

FLORIDA HOUSE OF REPRESENTATIVES

BILL ANALYSIS

This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.

BILL #: [CS/HB 647](#)

TITLE: Physician Assistant and Advanced Practice Registered Nurse Services

SPONSOR(S): Trabulsy

COMPANION BILL: [CS/SB 998](#) (Calatayud)

LINKED BILLS: None

RELATED BILLS: None

Committee References

[Health Professions & Programs](#)

17 Y, 0 N, As CS



[Health & Human Services](#)

23 Y, 0 N

SUMMARY

Effect of the Bill:

The bill authorizes an advanced practice registered nurse who is providing hospice care to file a certificate of death or fetal death and certify the cause of a person's death.

Fiscal or Economic Impact:

None

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ANALYSIS

EFFECT OF THE BILL:

Certification of Death

Current law allows specified health care practitioners¹ to file a death certificate and complete a medical certification of cause of death. Advanced practice registered nurses are not authorized to perform these functions, unless they are registered for autonomous practice.²

The bill authorizes [advanced practice registered nurses](#) providing [hospice care](#) and acting within an established protocol with a licensed physician to file a [certificate of death](#) or fetal death and certify the cause of a person's death. (Section [1](#)).

The bill provides an effective date of July 1, 2025. (Section [2](#)).

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Advanced Practice Registered Nurses

An [advanced practice registered nurse](#) (APRN) is a licensed professional nurse who is additionally licensed in an advanced nursing practice, including certified nurse midwives, certified nurse practitioners, certified registered

¹ S. [382.008\(2\), F.S.](#); the specified health care practitioners include allopathic physicians licensed under ch. 458, F.S., osteopathic physicians licensed under ch. 459, F.S., chiropractic physicians licensed under ch. 460, F.S., physician assistants, and advanced practice registered nurses registered for autonomous practice.

² S. [382.008, F.S.](#)

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nurse anesthetists, clinical nurse specialists, and psychiatric nurses.³ In order to practice to the full extent of their training, APRNs are generally required to practice under an established protocol with a supervising physician or dentist, unless the APRN is registered for autonomous practice under [s. 464.0123, F.S.](#)⁴

APRNs are regulated under part I of Chapter [464, F.S.](#), the Nurse Practice Act. The Board of Nursing (BON) housed within the Department of Health (DOH), is responsible for establishing by rule the eligibility criteria for applicants to be licensed as APRNs and the applicable regulatory standards for APRN nursing practices.⁵ The BON is also responsible for disciplining an APRN who violates the practice act.⁶ To be eligible for licensure as an APRN, 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.⁷

By virtue of their post-basic, specialized education, training, and experience, APRNs are licensed to perform advanced-level nursing acts and certain medical acts, as opposed to nursing acts, within the framework of an established protocol with a supervising physician or dentist. APRNs may only perform advanced nursing and medical acts to the extent that the written protocol allows, unless the APRN is registered for autonomous practice under [s. 464.0123, F.S.](#)⁸ In order to register for autonomous practice, an APRN must meet eligibility requirements specified in law and by the BON. An APRN registered for autonomous practice may provide primary care services, including family medicine, general pediatrics, and general internal medicine, outside of a physician protocol.⁹ Current law authorizes autonomous APRNs file death certificates and certify a person's cause of death.¹⁰

There are currently 64,953 APRNs licensed to practice in Florida, of which 13,470 are registered for autonomous practice.¹¹

Vital Statistics

The Office of Vital Statistics, under direction of the state registrar, is housed within DOH and facilitates the uniform and efficient registration, compilation, storage, and preservation of all vital records in the state.¹² The state registrar appoints local registrars in each of Florida's 67 counties; local registrars are responsible for making and preserving a local record of each birth, death, or fetal death certificate registered in the county, and transmitting these records to DOH.¹³

Death Certificates

The funeral director who first assumes custody of a body is required to file a death [certificate](#) with DOH within five days of the death. In the absence of a funeral director current law allows for the physician,¹⁴ physician assistant, APRN registered for autonomous practice, or other person in attendance at or after the death, or the district medical examiner to file the certificate of death.¹⁵

³ S. [464.003\(3\), F.S.](#) In 2018, the Florida Legislature enacted a law which changed the occupational title from "Advanced Registered Nurse Practitioner (ARNP)" to "Advanced Practice Registered Nurse (APRN)," and also reclassified a Clinical Nurse Specialist as a type of APRN instead of a stand-alone occupation (*see*, ch. 2018-106, Laws of Fla.).

⁴ S. [464.012, F.S.](#)

⁵ S. [464.004, F.S.](#)

⁶ S. [464.018, F.S.](#)

⁷ S. [464.012\(1\), F.S.](#), and Rule 64B9-4.002, F.A.C.

⁸ S. [464.012, F.S.](#)

⁹ S. [464.0123\(3\), F.S.](#); *see also*, Rule 64B9-4.001, F.A.C.

¹⁰ S. [382.008, F.S.](#)

¹¹ Email from Meigs Lamb, Deputy Legislative Planning Director, Florida Department of Health, RE: Information Request-APRNs and CRNAs, February 26, 2025. On file with the Health & Human Services Committee.

