

2025 FLANP Legislative Report
Regular Session March 4 – May 2, 2025
Updated June 8, 2025

The 2025 Regular Session started on March 4th, and will run for 60 consecutive days, concluding on May 2, 2025. **This session has been extended again through June 18th.** This report contains each bill’s title, the summary provided by the legislature, progress thus far, and APRN relevance.

SB 42: Florida Statutes

Summary: Florida Statutes; Deleting provisions that have expired, have become obsolete, have had their effect, have served their purpose, or have been impliedly repealed or superseded; replacing incorrect cross-references and citations; correcting grammatical, typographical, and like errors; removing inconsistencies, redundancies, and unnecessary repetition in the statutes; and improving the clarity of the statutes and facilitating their correct interpretation, etc.

Progress: **SB 42** – Referred to Rules.

- **Favorable by Rules – YEAS 25, NAYS 0**
- **Passed by Senate – YEAS 37, NAYS 0; Immediately Certified; In Messages to House**
- **Passed by House – YEAS 108, NAYS 0; Ordered Enrolled; In Messages to Senate**
- **Signed by Officers and presented to Governor**
- **Approved by Governor; Chapter No. 2025-6**

HB 7017 – Not referred to any committees.

- **Substituted SB 42; Laid on Table**

APRN Relevance: This legislation serves as a reviser’s bill aimed at updating the Florida Statutes by eliminating obsolete provisions, correcting errors, and enhancing clarity. While the bill does not introduce new policies or substantive changes, it does address psychiatric nurses (PMHNPs) by refining statutory language related to their practice. There are no current modifications to PMHNP scope of practice, but they should remain attentive to such legislative activities to ensure ongoing compliance and optimal patient care delivery as this bill may see amendments throughout Session.

SB 68/HB 229: Health Facilities Authorities

Summary: Health Facilities Authorities; Revising the definition of the term “health facility” to include other entities and associations organized not for profit; revising the powers of health facilities authorities to include the power to issue certain loans and execute related loan agreements; specifying requirements for projects financed by loan agreements issued by a health facilities authority, etc.

- Progress:** **SB 68** – Referred to Community Affairs, Health Policy, and Rules.
- **Favorable by Community Affairs – YEAS 6, NAYS 0**
 - **Favorable with CS by Health Policy – YEAS 10, NAYS 0**
 - **Favorable by Rules – YEAS 23, NAYS 0**
 - **CS passed as amended – YEAS 36, NAYS 0; In Messages to House**
 - **CS passed in House – YEAS 113, NAYS 0; Ordered enrolled**

HB 229 – Referred to Health Care Facilities & Systems Subcommittee, Intergovernmental Affairs Subcommittee, and Health & Human Services Committee.

- **Favorable with CS by Health Care Facilities & Systems Subcommittee – YEAS 17, NAYS 0**
- **Favorable by Intergovernmental Affairs Subcommittee – YEAS 16, NAYS 0**
- **Favorable with CS by Health & Human Services Committee – YEAS 24, NAYS 0**
- **Laid on Table; Refer to CS/SB 68**

APRN Relevance: The proposed expansion of health facilities and their financing capabilities could have indirect effects such as increased employment opportunities, enhanced practice environments, and collaborative opportunities. The broadened definition of “health facility” and enhanced financing options may lead to the development of new healthcare facilities or the expansion of existing ones. This growth could create additional employment opportunities for APRNs in various settings, including hospitals, nursing homes, and outpatient centers. With more facilities potentially adopting advanced healthcare technologies and infrastructure due to improved financing, APRNs may find themselves working in more modern and well-equipped environments, potentially improving patient care and job satisfaction. The inclusion of diverse not-for-profit entities as “health facilities” could encourage interdisciplinary collaborations, allowing APRNs to engage in innovative healthcare delivery models and community health initiatives.

