

# FLORIDA HOUSE OF REPRESENTATIVES

## FINAL 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:** Advanced Practice Registered Nurse Services

**SPONSOR(S):** Trabulsy

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

**LINKED BILLS:** None

**RELATED BILLS:** None

**FINAL HOUSE FLOOR ACTION:** 111 Y's 0 N's

**GOVERNOR'S ACTION:** Approved

### SUMMARY

#### Effect of the Bill:

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.

#### Fiscal or Economic Impact:

None

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## ANALYSIS

### EFFECT OF THE BILL:

#### Certification of Death

Under current law, advanced practice registered nurses are not authorized to file a death certificate or complete a medical certification of cause of death, unless they are registered for autonomous practice.<sup>1</sup>

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 was approved by the Governor on May 20, 2025, ch. 2025-50, L.O.F., and will become effective on 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 nurse anesthetists, clinical nurse specialists, and psychiatric nurses.<sup>2</sup> 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.](#)<sup>3</sup>

<sup>1</sup> S. [382.008, F.S.](#); 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 are authorized to perform these functions.

<sup>2</sup> 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.).

<sup>3</sup> S. [464.012, F.S.](#)

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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.<sup>4</sup> The BON is also responsible for disciplining an APRN who violates the practice act.<sup>5</sup> 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.<sup>6</sup>

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.](#)<sup>7</sup> 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.<sup>8</sup> Current law authorizes autonomous APRNs to file death certificates and certify a person's cause of death.<sup>9</sup>

There are currently 64,953 APRNs licensed to practice in Florida, of which 13,470 are registered for autonomous practice.<sup>10</sup>

### 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.<sup>11</sup> 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.<sup>12</sup>

### *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 a physician,<sup>13</sup> 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.<sup>14</sup>

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.<sup>15</sup> Under current law, a "primary or attending practitioner," who may certify a cause of death includes a physician,<sup>16</sup> physician assistant, or APRN registered for autonomous practice.<sup>17</sup> The primary or

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<sup>4</sup> S. [464.004, F.S.](#)

<sup>5</sup> S. [464.018, F.S.](#)

<sup>6</sup> S. [464.012\(1\), F.S.](#), and Rule 64B9-4.002, F.A.C.

<sup>7</sup> S. [464.012, F.S.](#)

<sup>8</sup> S. [464.0123\(3\), F.S.](#); *see also*, Rule 64B9-4.001, F.A.C.

<sup>9</sup> S. [382.008, F.S.](#)

<sup>10</sup> 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 Professions and Programs Subcommittee.

<sup>11</sup> S. [382.003, F.S.](#)

<sup>12</sup> S. [382.005, F.S.](#)

<sup>13</sup> 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.](#)

<sup>14</sup> S. [382.008, F.S.](#)

<sup>15</sup> S. [382.011, F.S.](#)

<sup>16</sup> 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.](#)

<sup>17</sup> S. [382.008\(2\), F.S.](#)

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.<sup>18</sup>

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.<sup>19</sup>

## 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.<sup>20</sup> 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.<sup>21</sup> Hospice care includes:

- 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.<sup>22</sup>

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.<sup>23</sup>

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 palliative<sup>24</sup> and supportive care for a terminally ill<sup>25</sup> patient and his or her family members.<sup>26</sup> Hospice services may be provided in an inpatient facility or in the patient's home.<sup>27</sup>

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<sup>18</sup> S. [382.008\(3\), F.S.](#)

<sup>19</sup> S. [382.008, F.S.](#)

<sup>20</sup> Centers for Medicare & Medicaid Services, *Hospice* (2024). Available at <https://www.cms.gov/medicare/payment/fee-for-service-providers/hospice> (last visited May 6, 2025).

<sup>21</sup> Florida Hospice and Palliative Care Association, *About Hospice*. Available at <http://www.floridahospices.org/hospice-palliative-care/about-hospice/>, (last visited May 6, 2025).

<sup>22</sup> 42 U.S.C. § 1395x(dd).

<sup>23</sup> *Id.*

<sup>24</sup> 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.](#)

<sup>25</sup> 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.

<sup>26</sup> S. [400.601\(4\), F.S.](#)

<sup>27</sup> S. [400.601, F.S.](#)

As of March 24, 2025, there are 61 licensed hospice providers in Florida, with 1,075 licensed beds.<sup>28</sup>

<sup>28</sup> Agency for Health Care Administration, *Facility/Provider Search Results – Hospice*. Available at <http://www.floridahealthfinder.gov/facilitylocator/ListFacilities.aspx> (last visited May 6, 2025).