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Past Event: 2022 NCSBN Leadership and Public Policy Conference - Building a Coalition for Success: Floridians Unite for Health Care Video Transcript
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Event

2022 NCSBN Leadership and Public Policy Conference

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Presenters

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- [Nicole] Okay, so for the agenda, we're going to set the stage. Talk a little bit about coalition building, our efforts there, what the coalition then did, the actions during the legislative session, how the coalition's actions interacted with what was happening in the political process.

Talk about the outcome of the bill and lessons learned.

- [Teye] Good morning, everyone. So, setting the stage, just a few years before NCSBN engaged in Florida, the state granted controlled substance prescribing authority to APRNs. Florida was the last state to do so. As we were looking towards our 2018 efforts, we were looking for incremental wins to gain credibility and familiarity among lawmakers with the National Consensus Model.

The bill that was enacted did three things, it changed the ARNP title to APRN, it provided for a separate license for APRNs, and it pulled clinical nurse specialists under the APRN umbrella, which resulted in them gaining prescriptive authority like the other APRN groups had. As we look towards 2019 and ramping up the Full Practice Authority campaign, we had to immediately identify what our challenges and our opportunities would be.

In the speaker of the house, we had an opportunity. Jose Oliva was focused on healthcare reform and had a really aggressive healthcare-related agenda. Representative Cary Pigman, the House sponsor of the bill, is a physician and a champion of the issue.

And actually, over the course of his political career, he carried a version of the Independent Practice Bill every year since he had been elected. As we look towards the Senate, that's where our challenges were. Senate President, Bill Galvano, had historically opposed any sort of increased scope of practice legislation, as did Senator Gayle Harrell, who is the chair of the Health Policy Committee. In addition, the Florida Medical Association is a formidable opponent, and for the last decade has had a strong hold on senate leadership.

And then in the governor, we had the unknown because Governor Ron DeSantis had just been elected and we quite frankly just didn't know where he stood on the issue. Pre-2020, stakeholders. Prior to NCSBN's involvement, the Coalition in Florida was primarily made up of those members of the Florida Coalition of Advanced Practice Nurses, which included APRN groups and other nursing groups from across the state, both the statewide groups as well as regional chapters.

The coalition was formally created and governed by bylaws, which govern their actions. And there were two chairs from different member groups to lead the legislative efforts during the year of their chairmanship. It was an impressive coalition, but it consisted only of nursing groups. The perception of all previous legislative initiatives had been that this was a physicians versus nurses issues.

We knew that if we were going to take on full practice authority, we would need to diversify the coalition and do it in a strategic way. It was at that point that our firm Smith Brian Myers, recommended to NCSBN that they bring on Bascom Communications, which is a Tallahassee-based political communications firm. Coalition building.

So we were in the process of building out our communications plan when our entire advocacy strategy changed because of the directive that we received from the Speaker of the House, Jose Oliva. It was clear that the speaker was on our side regarding the underlying policy, but he wanted a media campaign that would make it impossible for the Senate to not pass independent practice legislation, not only by rebranding the entire dialogue around the issue to have it be more expansive and reflective of the broader healthcare needs of Floridians and the business community but also be laser focused on the capital.

Luckily because NCSBN had already brought on Bascom Communications, they were up to speed on the issue, but we needed to shift our focus from a statewide constituent-focused media strategy to a targeted political strategy meant to influence Tallahassee decision-makers. The plan for coalition formation.

Our process was carefully executed, but also agile enough that we were able to account for sudden shifts in an ever-changing political environment. So, as we were setting our goals, we knew that we needed to create enough political pressure and momentum to force the Senate to consider meaningful independent practice legislation.

As we look towards recruitment, we needed to convince enough non-nursing related groups that independent practice is important to their overall goals, legislative or otherwise, and that they joined the coalition and support our mission. It was extremely helpful that we were given the permission by Speaker Oliva to say that the legislation was important to him and that he was paying attention to the groups that did and did not join our coalition.

When we were looking at branding, we knew that we needed a broadly named entity that would allow for a large and diverse membership. This also meant that we were establishing a logo and website along with a social media presence, including a Twitter handle and a Facebook page.

And as we look towards our strategy and when to mobilize and in what way, we were working within a really short window of time to create a legitimate coalition in order to launch by the beginning of session. And as I was preparing for this panel, I actually went back and looked at my calendar because 2020 was, you know, this point decades ago, and that initial meeting where we were called into the speaker's office was on December 12th of 2019.

The first day of session was January 14th, 2020. We had our first press release out by the next day, the 15th, and then the following week, the entire coalition stood on the fourth floor and we had a press conference announcing the goals of the coalition, the membership, and that was on the 22nd.

