

1                                   A bill to be entitled  
 2           An act relating to physician assistant and advanced  
 3           practice registered nurse services; amending s.  
 4           382.008, F.S.; revising who may file a certificate of  
 5           death or fetal death; revising the definition of  
 6           "primary or attending practitioner"; revising who may  
 7           note corrected information on a permanent certificate  
 8           of death or fetal death; amending s. 400.601, F.S.;  
 9           providing and revising definitions; amending s.  
 10          400.6095, F.S.; revising the roles and  
 11          responsibilities of the plan of care team; amending s.  
 12          401.45, F.S.; revising who is required to sign a  
 13          patient's order not to resuscitate; providing an  
 14          effective date.

15  
 16 Be It Enacted by the Legislature of the State of Florida:

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 18           **Section 1. Paragraph (a) of subsection (2) and subsections**  
 19           **(3) and (5) of section 382.008, Florida Statutes, are amended to**  
 20           **read:**

21           382.008 Death, fetal death, and nonviable birth  
 22           registration.—

23           (2) (a) The funeral director who first assumes custody of a  
 24           dead body or fetus shall electronically file the certificate of  
 25           death or fetal death. In the absence of the funeral director,

26 | the physician, physician assistant, advanced practice registered  
27 | nurse registered under s. 464.0123, advanced practice registered  
28 | nurse providing hospice care pursuant to a written protocol with  
29 | a licensed physician, or other person in attendance at or after  
30 | the death or the district medical examiner of the county in  
31 | which the death occurred or the body was found shall  
32 | electronically file the certificate of death or fetal death. The  
33 | person who files the certificate shall obtain personal data from  
34 | a legally authorized person as described in s. 497.005 or the  
35 | best qualified person or source available. The medical  
36 | certification of cause of death must be furnished to the funeral  
37 | director, either in person or via certified mail or electronic  
38 | transfer, by the physician, physician assistant, advanced  
39 | practice registered nurse registered under s. 464.0123, advanced  
40 | practice registered nurse providing hospice care pursuant to a  
41 | written protocol with a licensed physician, or medical examiner  
42 | responsible for furnishing such information. For fetal deaths,  
43 | the physician, physician assistant, advanced practice registered  
44 | nurse registered under s. 464.0123, advanced practice registered  
45 | nurse providing hospice care pursuant to a written protocol with  
46 | a licensed physician, midwife, or hospital administrator shall  
47 | provide any medical or health information to the funeral  
48 | director within 72 hours after expulsion or extraction.

49 |       (3) Within 72 hours after receipt of a death or fetal  
50 | death certificate from the funeral director, the medical

51 certification of cause of death shall be completed and made  
52 available to the funeral director by the decedent's primary or  
53 attending practitioner or, if s. 382.011 applies, the district  
54 medical examiner of the county in which the death occurred or  
55 the body was found. The primary or attending practitioner or the  
56 medical examiner shall certify over his or her signature the  
57 cause of death to the best of his or her knowledge and belief.  
58 As used in this section, the term "primary or attending  
59 practitioner" means a physician, physician assistant, ~~or~~  
60 advanced practice registered nurse registered under s. 464.0123,  
61 or an advanced practice registered nurse providing hospice care  
62 pursuant to a written protocol with a licensed physician, who  
63 treated the decedent through examination, medical advice, or  
64 medication during the 12 months preceding the date of death.

65 (a) The department may grant the funeral director an  
66 extension of time upon a good and sufficient showing of any of  
67 the following conditions:

- 68 1. An autopsy is pending.
- 69 2. Toxicology, laboratory, or other diagnostic reports  
70 have not been completed.
- 71 3. The identity of the decedent is unknown and further  
72 investigation or identification is required.

73 (b) If the decedent's primary or attending practitioner or  
74 the district medical examiner of the county in which the death  
75 occurred or the body was found indicates that he or she will

76 sign and complete the medical certification of cause of death  
77 but will not be available until after the 5-day registration  
78 deadline, the local registrar may grant an extension of 5 days.  
79 If a further extension is required, the funeral director must  
80 provide written justification to the registrar.

81 (5) A permanent certificate of death or fetal death,  
82 containing the cause of death and any other information that was  
83 previously unavailable, shall be registered as a replacement for  
84 the temporary certificate. The permanent certificate may also  
85 include corrected information if the items being corrected are  
86 noted on the back of the certificate and dated and signed by the  
87 funeral director, physician, physician assistant, advanced  
88 practice registered nurse registered under s. 464.0123, an  
89 advanced practice registered nurse providing hospice care  
90 pursuant to a written protocol with a licensed physician, or  
91 district medical examiner of the county in which the death  
92 occurred or the body was found, as appropriate.

