



# FLORIDA ASSOCIATION OF NURSE PRACTITIONERS

ADVOCACY THROUGH ACTION

On Friday, August 28<sup>th</sup> at 1:00pm, the Independent Practice Council met virtually to discuss standards of practice for those APRNs who apply for autonomous practice when the application/registration becomes available. The meeting was held via the GoToMeeting platform and though there were some initial technical difficulties, 90+ people were in attendance. Going in order of the agenda, there was concern that IP-APRNs will not be able to receive the same access to sovereign immunity as other providers if working in places such as rural clinics, free clinics, or schools. Currently, both MDs and PAs can “go bare” in such instances but the IP-APRN will not be able to as such as written into existing statute. The only way to add sovereign immunity for the IP-APRN would be through legislative action. This is a consideration for the upcoming legislative session.

The definition of primary care, or moreover the “finalized language” for primary care has not emerged from the rulemaking process yet. The rulemaking process is underway though as has been shared previously. Unfortunately, without that definition, much of the agenda was impacted and standards of practice could not be developed. It is an ongoing process. The issue of the IP-APRNs role in a MedSpa was tabled until the definition of primary practice and the standards of practice are further discussed. Supervision of medical assistants as an IP-APRN is not allowed as such would also require a legislative action (bill passing) as such supervision is currently in statute for physicians. Just as a reminder, current APRNs are NOT ALLOWED to supervise medical assistants. Recommendations from both the Florida Nurse Practitioner Network (FNPN) and the Florida Coalition of Advanced Practice Nurses (FCAPN) were electively tabled at this time as both addressed issues that will become clarified when the rulemaking process produces definition language for “primary care.” Assistance going forward was offered by the Florida Chapter of the American Psychiatric Nurses Association (APNA) going forward to help with further incorporating the role of the PMHNP into primary care practice. Efforts to address inclusivity of NPs whose practice is “primary care” is ongoing.

Further discussion of what would qualify for CE replacement of the graduate level courses was tabled as it will be addressed further by the full Board of Nursing (BON) at their next meeting in October. The legal counsel present for the meeting was Christopher R. Dierlam, the Assistant Attorney General. He provided insight into what was allowed and what would not be allowed for the IP council to address in relation to the agenda items as they came up. It was also his suggestion that a widely applicable set of standards of practice be drafted and discussed as a starting point for the IP Council that is like other healthcare professionals who practice autonomously in the state that also preserves the standard of care currently in place. He was tasked with drafting said language as the first pass at standards of practice via Council motion. Another discussion topic that arose was regarding the current language in the law at Section 24, subsection 2C that reads, “For purposes of this paragraph, “clinical instruction” means education provided by faculty in a clinical setting in a graduate program leading to a master’s or doctoral degree in a clinical nursing specialty area.” This is an issue for faculty as many do not work in the clinical setting as such would be more the preceptor’s role. This could potentially be confusing, and the language will need to be clarified or cleaned up so as to allow nursing faculty to have their education being provided as clinical instruction outside a “clinical setting.”



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The application/registration for the IP license was confirmed by Joe Baker (Executive Director of the BON) to be potentially available in mid to late October at the earliest. This however would serve more as a queue as no licenses will be issued until a clearly defined standard of practice is adopted and the rulemaking process has worked itself out. The next full BON meeting is October 8-9, 2020 with the second meeting of the IP Council to occur preferably within the 2-3 weeks after the full BON meeting. The exact date itself has not been finalized.

The complete audio recording of the call is available at

<https://ww10.doh.state.fl.us/pub/bon/AAPRN%20Council%20Meeting/8-28-20%20Audio/Council%20on%20APRN%20Autonomous%20Practice%20-%20Audio.wav>.

The Executive Board of FLANP will continue to keep you up to date on any new developments as the information becomes available.