

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: SB 998

INTRODUCER: Senator Calatayud

SUBJECT: Physician Assistant and Advanced Practice Registered Nurse Services

DATE: March 31, 2025

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Smith	Brown	HP	Pre-meeting
2.			AHS	
3.			RC	

I. Summary:

SB 998 authorizes advanced practice registered nurses (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 also authorizes physician assistants (PAs) and autonomous APRNs (A-APRNs), providing hospice care pursuant to a written protocol with a licensed physician, to perform certain functions currently limited to physicians only. Specifically, the bill:

- Includes PAs and such A-APRNs in the definition of “hospice care team;”
- Authorizes those practitioners to diagnose terminal illness as a condition of admission to a hospice program;
- Permits those practitioners to prepare and maintain a patient’s hospice plan of care and manage the patient’s hospice services; and
- Authorizes those practitioners to sign a patient’s order not to resuscitate.

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

¹ Section 382.008(2)(a), F.S.

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

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.

Do-Not-Resuscitate Orders

A DNR is a written instruction, recognized under Florida law, to withhold or withdraw cardiopulmonary resuscitation (CPR) in the event of cardiac or respiratory arrest. The DOH maintains the required DNR order form, also known as a DNRO form, (Form DH 1896).¹¹ A patient’s physician or PA and the patient must sign the form.¹²

² *Id.*

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 Florida Department of Health, *Do Not Resuscitate Order (DNRO)*, available at:

<https://www.floridahealth.gov/about/patient-rights-and-safety/do-not-resuscitate/index.html> (last visited Mar. 28, 2025).

¹² Section 401.45(3)(a), F.S.

APRNs, A-APRNs, and PAs¹³

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.

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.¹⁴

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

¹³ Department of Health, Senate Bill 998 Legislative Analysis (Mar. 28, 2025) (on file with the Senate Committee on Health Policy).

¹⁴ Rule 64B9-4.001(12), F.A.C

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 amends s. 400.601, F.S., to revise the definition of “hospice care team” by replacing the term “primary or attending physician” with “primary or attending practitioner.” The term “primary or attending practitioner” is defined as a physician, PA, or an A-APRN practicing pursuant to a written protocol with a physician.

The bill also revises the definition of “primary or attending practitioner” to include APRNs providing hospice care pursuant to a written protocol with a licensed physician, in addition to physicians, PAs, and APRNs registered under s. 464.0123, F.S.

Section 3 amends s. 400.6095, F.S., to revise the roles and responsibilities of the interdisciplinary plan of care teams in hospice programs. Under current law, a hospice plan of care is developed and reviewed by a primary or attending physician and other members of the interdisciplinary team. Through the definition established in section 2, the bill authorizes non-physician practitioners, A-APRNs providing hospice care pursuant to a written protocol with a physician and PAs (who practice under the supervision of a physician), to assume the responsibilities previously reserved for a physician, including development and review of the plan of care, certification of terminal illness for purposes of hospice admissions, and management of admission, transfer, and discharge from hospice.

Section 4 amends s. 401.45, F.S., to authorize A-APRNs providing hospice care pursuant to a written protocol with a physician, to sign a patient’s order not to resuscitate (DNR order), in addition to physicians and PAs.

Section 5 provides an effective date of July 1, 2025.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

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:

The DOH notes that it is unclear whether the authority to sign a DNR, as provided in the bill, falls within the scope of practice for APRNs under s. 464.012(3), F.S. The DOH recommends amending that section to expressly include the authority to sign a DNR order within the APRN scope of practice to ensure the bill's provisions are fully effectuated.¹⁵

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 382.008, 400.601, 400.6095, and 401.45.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

¹⁵ Department of Health, Senate Bill 998 Legislative Analysis (Mar. 28, 2025) (on file with the Senate Committee on Health Policy).

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