SB 110/HB 991: Rural Communities

Summary: Rural Communities; Requiring the state land planning agency to give preference for technical assistance funding to local governments located in a rural area of opportunity; authorizing eligible counties to receive a distribution of sales and use tax revenue; creating the Office of Rural Prosperity within the Department of Commerce; creating the Public Infrastructure Smart Technology Grant Program within the Office of Rural Prosperity; requiring, rather than authorizing, that certain funds received from the State Transportation Trust Fund be used for the Small County Road Assistance Program, etc. APPROPRIATION: \$197,343,293

- Progress:** **SB 110** – Referred to Community Affairs, and Fiscal Policy.
- **Favorable by Community Affairs – YEAS 6, NAYS 0**
 - **Favorable with CS Favorable by Fiscal Policy – YEAS 19, NAYS 0**
 - **CS passed as amended – YEAS 39, NAYS 0; Immediately certified; In Messages to House**

- **CS passed as amended in House – YEAS 69, NAYS 42; in returning messages to Senate**
- Senate refused to concur in 1 amendment; Requested House to recede; In Messages to House
- Has not officially been postponed and withdrawn, but is not on the list for items during this current session extension.

HB 991 – Referred to State Affairs Committee, and Ways & Means Committee

- **Favorable with CS by State Affairs Committee – YEAS 17, NAYS 8**
- Referred to Commerce Committee
- **Favorable with CS by Commerce Committee – YEAS 13, NAYS 8**
- **Laid on Table; Refer to CS/SB 110**

APRN Relevance: These bills introduce initiatives focused on rural healthcare access and economic development, including the Rural Access to Primary and Preventive Care Grant Program. This program could directly impact APRNs by providing financial incentives to establish new practices in underserved rural areas. Specifically, autonomous APRNs may be eligible for grants aimed at expanding healthcare access in qualifying regions.

SB 158/HB 141: Coverage for Diagnostic and Supplemental Breast Examinations/State Group Insurance Program Coverage for Diagnostic and Supplemental Breast Examinations

Summary: Coverage for Diagnostic and Supplemental Breast Examinations; Prohibiting the state group insurance program from imposing any cost-sharing requirement upon an enrollee with respect to coverage for diagnostic breast examinations or supplemental breast examinations, etc.

Progress: **SB 158** – Referred to Appropriations Committee on Agriculture, Environment, & General Government, and Appropriations.

- **Favorable by Appropriations Committee on Agriculture, Environment & General Government – YEAS 11, NAYS 0**
- **Favorable by Appropriations – YEAS 18, NAYS 0**
- **Passed by Senate – YEAS 38, NAYS 0; Immediately certified; In Messages to House**
- **Signed by Officers and presented to Governor**
- **Approved by Governor; Chapter No. 44**

HB 141 – Referred to Health Care Facilities & Systems Subcommittee, Budget Committee, and Health & Human Services Committee.

- **Favorable by Health Care Facilities & Systems Subcommittee – YEAS 15, NAYS 0**
- **Favorable by Budget Committee – YEAS 29, NAYS 0**
- **Favorable by Health & Human Services Committee – YEAS 24, NAYS 0**

- **Laid on table; Companion Bil passed – see SB 158**

APRN Relevance: Proposes eliminating cost-sharing for diagnostic and supplemental breast examinations under the state group insurance program. This change could lead to increased utilization of these services. Consequently, APRNs, particularly those in women’s health, may experience a higher demand for patient consultations related to breast health. This shift underscores the importance of APRNs staying current with breast examination guidelines and reinforces their critical role in early detection and patient education.

SB 524/**HB 1089: Newborn Screenings**

Summary: Newborn Screenings; Beginning on a specified date, requiring that the Department of Health’s rules require that newborns be screened for Duchenne muscular dystrophy at the appropriate age, etc.

Progress: **SB 524** – Referred to Health Policy, Appropriations Committee on Health & Human Services, and Fiscal Policy.

- **Favorable by Health Policy – YEAS 10, NAYS 0**
- **Favorable with CS by Appropriations Committee on Health & Human Services Committee – YEAS 8, NAYS 0**
- **Favorable by Fiscal Policy – YEAS 18, NAYS 0**
- **Laid on table; Refer to CS/CS/HB 1089**

HB 1089 – Referred to Health Professions & Programs Subcommittee, Health Care Budget Subcommittee, and Health & Human Services Committee.

