



## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. HOUSE PRINCIPLES ANALYSIS:

This bill does not appear to implicate any of the House Principles.

#### B. EFFECT OF PROPOSED CHANGES:

##### Present Situation

##### *Licensure of nurses*

Part I of Chapter 464, F.S., governs the licensure and regulation of nurses in Florida. Nurses are licensed by the Department of Health ("department") and are regulated by the Board of Nursing. Licensure requirements to practice professional nursing include completion of education requirements, demonstration of passage of a department-approved examination, a clean criminal background screening, and payment of applicable fees<sup>1</sup>. Renewal is biennial and contingent upon completion of certain continuing medical education requirements.

Currently, Florida law only recognizes one specialized nursing license--the advanced registered nurse practitioner ("ARNP"). A nurse who holds a license to practice professional nursing may be certified as an ARNP under s. 464.012, F.S., if the nurse meets one or more of the following requirements:

- Completion of a post basic education program of at least one academic year that prepares nurses for advanced or specialized practice;
- Certification by a specialty board, such as a registered nurse anesthetist or nurse midwife; or
- Possession of a master's degree in a nursing clinical specialty area.

Section 464.012(2), F.S., defines three categories of ARNPs: certified registered nurse anesthetists, certified nurse midwives, and nurse practitioners. All ARNPs, regardless of practice category, may only practice within the framework of an established protocol and under the supervision of an allopathic or osteopathic physician or a dentist. All ARNPs may carry out treatments as specified in statute. Although there are three categories of ARNPs, only the title of ARNP is protected under Florida law<sup>2</sup>.

There are currently 10,305 active, licensed ARNPs in Florida<sup>3</sup>.

According to the department, Clinical Nurse Specialists (CNSs) are licensed in 23 states. They are licensed registered nurses who have graduate preparation (Master's or Doctorate) in nursing as a Clinical Nurse Specialist. According to the National Association of Clinical Nurse Specialists, they are trained to be expert clinicians in a specialized area of nursing practice, such as a particular disease state or population.

##### *Costs of regulation of health care practitioners*

Section 456.025, F.S. declares that "it is the intent of the Legislature that all costs of regulating health care professions and practitioners shall be borne solely by licensees and licensure applicants." The regulatory boards, in consultation with the department, or the department if there is no board, must set renewal fees that are, among other requirements:

- Based on revenue projections prepared using generally accepted accounting procedures;
- Adequate to cover all expenses relating to that board identified in the department's long-range policy plan;

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<sup>1</sup> Section 464.009, F.S., provides an alternative to licensure by examination for nurses through licensure by endorsement.

<sup>2</sup> s. 464.015, F.S.

<sup>3</sup> Florida Department of Health, Division of Medical Quality Assurance Annual Report 2005-2006.

- Shall be similar to fees imposed on similar licensure types.

Section 216.0236, F.S., further requires each agency to examine the fees it charges for providing regulatory services and oversight to businesses or professions. In particular the agency must determine whether the fees charged for each regulatory program are:

- Based on revenue projections that are prepared using generally accepted governmental accounting procedures or official estimates by the Revenue Estimating Conference, if applicable;
- Adequate to cover both the direct and indirect costs of providing the regulatory service or oversight; and
- Reasonable and take into account differences between the types of professions or businesses that are regulated.

If the agency determines that the fees charged for regulatory services or oversight to businesses or professions are not adequate to cover program costs and that an appropriation from other state funds is necessary to supplement the direct or indirect costs of providing a regulatory service or regulating a program, the agency must present to the Governor and the Legislature, as part of its legislative budget request, information regarding alternatives for realigning revenues or costs to make the regulatory service or program totally self-sufficient. In the alternative, the agency may demonstrate that the service or program provides substantial benefits to the public which justify a partial subsidy from other state funds.

#### Effect of Proposed Changes

The bill defines the scope of practice for a CNS as the “delivery and management of expert-level nursing care to individuals or groups.” Specifically, the scope of practice includes:

- 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;
- Implementing therapeutic interventions based on the nurse specialist's area of expertise; and
- Coordinating health care as necessary and appropriate and evaluating with the patient the effectiveness of care.

The bill adds CNS as a category of ARNP and requires the following in order to be certified as a CNS:

- Hold a current professional nursing license;
- Have completed a master's degree in a clinical nursing specialty; and
- Hold a current certificate in a specialty area from a national clinical nurse specialist certifying body.

Last, the bill provides title protection for the following nurses: Clinic Nurse Specialists; Certified Registered Nurse Anesthetists; and Certified Nurse Midwives. The misuse of these titles is a misdemeanor of the first degree.

