

By Senator Calatayud

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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 who may note corrected  
 6       information on a permanent certificate of death or  
 7       fetal death; amending s. 400.601, F.S.; revising the  
 8       definition of "hospice care team"; defining the term  
 9       "primary or attending practitioner"; amending s.  
 10      400.6095, F.S.; revising the roles and  
 11      responsibilities of the plan of care team in hospice  
 12      programs; amending s. 401.45, F.S.; revising who may  
 13      sign a patient's order not to resuscitate; providing  
 14      an 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

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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 death  
50 certificate from the funeral director, the medical certification  
51 of cause of death shall be completed and made available to the  
52 funeral director by the decedent's primary or attending  
53 practitioner or, if s. 382.011 applies, the district medical  
54 examiner of the county in which the death occurred or the body  
55 was found. The primary or attending practitioner or the medical  
56 examiner shall certify over his or her signature the cause of  
57 death to the best of his or her knowledge and belief. As used in  
58 this section, the term "primary or attending practitioner" means

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59 a physician, a physician assistant, ~~an~~ or advanced practice  
60 registered nurse registered under s. 464.0123, or an advanced  
61 practice registered nurse providing hospice care pursuant to a  
62 written protocol with a licensed physician, who treated the  
63 decedent through examination, medical advice, or medication  
64 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 have  
70 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

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88 practice registered nurse registered under s. 464.0123, advanced  
89 practice registered nurse providing hospice care pursuant to a  
90 written protocol with a licensed physician, or district medical  
91 examiner of the county in which the death occurred or the body  
92 was found, as appropriate.

93 Section 2. Present subsection (10) of section 400.601,  
94 Florida Statutes, is redesignated as subsection (11), a new  
95 subsection (10) is added to that section, and subsection (4) is  
96 amended, to 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 pursuant to a  
108 written protocol with a supervising physician.

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

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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 the  
122 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 for  
131 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 patient  
137 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

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146 services provided.

147 (7) The care a patient receives while he or she is enrolled  
148 in hospice or receiving palliative care may be managed by a  
149 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~~ or physician

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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.