

**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.)

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Prepared By: The Professional Staff of the Health Regulation Committee

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BILL: SB 1544

INTRODUCER: Senator Jones

SUBJECT: Death & Fetal Death Registration

DATE: April 11, 2011

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	O'Callaghan	Stovall	HR	<b>Pre-meeting</b>
2.	_____	_____	RI	_____
3.	_____	_____	BC	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

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**I. Summary:**

Currently, only physicians and medical examiners are authorized or required to perform certain acts relating to death registration and, for fetal death registration, physicians, midwives, or hospital administrators are authorized or required to perform such acts. This bill authorizes and requires advanced registered nurse practitioners (ARNPs) to perform those acts.

Specifically, this bill authorizes ARNPs to file certificates of death or fetal death. Additionally, ARNPs are required to furnish the funeral director with medical certification of the cause of death and, for fetal deaths, are required to provide any medical or health information to the funeral director within 72 hours after expulsion or extraction of the fetus.

This bill also requires ARNPs to complete the medical certification of cause of death and make the medical certification available to the funeral director within 72 hours after receipt of a death or fetal death certificate from the funeral director if the ARNP was in charge of the decedent's care for the illness or condition that resulted in death or in attendance at the time of death or fetal death. The bill provides that an ARNP may be granted an extension by the local registrar to sign and complete the medical certification of cause of death under certain circumstances, but the ARNP must provide an estimated date for completion of the permanent certificate on the temporary certificate of death or fetal death.

This bill requires the ARNP to certify over his or her signature the cause of death to the best of his or her knowledge and belief. The bill also requires a permanent certificate that includes corrected information to be dated and signed by the ARNP.

This bill substantially amends s. 382.008, F.S.

## II. Present Situation:

### Advanced Registered Nurse Practitioners

Chapter 464, F.S., the Nurse Practice Act, 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 (BON).

“Advanced registered nurse practitioner” means any person licensed in Florida to practice professional nursing and certified in advanced or specialized nursing practice, including certified registered nurse anesthetists, certified nurse midwives, and nurse practitioners.<sup>1</sup>

Any nurse desiring to be certified as an ARNP must apply to the Department and submit proof that he or she holds a current license to practice professional nursing and that he or she meets one or more of the following requirements as determined by the BON:

- Satisfactory completion of a formal postbasic educational program of at least one academic year, the primary purpose of which is to prepare nurses for advanced or specialized practice.
- Certification by an appropriate specialty board.
- Graduation from a program leading to a master’s degree in a nursing clinical specialty area with preparation in specialized practitioner skills.<sup>2</sup>

The BON is required to provide by rule the appropriate requirements for ARNPs in the categories of certified registered nurse anesthetist, certified nurse midwife, and nurse practitioner.<sup>3</sup>

An ARNP must perform authorized functions within the framework of an established protocol that is filed with the BON upon biennial license renewal and within 30 days after entering into a supervisory relationship with a physician or changes to the protocol. Within the established framework, an ARNP may:

- Monitor and alter drug therapies.
- Initiate appropriate therapies for certain conditions.
- Perform additional functions as may be determined by rule.
- Order diagnostic tests and physical and occupational therapy.<sup>4</sup>

In addition to the above functions, an ARNP may perform the following acts within his or her specialty:

- The certified registered nurse anesthetist may, to the extent authorized by established protocol approved by the medical staff of the facility in which the anesthetic service is performed, perform any or all of the following:
  - Determine the health status of the patient as it relates to the risk factors and to the anesthetic management of the patient through the performance of the general functions.

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<sup>1</sup> Section 464.003(3), F.S.

<sup>2</sup> Section 464.012(1), F.S.

<sup>3</sup> Section 464.012(2), F.S.

<sup>4</sup> Section 464.012(3), F.S.