#### C. SECTION DIRECTORY:

Section 1. Amends s. 464.003, F.S., to define the scope of practice of a clinical nurse specialist and amends the definition of advanced registered nurse practitioner.

Section 2. Creates s. 464.0115, F.S., to establish certification criteria for clinical nurse specialists, fees for application and renewal, and rulemaking authority.

Section 3. Amends s. 464.012, F.S., to add clinical nurse specialists to the categories of advanced registered nurse practitioners.

Section 4. Amends s. 464.015, F.S., to provide title protection for “Clinical Nurse Specialist” and the abbreviation “C.N.S.”; “Certified Registered Nurse Anesthetist” and the abbreviation “C.R.N.A.”; and “Certified Nurse Midwife” and the abbreviation “C.N.M.”

Section 5. Amends s. 464.016, F.S., to prohibit the use of the above-referenced titles unless the person is duly licensed or certified.

Section 6. Reenacts s. 921.0022, F.S., to incorporate changes in s. 464.016, F.S., by reference.

Section 7. Amends s. 458.348, F.S., to correct a cross-reference.

Section 8. Amends s. 459.025, F.S., to correct a cross-reference.

Section 9. Provides an effective date of July 1, 2007.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

### A. FISCAL IMPACT ON STATE GOVERNMENT:

#### 1. Revenues:

The department estimates that 2,065 nurses will apply for CNS certification in the first year and 200 in subsequent years at the proposed rate of \$25 for the initial certification and \$10 for biennial certification.

Estimated Revenue	1st Year	2nd Year	3rd Year	4th Year
<i>Initial CNS Certification Fee</i>	\$ 51,625	\$ 5,000	\$ 5,000	\$ 5,000
<i>Certification Renewal Fee</i>	\$ 0	\$ 0	\$ 20,650	\$ 2,000
<b>Total Estimated Revenues</b>	<b>\$ 51,625</b>	<b>\$ 5,000</b>	<b>\$ 25,650</b>	<b>\$ 7,000</b>

#### 2. Expenditures:

According to the department, 1 FTE is required to implement provisions contained in the bill.

Estimated Expenditures	1st Year	2nd Year	3rd Year	4th Year
<b>Salaries</b>				
<i>1 - Nurse Consultant, PG 077</i>	\$ 55,962	\$ 55,962	\$ 55,962	\$ 55,962
<b>Expense</b>				
<i>1 - Nurse Consultant, ltd travel</i>	\$ 12,057	\$ 12,057	\$ 12,057	\$ 12,057
<i>1 - Nurse Consultant, non-recurring</i>	\$ 3,426	\$ 3,426	\$ 3,426	\$ 3,426
<b>Operating Capital Outlay</b>				
<i>1 - Nurse Consultant</i>	\$ 1,300	\$ 0	\$ 0	\$ 0
<b>Contracted Services</b>				
<i>Initial &amp; Renewal</i>	\$ 16,231	\$ 1,572	\$ 17,803	\$ 3,144

*processing*

**Human Resources  
Services**

*1 - Nurse Consultant*                    \$        401        \$        401        \$        401        \$        401

**Total Estimated  
Expenditures**

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\$        89,377        \$        73,418        \$        89,649        \$        74,990

**B. FISCAL IMPACT ON LOCAL GOVERNMENTS:**

1. Revenues:

None.

2. Expenditures:

None.

**C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:**

None.

**D. FISCAL COMMENTS:**

According to the department, the fees included in the bill are insufficient to cover expenses associated with the licensure and renewal of licensure for Clinical Nurse Specialists. Consequently, certification of CNSs will operate in deficit from the first year and thereafter.

**III. COMMENTS**

**A. CONSTITUTIONAL ISSUES:**

1. Applicability of Municipality/County Mandates Provision:

This bill does not appear to affect municipal or county government.

2. Other:

None.

**B. RULE-MAKING AUTHORITY:**

The bill contains rule-making authority for the department to implement provisions in the bill.

**C. DRAFTING ISSUES OR OTHER COMMENTS:**

None.

**D. STATEMENT OF THE SPONSOR**

No statement submitted.

**IV. AMENDMENTS/COUNCIL SUBSTITUTE CHANGES**

On March 13, 2007, the Health Quality Committee adopted six amendments to the bill. Among other changes, the amendments:

- Remove "clinical nurse specialist" from the definition of "advanced registered nurse practitioner" in order to prevent confusion between the practice of the CNS and the ARNP;
- Explicitly state that a CNS may only practice within the scope of advanced nursing practice;

- Raise the application and renewal fees to \$75 each, in order to ensure the program does not operate in deficit; and
- Change the effective date from July 1, 2007 to October 1, 2007 in order to provide sufficient time for the department to enact rules.

The bill was reported favorably with recommended Council Substitute.