So, all within a little over a month, and there was both Christmas and New Years. So, our goals and intended impacts. We set our goals based on the strategic impacts that we were looking to accomplish. Our goals were to diversify the coalition, add power players to the effort, formalize the coalition, unify the message in media efforts across all of the groups, and also learn from the previous legislative PR campaigns such as the 2019 firefighter issue that the speaker continue to reference, that he wanted our campaign to look a lot like.

Our intended impacts were to move outside of the healthcare nursing-only silo and move the dialogue away from a doctor's versus nurses issue. We needed to multiply and grow our sphere of influence with lawmakers by getting stakeholders who usually really only focused on broader business-based issues to not only support independent practice but also put the issue at the top of their legislative agenda.

We wanted the campaign to have an intimidating but positive tone to apply pressure on the Senate to act on our issue. And as we expanded to include more voices, we knew that it was important to have the coalition have only one authorized voice to speak on its behalf. One of the challenges that we had to overcome as we look to expand participation in the coalition was to maintain a unified approach to the substantive objectives and goals that we had previously established with the other APRN Coalition.

Our objective was to have the two coalitions work as one while also recognizing that one coalition was formally created with a governing board and bylaws, and the other was created solely to move a political needle.

- So, after we established our goals, we turned to recruitment. And I know we learned yesterday about the idea model, and as I was looking about this, I thought of that crucial first step of internalization. So, we asked ourselves, "Am I or those I care about affected by this, and how?" And we asked that and we stepped into the shoes of each stakeholder that we were looking to recruit and really ask that question.

We needed to step into their shoes and find out how we could get them to care. And that really meant how were they impacted by this? How would they be better by this? And how can we, you know, ask them to join our efforts? So we're lucky, of course, and everybody in here who has worked on these APRN efforts knows there's a lot of data out there to pull from that supports Full Practice Authority that, you know, supports the fact that APRNs are safe, care providers and are important and are needed.

And specifically, in Florida, there was actually a recent 2018 nursing outlook article that looked at the benefits of less restrictive regulation of APRNs in Florida, so perfectly titled for what we were about to do. And we found a lot of the why those stakeholders should care in that article.

So, the article found that eliminating restrictions on APRNs will result in a cost savings to the state of \$50 to \$493 per Floridian. Granting APRNs with Full Practice Authority would reduce costs for not only those individuals but the state and insurance companies alike.

So insurance companies. Let's recruit them. We then look to groups various stakeholders in the business community also, but also key organizations that were focused on reducing and streamlining regulatory processes. And eliminating restrictions on APRNs will have a positive impact on Florida's economy, this was, again, in that article.

That was estimated over \$1 billion due to the increased wages and new job creation. Honestly, the number was so high over 1 billion that I was afraid if we used it, nobody would believe us. So, we said over 1 billion because we thought that would make a really big impact and have people stick with us when we're talking about this. The article also found that it would add jobs in Florida between about 5,000 and just over 10,000 new jobs by removing these barriers.

So, we also pulled information from various sources to demonstrate and paint the true picture of Florida's access to healthcare issues. And we looked at psych-mental health, primary care in women's health deserts to build the case to stakeholders that action was needed now and that they cared about the impact the policy change would have.

So, at this time, only 2% of Florida physicians practiced in Florida's 30 rural counties. Florida at the time ranked 31st in primary care physicians to patient ratios, and there were 278 primary care shortage areas across the state, which you'll see. We amplified and put on posters and signs across the capital. For safety, we needed to ensure that our partners, that we were recruiting into this issue, that this was a low-risk position for them to take.

We were asking them to not only put their logo on our newly formed campaign, but also to trust us that the policy income wouldn't blow back on them and have any PR nightmares that they would have to deal with after the bill became law. The great amount of data, of course, from other states that have passed Full Practice Authority helped us to build that case that APRNs are safe and qualified to practice at the top of their education and training without a protocol agreement.

Also, what helped was that the recent win in the Veterans Health Administration that awarded all APRN rolls except for CRNA's, Full Practice Authority and that really helped to build our case. We were able to demonstrate to these Florida-based organizations that there were already APRNs, already in the state of Florida treating some of Florida's most vulnerable population veterans safely without this protocol agreement.

That was a great selling point, not only for lawmakers as we were able to demonstrate this was already happening here, right here in Florida but also to our coalition partners. So, who did we successfully recruit? A really impressive slate of organizations signed on. These are some of the major coalition partners listed here.

When we're talking about those free market, reducing regulations, and business community, we had AIF, Associated Industries of Florida. I always liked it because they had the Disney logo as one of their members. So, Disney supported Full Practice Authority in Florida, that was great. Americans for Prosperity of Florida, of course, also brought that diverse perspective and they had credibility with a lot of lawmakers in Florida that they could go and speak to about this issue confidently.