- Based on history, physical assessment, and supplemental laboratory results, determine, with the consent of the responsible physician, the appropriate type of anesthesia within the framework of the protocol.
- Order under the protocol preanesthetic medication.
- Perform under the protocol procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical, therapeutic, or diagnostic clinical procedures. These procedures include ordering and administering regional, spinal, and general anesthesia; inhalation agents and techniques; intravenous agents and techniques; and techniques of hypnosis.
- Order or perform monitoring procedures indicated as pertinent to the anesthetic health care management of the patient.
- Support life functions during anesthesia health care, including induction and intubation procedures, the use of appropriate mechanical supportive devices, and the management of fluid, electrolyte, and blood component balances.
- Recognize and take appropriate corrective action for abnormal patient responses to anesthesia, adjunctive medication, or other forms of therapy.
- Recognize and treat a cardiac arrhythmia while the patient is under anesthetic care.
- Participate in management of the patient while in the postanesthesia recovery area, including ordering the administration of fluids and drugs.
- Place special peripheral and central venous and arterial lines for blood sampling and monitoring as appropriate.
- The certified nurse midwife may, to the extent authorized by an established protocol which has been approved by the medical staff of the health care facility in which the midwifery services are performed, or approved by the nurse midwife's physician backup when the delivery is performed in a patient's home, perform any or all of the following:
  - Perform superficial minor surgical procedures.
  - Manage the patient during labor and delivery to include amniotomy, episiotomy, and repair.
  - Order, initiate, and perform appropriate anesthetic procedures.
  - Perform postpartum examination.
  - Order appropriate medications.
  - Provide family-planning services and well-woman care.
  - Manage the medical care of the normal obstetrical patient and the initial care of a newborn patient.
- The nurse practitioner may perform any or all of the following acts within the framework of established protocol:
  - Manage selected medical problems.
  - Order physical and occupational therapy.
  - Initiate, monitor, or alter therapies for certain uncomplicated acute illnesses.
  - Monitor and manage patients with stable chronic diseases.
  - Establish behavioral problems and diagnosis and make treatment recommendations.<sup>5</sup>

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<sup>5</sup> Section 464.012(4), F.S.

## Death and Fetal Death Registration

Under ch. 382, F.S., the Florida Vital Statistics Act, there are certain requirements pertaining to death and fetal death registration.

A certificate for each death and fetal death which occurs in Florida is required to be filed on a form prescribed by the Department with the local registrar of the district in which the death occurred within 5 days after the death and prior to final disposition, and must be registered by the registrar if it has been completed and filed in accordance with ch. 382, F.S., or adopted rules.<sup>6</sup>

The certificate must:

- Include the decedent's social security number, if available;
- Include any aliases or "also known as" (AKA) names of a decedent in addition to the decedent's name of record, if requested by the informant;
- Be registered in the registration district in which the dead body or fetus is found within 5 days after such occurrence, if the place of death is unknown; and
- Be registered in the registration district in which the dead body was first removed from a moving conveyance, if the death occurs in a moving conveyance.<sup>7</sup>

The funeral director who first assumes custody of a dead body or fetus must file the certificate of death or fetal death. In the absence of the funeral director, the physician or other person in attendance at or after the death must file the certificate of death or fetal death. The person who files the certificate must obtain personal data from the next of kin or the best qualified person or source available. The medical certification of cause of death is required to be furnished to the funeral director, either in person or via certified mail, by the physician or medical examiner responsible for furnishing such information. For fetal deaths, the physician, midwife, or hospital administrator must provide any medical or health information to the funeral director within 72 hours after expulsion or extraction.<sup>8</sup>

The State Registrar may receive electronically a certificate of death or fetal death which is required to be filed with the registrar under ch. 382, F.S., through facsimile or other electronic transfer for the purpose of filing the certificate. The receipt of a certificate of death or fetal death by electronic transfer constitutes delivery to the State Registrar as required by law.<sup>9</sup>

Within 72 hours after receipt of a death or fetal death certificate from the funeral director, the medical certification of cause of death must be completed and made available to the funeral director by the physician in charge of the decedent's care for the illness or condition which resulted in death, the physician in attendance at the time of death or fetal death or immediately before or after such death or fetal death, or the medical examiner under certain circumstances. The physician or medical examiner must certify over his or her signature the cause of death to the best of his or her knowledge and belief.<sup>10</sup>

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<sup>6</sup> Section 382.008(1), F.S.