- **Favorable by Health Professions & Programs Subcommittee – YEAS 17, NAYS 0**
- **Favorable with CS by Health Care Budget Subcommittee – YEAS 14, NAYS 0**
- **Favorable with CS by Health & Human Services Committee – YEAS 22, NAYS 0**
- **CS passed – YEAS 115, NAYS 0; In Messages to Senate**
- **CS passed in Senate – YEAS 36, NAYS 0; In Messages; Ordered Enrolled**

APRN Relevance: This legislation mandates that, beginning January 1, 2027, the Department of Health’s rules require newborns to be screened for Duchenne muscular dystrophy (DMD) at the appropriate age. This initiative could impact Advanced Practice Registered Nurses (APRNs) by expanding their role in early detection and management of DMD. APRNs may need to enhance their knowledge of DMD to effectively interpret screening results, provide genetic counseling, and coordinate multidisciplinary care plans. Additionally, they might be involved in educating families about the condition, discussing potential interventions, and offering psychosocial support, thereby improving patient outcomes and family preparedness.

SB 526/HB 919/HB 1427: Nursing Education Programs

Summary: Nursing Education Programs; Revising application requirements for nursing education program approval; providing for the revocation of a program's approval, and discipline of its program director, under certain circumstances; authorizing agents of the Department of Health to conduct onsite evaluations and inspections of approved and accredited nursing education programs; deeming failure or refusal of a program to allow such evaluation or inspection as a violation of a legal obligation, etc.

Progress: **SB 526** – Referred to Health Policy, Appropriations Committee on Health & Human Services, and Fiscal Policy.

- **Favorable with CS by Health Policy – YEAS 10, NAYS 0**
- **Favorable with CS by Appropriations Committee on Health & Human Services – YEAS 9, NAYS 1**
- **Indefinitely postponed and withdrawn from consideration**

HB 919 – Referred to Health Professions & Programs Subcommittee, Careers & Workforce Subcommittee, and Health & Human Services Committee

- **Favorable by Health Professions & Programs Subcommittee – YEAS 15, NAYS 0**
- **Favorable by Careers & Workforce Subcommittee – YEAS 18, NAYS 0**
- **Favorable with CS by Health & Human Services Committee – YEAS 22, NAYS 0**
- **CS passed – YEAS 112, NAYS 1; In Messages to Senate; Referred to Senate Fiscal Policy**
- **Indefinitely postponed and withdrawn from consideration**

HB 1427 – Referred to Commerce Committee, Health & Human Services Committee, and Budget Committee.

- **Favorable by Commerce Committee – YEAS 24, NAYS 0**
- **Favorable by Health & Human Services Committee – YEAS 17, NAYS 6**
- **CS passed as amended – YEAS 78, NAYS 28**
- **CS passed as amended in Senate – YEAS 36, NAYS 0; In Messages to House**
- **CS passed as amended in House – YEAS 99, NAYS 0; In Messages to Senate**
- **CS passed as amended in Senate – YEAS 26, NAYS 5; In Messages to House; Ordered enrolled**

APRN Relevance: This legislation aims to enhance the quality and accountability of nursing education programs statewide. Key provisions include revised application requirements, authorization for the Board of Nursing (BON) to deny certain program applications, and the ability to terminate programs not meeting reporting standards. The bill also allows the Department of Health to conduct onsite inspections to ensure compliance. For APRNs, these

measures could lead to a more robust educational foundation, potentially improving clinical competencies among new practitioners. Enhanced program oversight may result in better-prepared graduates, positively impacting patient care quality. Additionally, stricter accreditation and reporting requirements could elevate the profession's standards, fostering greater public trust in APRN-provided healthcare services.