93 **Section 2. Subsection (10) of section 400.601, Florida**  
94 **Statutes, is renumbered as subsection (11), subsection (4) is**  
95 **amended, and a new subsection (10) is added to that section, to**  
96 **read:**

97 400.601 Definitions.—As used in this part, the term:

98 (4) "Hospice care team" means an interdisciplinary team of  
99 qualified professionals and volunteers who, in consultation with  
100 the patient, the patient's family, and the patient's primary or

101 attending practitioner ~~physician~~, collectively assess,  
102 coordinate, and provide the appropriate palliative and  
103 supportive care to hospice patients and their families.

104 (10) "Primary or attending practitioner" means a physician  
105 licensed under chapter 458 or 459, a physician assistant  
106 licensed under s. 458.347 or s. 459.022, or an advanced practice  
107 registered nurse registered under s. 464.0123 under a written  
108 protocol with a supervising physician.

109 **Section 3. Subsections (7), (8), and (9) of section**  
110 **400.6095, Florida Statutes, are renumbered as subsections (8),**  
111 **(9), and (10), respectively, subsections (2), (5), (6), and**  
112 **present subsection (8) of that section are amended, and a new**  
113 **subsection (7) is added to that section, to read:**

114 400.6095 Patient admission; assessment; plan of care;  
115 discharge; death.—

116 (2) Admission to a hospice program shall be made upon a  
117 diagnosis and prognosis of terminal illness by the patient's  
118 primary or attending practitioner ~~a physician licensed pursuant~~  
119 ~~to chapter 458 or chapter 459~~ and shall be dependent on the  
120 expressed request and informed consent of the patient.

121 (5) Each hospice, in collaboration with the patient and  
122 the patient's primary or attending practitioner ~~physician~~, shall  
123 prepare and maintain a plan of care for each patient, and the  
124 care provided to a patient must be in accordance with the plan  
125 of care. The plan of care shall be made a part of the patient's

126 | medical record and shall include, at a minimum:

127 |       (a) Identification of the primary caregiver, or an  
128 | alternative plan of care in the absence of a primary caregiver,  
129 | to ensure that the patient's needs will be met.

130 |       (b) The patient's diagnosis, prognosis, and preferences  
131 | for care.

132 |       (c) Assessment of patient and family needs, identification  
133 | of the services required to meet those needs, and plans for  
134 | providing those services through the hospice care team,  
135 | volunteers, contractual providers, and community resources.

136 |       (d) Plans for instructing the patient and family in  
137 | patient care.

138 |       (e) Identification of the nurse designated to coordinate  
139 | the overall plan of care for each patient and family.

140 |       (f) A description of how needed care and services will be  
141 | provided in the event of an emergency.

142 |       (6) The hospice shall provide an ongoing assessment of the  
143 | patient and family needs, update the plan of care to meet  
144 | changing needs, coordinate the care provided with the patient's  
145 | primary or attending practitioner ~~physician~~, and document the  
146 | services provided.

147 |       (7) The care a patient receives while he or she is  
148 | enrolled in hospice or receiving palliative care may be managed  
149 | by a primary or attending practitioner. Management of the care  
150 | includes, but is not limited to, admission, transfer, and

151 discharge from hospice enrollment or a hospice inpatient  
152 facility.

153 ~~(9)-(8)~~ The hospice care team may withhold or withdraw  
154 cardiopulmonary resuscitation if presented with an order not to  
155 resuscitate executed pursuant to s. 401.45. The agency shall  
156 adopt rules providing for the implementation of such orders.  
157 Hospice staff shall not be subject to criminal prosecution or  
158 civil liability, nor be considered to have engaged in negligent  
159 or unprofessional conduct, for withholding or withdrawing  
160 cardiopulmonary resuscitation pursuant to such an order and  
161 applicable rules. The absence of an order to resuscitate  
162 executed pursuant to s. 401.45 does not preclude a practitioner  
163 ~~physician~~ from withholding or withdrawing cardiopulmonary  
164 resuscitation as otherwise permitted by law.

165 **Section 4. Paragraph (a) of subsection (3) of section**  
166 **401.45, Florida Statutes, is amended to read:**

167 401.45 Denial of emergency treatment; civil liability.—  
168 (3) (a) Resuscitation may be withheld or withdrawn from a  
169 patient by an emergency medical technician or paramedic if  
170 evidence of an order not to resuscitate by the patient's  
171 physician or physician assistant is presented to the emergency  
172 medical technician or paramedic. An order not to resuscitate, to  
173 be valid, must be on the form adopted by rule of the department.  
174 The form must be signed by the patient's physician, ~~or~~ physician  
175 assistant, or advanced practice registered nurse providing

176 | hospice care pursuant to a written protocol with a licensed  
177 | physician, and by the patient or, if the patient is  
178 | incapacitated, the patient's health care surrogate or proxy as  
179 | provided in chapter 765, court-appointed guardian as provided in  
180 | chapter 744, or attorney in fact under a durable power of  
181 | attorney as provided in chapter 709. The court-appointed  
182 | guardian or attorney in fact must have been delegated authority  
183 | to make health care decisions on behalf of the patient.

184 |       **Section 5.** This act shall take effect July 1, 2025.