Business leaders. Again, AIF, Associated Industries of Florida represents a lot of major businesses and industries across the states as well as the Florida Chamber of Commerce. We talked about that study directly showing that insurers would save money. So we pulled in insurance companies as well as healthcare organizations like the Florida Hospital Association, which was a really big one for us to have.

I don't know if you want to speak to the Florida Hospital Association and how that process went, because I know a lot of our audience members here are, you know, their hospital associations are on the fence or quietly supportive. Some may be supportive, but really it's hard to get that group on board.

- Yeah, and I think that there was some internal politics there over the course of several years that FHA was navigating. You know, I think, ultimately, it was their Interim President, Crystal Stickle who recognized that even though there was kind of infighting amongst her membership, that for the overall good of the state for Floridians, you know, for looking, you know, long term as to the direction that the state needs to be moving, that this was important policy.

And there had been a lot of, I'll call it, tension between the hospitals and house leadership for the several years leading up to this. And so it was a really big deal for them to join the coalition, lend their logo, and help us get the bill across the finish line.

- So, next, we'll turn to some of the branding. It was important to us, of course, that the campaign, have a professional look and a professional feel. The name Floridians Unite for Healthcare, it kept that issue local and also gave us a purpose for coming together. So, it didn't talk about APRN specifically, it talked about healthcare.

That could be healthcare costs, that could be healthcare access, so it was really diverse in order to recruit those members and make them feel like they were really truly a part of the coalition. The blue figures surrounding the healthcare cross image our hands so that shows, you know, caring for the people of the state and its healthcare and sort of protecting Florida and its people. So, this branding, this look was implemented across, like Teye mentioned, a new website, social media accounts, which included Twitter and Facebook that needed to be active and relevant immediately.

Media toolkits and they were also used in templates that were ready for press releases for any event that would happen. We would have that ready to go. And any, of course, posts or statements made we were ready with our branding. So, next step was really taking that work that we put into building the coalition and branding the coalition, and implementing it alongside a very difficult political strategy.

So, we'll talk about opening day. So session officially began on January 14th, 2020. And that day was significant for us, not only because it was the official launch of our issue campaign in our coalition, but Speaker Oliva gave a speech as many speakers of the house do on the first day of session.

And in his speech, he highlighted his priorities for the year. And in that list, of course, included dealing with their Florida's provider shortage by allowing APRNs to provide care that they are trained to provide. So, this earned us a lot of earned media, right? So it was already out there. It was an easy way for us to market this across social media. Market it because it was already being picked up by media coverage in the state, across the whole state.

So they were listing our issue as one of the speaker's priorities. So that was really great. But also that day, and one of my favorite things to remember about this campaign that, you know, was a couple of weeks long and really was a whirlwind. So, it was great for us to reflect on what all happened there, but Oliva's actions that day, the speaker of the house, included a twist on the historical legislative tradition of having a doctor of the day who was always a physician.

On this day, he honored a nurse practitioner of the day by awarding Doreen Cassarino, a nurse practitioner from Naples, with the honorable title. So, again, this had never been done before. It was always historically a physician that's who lawmakers expected to be there on the first day of session.

But it was a nurse practitioner who, in fact, was also a doctor. So, this continued. This political statement would continue week after week at the capital until the end of session with different APRNs

honored as the APRN of the day in the house chamber. The coalition, of course, picked up on this. Media outlets picked up on this and to promote these designations.

And also we solicited quote from these individuals that were honored, they're esteemed individuals and healthcare providers in their communities. And so we were able to gather quotes from them to use in various press releases, to send to the media with their approval, of course, and to really amplify that nursing voice within this new broad diverse coalition.

- So, our political and media strategy really kicked into high gear with the opening of session. The next few slides will cover how the bill moved through the legislative process, along with what the coalition did in response. So, we can demonstrate how our political strategy complimented the Floridians Unite for Healthcare, media, and communication efforts.

On January 15th, the day after the start of legislative session, the bill moved through its second committee stop when it was voted out of the Health Care Appropriations Subcommittee. The newly formed coalition immediately released a press release with the primary purpose of acknowledging and applauding the legislative victory, but also it served as a formal introduction to the coalition and its members.

We used that opportunity to highlight statements of support from various coalition members, specifically those that had not been engaged in previous legislative efforts. Once we released the initial branding and messaging points, they remained consistent throughout all coalition announcements and posts released over the next several weeks. For the next few weeks, the bill would remain in the chamber friendliest to our cause, the Florida House.

The coalition took advantage of that position to hold events and launch communications resources to maximize our visibility. The bill was considered in three committees of reference before moving to the full house floor for consideration. During this time, the coalition held a press conference in the Capitol rotunda on Florida Nurses Association's Nurses Day, which will play a clip from in a moment.

