bill’s provision changes “advanced registered nurse practitioner” to “advanced practice registered nurse” services in the list of minimum benefits that Medicaid managed care providers must provide.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

DOH may experience an insignificant, positive fiscal impact related to a difference in the certification fees for a CNS and an APRN, because the bill requires a CNS to be licensed as an ARNP. The certification fee for an APRN is \$100, whereas a certification fee for a CNS is \$75, resulting in a net increase of \$25 for each CNS who becomes licensed as an APRN.¹⁹

2. Expenditures:

DOH may experience an insignificant, negative fiscal impact related to a difference in the renewal fees for CNS and APRN certifications, because the bill requires a CNS to be licensed as an ARNP. The renewal fee for a CNS is \$140, and the renewal fee for an APRN is \$115, resulting in a net loss of \$25 for each CNS who becomes licensed as an APRN.²⁰

DOH will experience a non-recurring, insignificant negative fiscal impact to update the Licensing and Enforcement Information Database System (LEIDS), DOH’s website, and the Medical Quality Assurance online system, which current resources are adequate to absorb.²¹

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

¹⁹ Rule 64B9-7.001, F.A.C.

²⁰ Id.

²¹ *Supra* note 13.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Currently, a licensed APRN must maintain professional liability coverage and have a protocol with a supervising physician, and a CNS is not required to meet these requirements. A CNS who elects to become licensed as an APRN may incur additional costs to meet these APRN licensure requirements.

D. FISCAL COMMENTS:

None.