

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: CS/SB 998

INTRODUCER: Health Policy Committee and Senator Calatayud

SUBJECT: Physician Assistant and Advanced Practice Registered Nurse Services

DATE: April 3, 2025

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Smith	Brown	HP	Fav/CS
2.			AHS	
3.			RC	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 998 authorizes an advanced practice registered nurse (APRNs) providing hospice care pursuant to a written protocol with a licensed physician to file a certificate of death or fetal death, to certify the cause of death, and to correct information on a permanent certificate of death or fetal death.

The bill provides an effective date of July 1, 2025.

II. Present Situation:

Vital Statistics and Death Certificates

Florida law requires the registration of all deaths and fetal deaths with the Department of Health (DOH) through the Office of Vital Statistics. Section 382.008, F.S., governs the filing of death and fetal death certificates. The funeral director who first assumes custody of the body is responsible for electronically filing the certificate.¹ In the absence of a funeral director, current law permits a physician, physician assistant, advanced practice registered nurse registered for autonomous practice (A-APRN), or the district medical examiner to file the certificate.²

¹ Section 382.008(2)(a), F.S.

² *Id.*

The “medical certification of cause of death” must be completed by the decedent’s primary or attending practitioner or the district medical examiner within 72 hours of receipt of the death certificate.³ Under current law, a “primary or attending practitioner” is defined as a physician, PA, or an A-APRN who treated the decedent during the 12 months preceding death.⁴ These practitioners are also authorized to note corrections on permanent death or fetal death certificates.⁵

Hospice Care Teams and Plans of Care

Part IV, of chapter 400, F.S., establishes requirements for hospice programs. A hospice is a centrally coordinated program offering a continuum of palliative and supportive care for terminally ill patients and their families.⁶ Admission to hospice care requires a diagnosis of terminal illness by a physician licensed under ch. 458 or ch. 459, F.S., and the patient’s informed consent.⁷ For purposes of hospice programs, a “terminal illness” is defined as a condition with a life expectancy of 12 months or less if the illness runs its normal course.⁸

Hospice programs are required to employ multidisciplinary hospice care teams responsible for establishing and reviewing patients’ plans of care and supervising the delivery of hospice services. A hospice care team may also withhold or withdraw cardiopulmonary resuscitation (CPR) if presented with a do-not-resuscitate (DNR) order executed under s. 401.45, F.S.⁹ Pursuant to s. 400.6105, F.S., each “hospice care team”¹⁰ must include, at a minimum:

- A physician licensed under ch. 458 or ch. 459, F.S.;
- A nurse licensed under part I, of ch. 464, F.S.;
- A social worker; and
- A pastoral or other counselor.

APRNs, A-APRNs, and PAs¹¹

Advanced practice registered nurses (APRNs) are regulated under part I, of ch. 464, F.S., the Nurse Practice Act. The Florida Board of Nursing establishes eligibility criteria for APRN licensure and regulatory standards for APRN practice. APRNs may only perform medical acts that are directly related to the performance of authorized nursing or medical acts performed pursuant to a physician’s protocol. The scope of practice includes administering medications and treatments as prescribed or authorized by a licensed practitioner, starting and managing IVs, and monitoring and responding to patient reactions, provided these actions occur within a protocol agreement with a supervising physician or dentist licensed under chs. 458, 459, or 466, F.S.

³ Section 382.008(3), F.S.

⁴ *Id.*

⁵ Section 382.008(5), F.S.

⁶ Section 400.601, F.S.

⁷ Section 400.6095(2), F.S.

⁸ Section 400.601(10), F.S.,

⁹ Section 400.6095(8), F.S.

¹⁰ *See also* s. 400.601(4), F.S.

¹¹ Department of Health, Senate Bill 998 Legislative Analysis (Mar. 28, 2025) (on file with the Senate Committee on Health Policy).

Section 464.0123, F.S., establishes minimum qualifications for an APRN to register for autonomous practice. An autonomous APRN (A-APRN) is not subject to supervision by a physician or required to work under a protocol. These practitioners may only provide care in primary care, which includes: physical and mental health promotion, assessment, evaluation, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses, inclusive of behavioral and mental health conditions, services such as physical and mental health promotion, disease prevention, patient education, and treatment of acute and chronic conditions, including behavioral and mental health conditions.¹²

Autonomous APRNs are also authorized to admit and discharge hospice patients and manage their care independently. As of February 2025, there are 64,953 licensed APRNs in Florida, including 13,470 with the autonomous designation.

A physician assistant (PA) is a health care practitioner who practices under the direct or indirect supervision of an allopathic or osteopathic physician. PAs are authorized to perform medical services such as conducting physical exams, diagnosing and treating illness, counseling on preventive care, assisting in surgery, and prescribing medication. Supervising physicians may only delegate tasks and procedures to a PA that are within the physician's own scope of practice, and the supervising physician must ensure that the PA is qualified to perform any delegated tasks. PAs must disclose to patients that they are not physicians and must inform patients of their right to consult the supervising physician before a prescription is issued or dispensed. PAs are authorized to sign certain medical documents, including death certificates, Baker Act commitments, and school physicals.

III. Effect of Proposed Changes:

Section 1 amends s. 382.008, F.S., to expand the list of individuals authorized to file a certificate of death or fetal death and to note corrections on permanent certificates. Under current law, in the absence of a funeral director, a physician, physician assistant, A-APRN, or the district medical examiner may file the certificate. The bill expands this authority to include APRNs providing hospice care pursuant to a written protocol with a licensed physician. These practitioners are responsible for completing the medical certification of cause of death within 72 hours of receipt of the death or fetal death certificate and signing it to the best of their knowledge and belief.

Similarly, under the bill, APRNs providing hospice care under a written protocol with a licensed physician may correct information on a permanent certificate of death or fetal death, alongside funeral directors, physicians, PAs, A-APRNs, and medical examiners.

Section 2 provides an effective date of July 1, 2025.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

¹² Rule 64B9-4.001(12), F.A.C

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 382.008 of the Florida Statutes.

IX. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on April 1, 2025:

The CS removes provisions from the underlying bill that would have authorized both autonomous APRNs providing hospice care pursuant to a written protocol with a physician, and PAs, to develop and review a hospice plan of care as a “primary or attending practitioner.” The CS also removes provisions that would have authorized an autonomous APRN providing hospice care pursuant to a written protocol with a physician to sign a DNR order.

- B. **Amendments:**

None.