For the remainder of legislative session. The coalition ensured that nursing groups were on site every day at the Capitol, creating a sea of white quotes with our coalition-branded stickers, which were similar to the presence that had been created by the firefighters during the 2019 session. This strategy proved effective not only to demonstrate a strong presence within the capital but also allowed for many opportunities for lawmakers to hear from the nurses in their districts about this important issue.

We also launched an aggressive op-ed strategy and had Floridians Unite for Healthcare signs flyers, and stickers around the capital.

- So here you can see the ad campaign. It included ads placed... The Sunburn is something that is blasted out every morning and it's mostly read by, you know, Tallahassee-type folks. But we had a banner running every single day for most of the remainder of session.

We also had targeted ads on social media and across the internet that were geofenced to the Tallahassee area. Geofencing essentially creates a bubble around an area you set. In this case it was around the capital building and pushed out our messaging on HB 607 to people's devices as they access social media or surf the internet.

The goal was to increase our visibility in a targeted way that would ensure lawmakers were thinking of our issue as they were browsing the internet, or on Facebook, or Instagram.

- So now we're going to play a couple of clips from that press conference that launched the coalitions, you know, introduced the coalition to members of the legislature in Florida as well as to the public. And, of course, we ensured that there was a lot of media presence there to pick up the event.

So, the first clip that we're going to play is the spokesperson of the coalition that introduced the event and set the stage. She'll look familiar. On behalf of the Floridians Unite for Healthcare Coalition, I want to thank everyone for being here today, for supporting Florida's advanced practice registered nurses and physician assistants.

I want to especially thank Representative Cary Pigman for being here today and for his leadership. We are gathered here today with a growing number of coalition partners to support greater access to care for all Floridians. Today is significant because it's the Florida Nurses Association's advocacy day, a day where nurses bravely advocate for their profession throughout the halls of the capital.

And this year is a significant one. The World Health Organization has designated 2020 as the year of the nurse and the midwife. And it's with that backdrop that we are here today as a coalition because of House Bill 607, and the potential it holds to increase access to care across the state.

So next up, we have a clip from our legislative champion... Thank you, thank you. Representative Cary Pigman, who delivered remarks on behalf of the speaker first. But now we'll show you his own remarks, which are quite impressive.

- [Cary] For me, it's a blessing that an issue that I feel so passionately about is shared by the speaker. Florida is in the minority when it comes to allowing advanced practice medical professionals, a right to care for patients independently and to their fullest extent. As a physician, I've seen incredibly experienced advanced practice registered nurses be supervised by physicians, but this supervision is not direct.

It's not what you think. It does not have to be on-site. It does not have to be in real-time. This supervision can be essentially meaningless. At this very moment at this podium, speaking to you in Tallahassee, I could be supervising nurse practitioners in Miami, Florida.

Often supervising physicians never see the advanced practice registered nurses' patients, they never review a chart, they never do a patient consultation, yet many physicians charge advanced practice professionals thousands of dollars a month to sign the required supervision paperwork.

Last weekend, I spoke with an advanced practice registered nurse who is in the panhandle of Florida in a rural community, and she expressed her frustration in trying to find a supervising physician. The one she spoke with were asking up to 30% of her gross revenue in order to be supervised. You can see how for some physicians, this is a lucrative business model.

Many of these physicians are part of the Florida Medical Association, and unsurprisingly, the FMA staunchly opposes APRN independent practice. The FMA and some of their member physicians make false claims, scare tactics to ward off support for a policy that could help so many Floridians.

They provide anecdotal stories of bad behavior, bad outcomes. But here's the truth from a physician from me. Every study that's ever been completed has shown that advanced practice professionals are safe and highly effective medical professionals. They have the skills, they have the knowledge to effectively care for patients, and not one study has ever shown that they're unsafe.

Now I'm an emergency medicine physician. I know that these people are effective because these APRNs are my day-to-day trusted colleagues who I work side by side with. And that is how I work with them, collegially, the same way I as an ER doctor interacts with my cardiologist, with my surgeons as colleagues, not as someone I have to send money to every month for permission to do my job.

All APRNs must have a least a master's degree, many have a doctoral degree, must hold certification from a recognized board, must carry liability malpractice insurance, and must have more than 2000 hours of supervised residency experience. Additionally, studies have shown those communities that permit advanced practice professionals to practice independently have better overall health outcomes.

The population is better served. APRNs also happen to be 85% women, while physicians are mostly men. The last license renewal period showed to 70% of the renewing physicians in Florida were men. This should give our opponents a real gut check.

Whether or not their dismissal of a large group of qualified and capable professional women is intentional, it is simply not okay. Thirty other states are already benefiting from it by allowing these highly qualified professionals to do the work that they were trained and educated to do, it is time for Florida to catch up. Imagine the positive impact on patients on access to healthcare and on healthcare costs if we can see House Bill 607 to the finish line.