SB 616/SB 734/HB 25/HB 6017: Damages Recoverable in Wrongful Death Actions/Actions for Recovery of Damages for Wrongful Death/Recovery of Damages for Medical Negligence Resulting in Death

Summary: Damages Recoverable in Wrongful Death Actions; Citing this act as the “Keith Davis Family Protection Act”; removing a provision that prohibits adult children and parents of adult children from recovering certain damages in medical negligence suits, etc.

Progress: **SB 616** – Referred to Judiciary, Appropriations Committee on Health & Human Services, and Rules.

- **Indefinitely postponed and withdrawn from consideration**

SB 734 – Referred to Judiciary, Appropriations Committee on Health & Human Services, and Rules.

- **Favorable by Judiciary – YEAS 9, NAYS 0**
- **Favorable by Appropriations Committee on Health & Human Services – YEAS 8, NAYS 2**
- **Favorable by Rules – YEAS 23, NAYS 1**
- **Laid on Table; Refer to HB 6017**

HB 25 – Referred to Civil Justice & Claims Subcommittee, and Judiciary Committee. **Withdrawn prior to introduction.**

HB 6017 – Referred to Civil Justice & Claims Subcommittee, and Judiciary Committee.

- **Favorable by Civil Justice & Claims Subcommittee – YEAS 18, NAYS 0**
- **Favorable by Judiciary Committee – YEAS 20, NAYS 1**
- **Passed in House – YEAS 104, NAYS 6; In Messages to Senate**
- **Passed in Senate – YEAS 33, NAYS 0; In Messages to House; Ordered enrolled**
- **Signed by Officers and presented to Governor**
- **Governor vetoed**

APRN Relevance: Titled the “Keith Davis Family Protection Act,” seeks to amend existing statutes to allow adult children and parents of adult children to recover noneconomic damages in medical negligence wrongful death cases. Currently, Florida law restricts such recoveries, limiting the compensation available to these family members. For APRNs, this legislative change could have several implications. Expanding the pool of potential claimants in medical negligence cases may lead to increased malpractice litigation, prompting APRNs to exercise heightened

diligence in patient care and documentation practices. Additionally, this change could influence malpractice insurance premiums and coverage requirements for APRNs, as insurers adjust to the broader scope of liability. APRNs may also need to engage in more comprehensive risk management strategies and participate in ongoing education to mitigate potential legal risks associated with their practice. Overall, the proposed legislation underscores the importance for APRNs to maintain meticulous standards of care and stay informed about legal developments that could impact their professional responsibilities and liabilities.

SB 772/HB 597: Diabetes Management in Schools

Summary: Diabetes Management in Schools; Authorizing a school district or charter school to annually request a prescription for glucagon from certain entities; authorizing a licensed pharmacist to dispense undesignated glucagon in accordance with specified provisions; authorizing a school district or charter school to obtain monetary donations or apply for grants to purchase glucagon; requiring parental notification after the administration of glucagon, etc.

Progress: SB 772 – Referred to Education Pre-K – 12, Health Policy, and Rules.

- **Favorable with CS by Education Pre-K – 12 – YEAS 8, NAYS 0**
- **Favorable by Rules – YEAS 24, NAYS 0**
- **Laid on Table; Refer to CS/CS/CS/HB 597**

HB 597 – Referred to Education Administration Subcommittee, Health Professions & Programs Subcommittee, and Education & Employment Committee.

- **Favorable with CS by Education Administration Subcommittee – YEAS 18, NAYS 0**
- **Favorable with CS by Health Professions & Programs Subcommittee – YEAS 14, NAYS 0**
- **Favorable by Health Policy – YEAS 10, NAYS 0**
- **Favorable with CS by Education & Employment – YEAS 17, NAYS 0**
- **Passed with CS by House – YEAS 110, NAYS 0; In Messages to Senate**
- **Senate referred to Rules Committee**
- **Withdrawn from Rules Committee; CS Passed by Senate – YEAS 36, NAYS 0; Immediately Certified; Ordered Enrolled; Signed by Officers and presented to Governor**
- **Approved by Governor; Chapter No. 2025-15**

APRN Relevance: This legislation focuses on enhancing diabetes management in schools by allowing school districts and charter schools to acquire and maintain a supply of undesignated glucagon for treating students experiencing hypoglycemic emergencies. Although the bill does not directly address the role of APRNs, it has indirect implications. APRNs can be instrumental in prescribing glucagon to schools, facilitating their compliance with the bill's provisions. APRNs can provide valuable training to school personnel on recognizing hypoglycemic emergencies and the proper administration of glucagon, ensuring safe and effective responses to such situations.