¹² S. [382.003, F.S.](#)

¹³ S. [382.005, F.S.](#)

¹⁴ Including allopathic physicians licensed under ch. 458, F.S., osteopathic physicians licensed under ch. 459, F.S., and chiropractic physicians licensed under ch. 460, F.S.; *see*, [s. 382.002\(15\), F.S.](#)

¹⁵ S. [382.008, F.S.](#)

After a death or fetal death certificate has been filed, a cause of death must be certified by a decedent's primary or attending practitioner, or a medical examiner if the death occurred more than 12 months after the decedent was last treated by a primary or attending practitioner, or if there is reason to believe that the death was due to an unlawful act or neglect.¹⁶ Under current law, a "primary or attending practitioner," who may certify a cause of death includes a physician,¹⁷ physician assistant, or APRN registered for autonomous practice.¹⁸ The primary or attending practitioner, or medical examiner, must provide the medical certification of cause of death to the funeral director either in person, through certified mail or by electronic transfer within 72 hours of receiving the certificate of death or fetal death.¹⁹

An APRN who is not registered for autonomous practice is not authorized to file a death certificate or certify a patient's cause of death.²⁰

[Hospice Care](#)

Hospice is a program of care and support for terminally ill patients, which helps them to live comfortably. A specially trained team of professionals and caregivers provide care for the terminally ill patient's physical, emotional, social, and spiritual needs, and provide support to family caregivers.²¹ The team that provides hospice services includes physicians, nurses, medical social workers, spiritual and pastoral counselors, home health aides, therapists, bereavement counselors, and specially trained volunteers.²² Hospice care includes the following items and services:

- Nursing care;
- Physical or occupational therapy, or speech-language pathology services;
- Medical social services;
- Home health aide and homemaker services;
- Medical supplies, including prescription drugs and biologicals, and the use of medical appliances;
- Physician services;
- Short-term inpatient care; and
- Counseling.²³

Hospice care may be provided to a patient in an inpatient hospice facility, with licensed beds; it may also be provided to the patient in the patient's home or in another facility, such as a hospital or a nursing home. Hospices provide four levels of care:

- **Routine care** provides the patient with hospice services at home or in a home-like setting. The patient's family provides primary care, with the assistance of the hospice team.
- **Continuous care** provides the patient with skilled nursing services in his or her home during a medical crisis.
- **Inpatient care** is provided in a healthcare facility for symptoms of a medical crisis that cannot be managed in the patient's home. Inpatient care is provided on a temporary basis as determined by the patient's physician and the hospice team.
- **Respite care** is provided in a healthcare facility and is primarily to provide the patient's family members and caretakers with a period of relief.²⁴

¹⁶ S. [382.011, F.S.](#)

¹⁷ Including allopathic physicians licensed under ch. 458, F.S., osteopathic physicians licensed under ch. 459, F.S., and chiropractic physicians licensed under ch. 460, F.S.; *see*, [s. 382.002\(15\), F.S.](#)

¹⁸ S. [382.008\(2\), F.S.](#)

¹⁹ S. [382.008\(3\), F.S.](#)

²⁰ S. [382.008, F.S.](#)

²¹ Centers for Medicare & Medicaid Services, *Hospice* (2024). Available at <https://www.cms.gov/medicare/payment/fee-for-service-providers/hospice> (last visited March 24, 2025).

²² Florida Hospice and Palliative Care Association, *About Hospice*. Available at <http://www.floridahospices.org/hospice-palliative-care/about-hospice/> (last visited March 24, 2025).

²³ 42 U.S.C. § 1395x(dd).

²⁴ *Id.*

The Agency for Health Care Administration regulates hospice providers pursuant to part IV of Chapter 400, F.S., part II of Chapter 408, F.S., and Chapter 58A-2, F.A.C. A licensed hospice is a corporation or limited liability company that provides a continuum of palliative²⁵ and supportive care for a terminally ill²⁶ patient and his or her family members.²⁷ Hospice services may be provided in an inpatient facility or in the patient's home.²⁸

As of March 24, 2025, there are 61 licensed hospice providers in Florida, with 1,075 licensed beds.²⁹

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Health Professions & Programs Subcommittee	17 Y, 0 N, As CS	3/27/2025	McElroy	Osborne
THE CHANGES ADOPTED BY THE COMMITTEE: Click or tap here to enter text.				
Health & Human Services Committee	23 Y, 0 N	4/7/2025	Calamas	Osborne

THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.

²⁵ Palliative care means services or interventions which are not curative but are provided for the reduction or abatement of pain and human suffering. S. [400.601\(7\), F.S.](#)

²⁶ Rule 59C-1.0355, F.A.C.; s. [400.601\(10\), F.S.](#) A terminally ill patient, for hospice purposes, is a patient with a medical prognosis of a life expectancy of 1 year or less if the illness runs its normal course.

²⁷ S. [400.601\(4\), F.S.](#)

²⁸ S. [400.601, F.S.](#)

²⁹ Agency for Health Care Administration, *Facility/Provider Search Results – Hospice*. Available at <http://www.floridahealthfinder.gov/facilitylocator/ListFacilities.aspx> (last visited March 24, 2025).