Thank you.

- So as you can see, we were really lucky to have a really great champion and representative, Cary Pigman. I should mention to this group as well that Cary Pigman was a champion of the Nurse Licensure Compact. We actually invited him to speak at an event in DC about passage of the Nurse Licensure Compact, and his words are motivating.

He's a great politician, he happens to be a physician, so really, we were incredibly lucky to have him on our side. So, the last and final clip we're going to show is to highlight the business communities' participation here. So Associated Industries of Florida CEO and president, Tom Feeney spoke clearly and with authority on the issue.

We wanted to animate the participants in the coalition. They're not just a logo. They didn't just sign onto this and agree for those purposes. They really agreed to be a part of the efforts and to stand in front of a podium and talk to the press, send a message to Tallahassee lawmakers that they're and the power of AIF was behind this issue.

- [Tom] Well, thank you, Nicole. And on behalf of Associated Industries of Florida, and I know a lot of other business advocates that are here today or maybe not here today, I want to first thank Speaker Oliva, who's trying to break down some of the barriers to get access to affordable quality healthcare in the state of Florida.

Well, thank him for his leadership on this bill. But most importantly, Dr. Pigman brings a lot of expertise and experience to this world and has been a strong advocate of making sure we can find ways

to get patient care more accessible and more affordable in a quality way. You know that only 2% of Florida's physicians practicing rural areas.

Access to care in rural areas is often difficult, if not impossible to get on a timely needed basis. So, people go without care and they end up with bigger problems. But I want to focus on the business community's impacts of this bill. One estimate says that there will be over \$1 billion in new wages and jobs created in the state of Florida.

As Dr. Pigman suggested, a lot of those will be STEM careers for women and minorities of the future. And we are excited as we build workforce in Florida. We're excited to have opportunities open up. There are estimates, as Nicole said, that nationally the savings for allowing APRNs to do direct care under the supervision of a physician will save the economy somewhere between \$1 billion and \$10 billion annually.

There's no better way to send the message that Florida is a thriving economy, but it's prepared and able to take care of needy patients throughout our state on an accessible basis, open job careers and opportunities. And we're thrilled to be here as part of the business community thanking Dr. Pigman and Speaker Oliva. And I will turn it over to Mark.

- [Mark] Thank you, Tom, for that. It's great to have the business community united on such an important issue. And the Florida Chamber would also like to thank Speaker Oliva for his leadership as well. Our representative, Pigman, thank you for stepping forward especially to the nurses that are here today thank you for making your life's work, taking care of the rest of us, it matters, and this bill matters.

So, from the Florida Chambers perspective, this is a simple issue and this is the right solution. We have 22 million residents in Florida, just shy, and we're going to add four and a half million more residents in 10 years. We care deeply about the health and safety of citizens of Florida. We already have a shortage. This is the right solution.

If we're going to have a healthier Florida and a safer Florida, we have to make smart decisions. This legislation is the right thing for Florida. We unite the business community through the Florida Chambers Healthcare Partnership, and we've been on this issue now for a number of years. And if you look at solutions to get ready for another four and a half million people, to give people more access to healthcare, especially in rural Florida where we're trying to grow our economy.

When you look at the fact that we're going to have another 2 million seniors living in Florida 10 years from now, this is the right solution at the right time. The Florida Chamber of Commerce stands united with all those here today, and Speaker Oliva and Representative Pigment. It's an honor to be here. Thank you.

- Thank you so much to the AV team for playing those clips. So, you know, what you didn't see here is almost as important as what you did see here. So we picked certain coalition members to highlight because they were unfamiliar with...the public was unfamiliar with their interest in this issue. So we wanted to highlight that.

This was already Florida Nurses Association's, Nurses' Day at the capital. People knew nurses were there. They were there all day meeting with lawmakers. So we chose not to have nursing coalition representation directly speaking at the press conference to highlight their work and support of the issue.

That was known across the capital. So strategically, and, of course, with time limits on news conferences, we chose carefully who to have there representing the coalition.

- But notably, the gentleman with the red tie is with WellCare. He's in house lobbyist with WellCare. And then behind Mark Wilson was David Peazy with Florida Blue.

- Yes. So definitely represented there and behind us, I think in the previous slide, we had a picture from the rotunda of the presence at the coalition. Oh, pardon. The presence at the press release, or news conference. And so you saw all those partners were there, many white coats, many nurses represented, all standing behind the launch of this new coalition.

So, this press conference, as you can imagine, received a lot of news coverage. Representative Cary Pigman, I think he just kind of naturally brings the press to want to cover his issues, but he also delivered those remarks from the speaker of the house. That brought further attention as well. This press conference would mobilize us towards the house floor for action to send the bill over to the Senate.