<sup>7</sup> *Id.*

<sup>8</sup> Section 382.008(2)(a), F.S.

<sup>9</sup> Section 382.008(2)(b), F.S.

<sup>10</sup> Section 382.008(3), F.S.

The local registrar may grant the funeral director an extension of time upon a good and sufficient showing that an autopsy is pending; toxicology, laboratory, or other diagnostic reports have not been completed; or the identity of the decedent is unknown and further investigation or identification is required.<sup>11</sup>

If the physician or medical examiner has indicated that he or she will sign and complete the medical certification of cause of death, but will not be available until after the 5-day registration deadline, the local registrar may grant an extension of 5 days. If a further extension is required, the funeral director must provide written justification to the registrar.<sup>12</sup>

If the local registrar has granted an extension of time to provide the medical certification of cause of death, the funeral director must file a temporary certificate of death or fetal death which must contain all available information, including the fact that the cause of death is pending. The physician or medical examiner is required to provide an estimated date for completion of the permanent certificate.<sup>13</sup>

A permanent certificate of death or fetal death, containing the cause of death and any other information which was previously unavailable, must be registered as a replacement for the temporary certificate. The permanent certificate may also include corrected information if the items being corrected are noted on the back of the certificate and dated and signed by the funeral director, physician, or medical examiner, as appropriate.<sup>14</sup>

The original certificate of death or fetal death must contain all the information required by the Department for legal, social, and health research purposes. All information relating to cause of death in all death and fetal death records and the parentage, marital status, and medical information included in all fetal death records of Florida are confidential and exempt from Florida's public records laws, except for health research purposes as approved by the Department.<sup>15</sup>

### **III. Effect of Proposed Changes:**

Currently, only physicians and medical examiners are authorized or required to perform certain acts relating to death registration and, for fetal death registration, physicians, midwives, or hospital administrators are authorized or required to perform such acts. This bill authorizes and requires ARNPs to perform those acts.

Specifically, this bill authorizes ARNPs to file certificates of death or fetal death. Additionally, ARNPs are required to furnish the funeral director with medical certification of the cause of death and, for fetal deaths, are required to provide any medical or health information to the funeral director within 72 hours after expulsion or extraction of the fetus.

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<sup>11</sup> *Id.*

<sup>12</sup> *Id.*

<sup>13</sup> Section 382.008(4), F.S.

<sup>14</sup> Section 382.008(5), F.S.

<sup>15</sup> Section 382.008(6), F.S.

This bill also requires ARNPs to complete the medical certification of cause of death and make the medical certification available to the funeral director within 72 hours after receipt of a death or fetal death certificate from the funeral director if the ARNP was in charge of the decedent's care for the illness or condition that resulted in death or in attendance at the time of death or fetal death. The bill provides that an ARNP may be granted an extension by the local registrar to sign and complete the medical certification of cause of death if the ARNP indicates that he or she will not be available until after the 5-day registration deadline, but the ARNP must provide an estimated date for completion of the permanent certificate on the temporary certificate of death or fetal death.

This bill requires the ARNP to certify over his or her signature the cause of death to the best of his or her knowledge and belief. The bill also requires a permanent certificate that includes corrected information to be dated and signed by the ARNP.

The bill provides an effective date of July 1, 2011.

#### **IV. Constitutional Issues:**

##### **A. Municipality/County Mandates Restrictions:**

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

##### **B. Public Records/Open Meetings Issues:**

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

##### **C. Trust Funds Restrictions:**

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

#### **V. Fiscal Impact Statement:**

##### **A. Tax/Fee Issues:**

None.

##### **B. Private Sector Impact:**

Health care providers may have a positive fiscal impact associated with the efficiency of having ARNPs perform the required acts for death and fetal death registration, instead of having to secure a physician to perform such acts.

##### **C. Government Sector Impact:**

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Additional Information:**

**A. Committee Substitute – Statement of Substantial Changes:**

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

None.

**B. Amendments:**

None.

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

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