SB 998/HB 647: Physician Assistant and Advance Practice Registered Nurse Services

Summary: Physician Assistant and Advanced Practice Registered Nurse Services; Revising who may file a certificate of death or fetal death; revising who may note corrected information on a permanent certificate of death or fetal death; revising the roles and responsibilities of the plan of care team in hospice programs, etc.

Progress: **SB 998** – Referred to Health Policy, Appropriations Committee on Health & Human Services, and Rules.

- **Favorable with CS by Health Policy – YEAS 10, NAYS 0**
- **Favorable by Rules – YEAS 23, NAYS 0**
- **Laid on Table; Refer to HB 647**

HB 647 – Referred to Health Professionals & Programs Subcommittee, and Health & Human Services Committee.

- **Favorable with CS by Health Professionals & Programs Subcommittee – YEAS 17, NAYS 0**
- **Favorable by Health & Human Services Committee – YEAS 23, NAYS 0**
- **CS passed by House – YEAS 111, NAYS 0; In Messages to Senate**
- **CS passed by Senate – YEAS 38, NAYS 0; In Messages to House; Ordered Enrolled**
- **Signed by Officers and presented to Governor**
- **Approved by Governor; Chapter No. 50**

APRN Relevance: This legislation aims to modify practice for APRNs and Physician Assistants (PAs) within hospice care settings. Specifically, for those APRNs and PAs operating under a physician's protocol, to:

- Electronically file death or fetal death certificates when a funeral director is unavailable.
- Complete medical certifications of cause of death within 72 hours after receipt of the death certificate from the funeral director.
- Note corrected information on permanent death or fetal death certificates.
- Serve as primary or attending practitioners in hospice care teams, overseeing patient admissions, assessments, plans of care, discharges, and pronouncements of death.
- Sign patient orders not to resuscitate (DNR orders).

These changes could enhance the efficiency of hospice services by allowing APRNs and PAs to perform tasks traditionally reserved for physicians or APRNs, thereby improving patient care continuity and accessibility.

SB 1224/HB 519: Administration of Controlled Substances by Paramedics

Summary: Administration of Controlled Substances by Paramedics; Authorizes practitioner to cause certified paramedic to administer controlled substances.

Progress: SB 1224 – Referred to Health Policy, Appropriations Committee on Health & Human Services, and Rules.

- **Favorable with CS by Health Policy – YEAS 10, NAYS 0**
- **Favorable by Appropriations Committee on Health & Human Services – YEAS 10, NAYS 0**
- **Favorable by Rules – YEAS 23, NAYS 0**
- **Laid on the Table; Refer to HB 519**

HB 519 – Referred to Health Professions & Programs Subcommittee, and Health & Human Services Committee.

- **Favorable with CS by Health Professions & Programs Subcommittee – YEAS 14, NAYS 0**
- **Favorable by Health & Human Services Committee – YEAS 25, NAYS 0**
- **CS Passed by House – YEAS 108, NAYS 0**
- Referred to Rules Committee (Senate)
- **CS Favorable by Senate – YEAS 37, NAYS 0; Ordered enrolled**
- **Signed by Officers and presented to Governor**
- **Approved by Governor; Chapter No. 2025-93**

APRN Relevance: This legislation proposes to amend section 893.05 of the Florida Statutes concerning the administration of controlled substances. The bill authorizes practitioners to delegate the administration of controlled substances to certified paramedics under their direction and supervision. This bill does not directly alter APRNs current scope of practice regarding controlled substances.