We also talked about an op-ed strategy. Again, a lot of this wasn't playing one after another. This was all happening concurrently in the background. So we had an eight-week op-ed schedule that was playing out across the state. And our goal was really to have diversity in who authored the op-eds, but also in the geographic area where they were located.

So as you can see here, this is just highlighting a couple of those op-eds. So, we had the CEO of the Florida State Hispanic Chamber of Commerce, that was in a statewide printing in Florida politics. We had a point of view op-ed from Crystal Stickle, as Teye mentioned, super helpful for our campaign, and that Florida Hospital Association came on board with this coalition.

So, we highlighted that in "The Palm Beach Post." We had another physician. So in addition to Cary Pigman, we also had Dr. Martha McDonough, a physician who printed an op-ed in the "Tampa Bay Times." And then Cary Pigman, of course, authored this op-ed. And I'm guessing probably there was a couple others that he authored during his tenure of running this bill, but this was the one in the Treasure Coast Palm.

So I don't know, Teye, if you could talk about the significance of some of these areas, the political strategy behind that.

- Well, certainly. So Senator Gayle Harrell is from the "Treasure Coast." So to have representative pigment's op-ed run in her hometown newspaper was a strategic decision. And then one of the other senators that has, vehemently opposed to any sort of independent practice is Senator Janet Cruz, who's from the Tampa Bay area.

So, on March 6th, the House passed the bill off of the floor with a 94 to 12 vote. Coalition partners provided quotes that were shared across all social media and with the press, again, in the same style and form as legislators and Tallahassee decision-makers had grown used to seeing. The next step, our next big hurdle was the Florida Senate, which was a much more nuanced political maneuvering.

Senator Ben Albritton carried Senate Bill 1676, which as it was filed, barely resembled the bill that had just passed the house floor. There were other healthcare-related bills that were in the mix that were being traded and amended to reflect leadership negotiations, including at this point, HB 607. Up until the point

that HB 607 was considered on the Senate floor, we had been working off of the original house language that had a transition of practice, period of 2000 hours, and included all APRNs, including CRNAs.

When the strike all Amendment that reflected leadership negotiations was released, it was the first time that we were really able to review the language to see the significant substantive changes that had been agreed to by leadership without any sort of input from interested parties. This included the change in the transition to practice hours, the limited applicability to only primary care, and the creation of the council on APRN autonomous practice within the Department of Health.

At this point, we knew that the deal was brokered and that this was the final version of the language, and that it was not going to be amended any further, which meant that we needed to focus on coalition management until the bill got across the finish line. Because there was still a question as to Governor DeSantis position on the bill, Speaker Oliva immediately sent the bill to the governor for approval within 24 hours of the bill being passed off of the Senate floor.

And it was immediately signed into law. Considering the magnitude of the political lift to get full practice authority across the finish line, we expected that the language would not be exactly what had passed the house, but there were several problematic provisions that the coalition just had to accept as a win. While the coalition advocacy strategy was not able to sway closed-door discussions enough to shape the final product, and to achieve our ultimate goal of enacting full practice authority for all APRNs, the coalition needed to immediately shift its messaging to thank lawmakers for their efforts.

You can see that shift here in Arlene Wright's statement where she emphasizes the acknowledgment that HP 607 is a good first step, but that there's still work left to do. Today in Florida, 6,500 APRNs have autonomous practice. Those process for APRNs to get full practice authority was made possible due to the work of the coalition.

The support from the Florida Board of Nursing and Joe Baker, the coalition partners willing to let us shape their voice in the issue, and the trust that the APRN Coalition had for a new and fresh strategy to their previous approaches. As we look towards the 2023 legislative session, there is still cleanup that needs to be done from HBO 607.

The political dynamics dictate the magnitude of the advocacy efforts. And thanks to Floridians Unite for Healthcare, the entire discourse around scope of practice-related issues has changed. There's an acknowledgment amongst Tallahassee decision makers that Full Practice Authority for APRNs is not a nurses versus doctors issue, but has broader impact to all Floridians.

So, as we're looking towards the 2023 legislative session, we're at a point right now where we're assessing, you know, where leadership is going to land on the issue of opening up the statutory structure that 607 created, and then we'll create our advocacy strategy around that.

- And I should add to that. In Florida, and this will be different from many of your legislatures in your states, but leadership does change here often and there are term limits for lawmakers. So, none of the individuals that supported us in this 2020 effort, some have moved from one chamber to the other to have term limits in those, or to seek a term in the other chamber.

However, Kerry Pigman is no longer in the legislature. Jose Oliva was speaker of the house, that was his last year, as Teye mentioned, this was his last healthcare priority. He saved it the best for last in our opinion. And so this is a new day, a new group of lawmakers.

And so we are going to, of course, you know, look to coalition partners again. That was a big first step, but we have more to go and we're hoping that they'll join us again because of the success of the coalition here. So thank you all for your time and we are going to open it up to questions.

- [Susan] Of course, I have a question. Susan VanDia [SP] from Nevada. So, when we did Full Practice Authority in Nevada, I worked on that. So this is, you know, like in my wheelhouse, but I have a question.

So when I was looking at the A&P map, Florida's still considered red as a restricted practice state. Is that because this is just including primary care folks and because of the transition to practice hours of 3000? Is that why it's steamed?

- So, that's a great question. Let me head back to if I can. Okay. Let me head back just so that we can see what the deal entailed. And the reason why the state is not considered a Full Practice Authority state by A and P standards is not because of the transition to practice. That's an acceptable hours within what they accept for bills. However, that narrowing of Full Practice Authority pathway to those APRNs who practice in primary care leaves out some acute care nurse practitioners, of course, that we know are so crucial and safe to practice and don't need these collaborative agreements or protocols that Florida mandates for them.

And so because of that narrowing designation for primary care, they weren't considered green on the NP map, which we all love to see those states turn green. We can talk a little bit too about the sort of the intent behind that primary care designation. Like Teye said, this negotiation came out, it was the first time anyone had seen it. We received it first so that we could really manage expectations for the coalition, start to shift our messaging to make sure that we were appropriately reacting to the new deal.

The intent of the primary care designation was to cut out CRNAs from the deal without naming CRNAs. So, instead of taking the consensus model and including three of the four roles by name, they ended up saying, "Well, CRNAs don't do primary care, so let's just say this is for primary care APRNs."

And that's how we ended up in the position where some NPs and others who practice in acute care and outside of the primary care sphere were left out of the deal. And therefore, you know, it didn't get the green light from, you know, the groups across the board.

- I have a follow-up to that and then I'm going to sit down, I promise. So, putting on the regulator hat, I can imagine that here in the state of Florida, the regulatory part of it, right? With all these nurse practitioners because I would assume with a population of 22 million people, there's probably a lot of NPs here in this state. And under the regulatory models, that would be kind of difficult to decide who's primary care, who's on what, and managing all that.

I imagine from the regulatory side, that might be challenging, or you'd need extra staff just to do that. So, on your financial impact of the bill, you'd probably have to say, you know, we're going to need extra staff just to do this kind of stuff, so.

- And it was the first environment and the first, test of this type of legislation. So, Joe Baker, I'm going to call on you to come speak about that impact. Of course, after the bill passes, there's a lot of work to be done. We'll learn about that with Kansas in our panel later on today. But Joe, if you could talk about that experience.

- [Joe] Yeah. That's funny, and more new staff. Wow, no. No new staff. Yeah, no new staff, but we were able to implement it fairly quickly, and easily because of technology and people being able to apply online. And the way we were able to implement it, you have to be licensed as an APRN and then you can apply to register for autonomous practice.

And the only documentation that had to be provided to us out of the requirements was the CE equivalent. So, the APRN affirms on the application that he or she has the 3000 hours. We don't want any of that documentation. So, it's their honor being honest that they checked off that they have it. And then my staff is just documenting the graduate level education or the equivalent CEs to make them eligible for registration.

The interesting part of it is that the way the language got crafted, any APRN including a CRNA can apply to get the registration, but, of course, the CRNA wouldn't be able to do anything with it, and I don't think we've had any who've applied for it. But we were able to get it up and running quickly.

And now there's an issue that we may deal with this session about psych nurses because we've had one psych nurse file for a declaratory statement wanting the board to say what the actual scope is for psych. And so that's a gray area right now on that. But I just publicly wanted to thank Nicole and Teye.

The board of nursing here in Florida, we can't lobby ourselves and our umbrella agency remains neutral on things. So, I encourage all of you to take advantage of the tremendous resource that the National Council is in being able to hire a lobbyist to do what we want done. And we truly were partners with them.

I mean, thank God we can text and call and email and everything at a moment's notice, but if you haven't taken advantage of partnering with the council on your legislative initiative so that the council can hire the lobbyist in your jurisdiction to work on your behalf, I would highly recommend you do so. It's a great way to try to move forward what we need to do in regulation.

Yeah.

- Thank you, Joe. We had a great team to work with and, of course, including the board of nursing and Joe's leadership, so thank you. Any other questions?

- [Karen] Morning. My name is Karen Sapiroski [SP]. I'm currently with CGFNS. Sorry, Phyllis. But in a previous life, I worked with DC Nurses Association in the mid-'90s to get this full practice for DC and we were able to get it done.

And it was a long story to the point that we had to go to congress to lobby. But the key thing that you said earlier was having one voice. We had all four of our APRN partners in coalition with this, and we learned from the previous work that groups had done not to splendor.

So, whenever we met with a council member, we were all at the table because what had happened before is different groups gave up pieces of what we wanted, for instance, for midwives who need supervision, we're very willing to give up that part. And nurse practitioners weren't happy with that.

So, we made sure that we sat at the table together and that we all spoke with one voice. But thank you. I know that's a lot of work, so I applaud you for that.

- Thank you. And we have to say thank you, of course, to Sarah Bascom and Bascom Communications and Consulting. She couldn't be here today because she's too busy with all the elections, and Teye's probably going to run out here and do the same, but, you know, the words that we use, the words that I use as the spokesperson for the coalition, and any of the articles that we were quoted in in our news releases in the press conference were all carefully curated.

I know yesterday we learned words matter, that was sort of the theme from the morning. And so those words do matter. And the fact that we have all coalition partners with established clear red lines of what we're not going to accept in a bill, clear lines of how we're going to message the legislation was a big effort.

And, you know, a lot of our partners had to agree to this and give up some of their autonomy and what they wanted to say and how they wanted to react in order for the greater good. So thank you for those comments. Phyllis.

- [Phyllis] Phyllis, from Mississippi. I want Nicole to speak on what's going on in Mississippi because we've been pushing for Full Practice Authority for several years now. Very stringently probably over the last three to four years, NCSBN has been a big component of us getting as far as we have.

I think the year before last we had...the house was on our side. Last year, the Senate was on our side, so hopefully, we can get both of them on the same side at the same time. So we've made those baby steps. We've advanced and we basically use Florida as one of the ways that we were able to push it as far as we had. And so Nicole was very vital in that, and she came down to Mississippi, we had hearings and things of that nature.

Karen mentioned something very important, that one voice. And what our legislators don't want are the CRNAs in it. And the CRNAs are that one component that pull against us. And so it is so important that everybody is on the same page. I mean, you got to speak the same language, and that's what the legislators honed in on when the CRNAs were submitting their own bill.

So Nicole, if you would just kind of speak on how that was, but NCSBN has been so vital. This is an election year coming up for Mississippi, so I'm not sure they're going to push for it. We don't, but the associations and our coalition and we support that, our board supports that. But don't know if it's going to get far, but there is chatter in the political arena in Mississippi about Full Practice Authorities.

So, Nicole, would you want to speak on that? And thank you for all you do.

- Thank you so much, Phyllis. And we are so glad we hear from Texas as well as from Mississippi, that they look to Florida and what happened in Florida, and try and model some of the messaging and some of the tactics that we use. So, that's really great. Yes, the work in Mississippi, we'll be talking about our campaigns in a few minutes here and highlight some of the work there. But what was really crucial and relates to what's happening or what happened here in Florida is that this legislative session, this past 2022 session in Mississippi, our biggest hurdle, as Phyllis mentioned, was the Mississippi Senate.

And that started with the Senate Public Health Committee. And so all of session was focused on one committee. So the entire session, we were focused in that one committee. So we did not run a bill in the house. We had passed the house the session before and they didn't want to do it again until the Senate indicated that they were too going to play.

And so what we did was start to think about how we can diversify the coalition in Mississippi and bring in some of these voices. So not all of these coalition partners are going to work in your state. Some of them may be in a battle with lawmakers on another issue, and you don't really want them to sign on to your issue for that reason.

Maybe they can play a role in the background, but it doesn't fit. This isn't going to apply to your state and you can just implement all of its provisions. However, Walmart as well as Amazon, which are new partners since that 2020 effort here in Florida, Amazon signing on in many states as a supporter, those are new voices, new opportunities for business to talk about your issue to lawmakers they have credibility with in words that they use and things that...and issues that resonate with them.

So that's something that we're trying to apply in Mississippi. But I will say that Karen's point about one voice is a challenge not only in Mississippi, it's unique across the states. Or not unique across the states. We had in Florida this very united and formal APRN Coalition, but it was very difficult to ask them to give up some of that power that they had, again, for the greater effort, and that included building that trust in 2018 of that incremental legislation.

The significance of that was granting CNS' prescriptive authority. So there was a big change in it, but we also were using that as an opportunity to learn the players in that APRN coalition, get them to trust us, a new partner coming into the state. Our name starts with national, so that's always scary.

And so we were coming into the state and asking them to trust us with something they had worked on for so many years. So, it's difficult and the road ahead in Mississippi. I think everyone here is going to... most people are going to be done with their election year in a week, less than a week, but in Mississippi, that process is just going to get started in 2023.

And so there's additional challenges there with having people step out and support your issue when people are going to be going to the ballot box to vote for them. So thank you, Phyllis, and we'll talk about and highlight Mississippi in a moment as well. But thank you, everybody, for spending your morning with us, and thank you, Teye, for being here and kind of remembering everything that happened, what seems like 10 years ago, as we can all relate to with the pandemic.

So thank you.