FNA4ACTION
A grassroots initiative to educate nurses and the public on health policy issues affecting Florida and how we can advance wise health policy decisions by legislators.
Learn about:
- The Issues
- What you can do to make a difference
- How to contact legislators, the media and health policy leaders

"THE SECRET TO CHANGE IS TO FOCUS ALL YOUR ENERGY NOT ON FIGHTING THE OLD BUT BUILDING THE NEW!"
—SOCRATES
FLORIDA NURSES ASSOCIATION

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The Florida Nurses Association is a constituent member of the American Nurses Association. The Florida Nurses Association is a non-profit professional advocacy organization dedicated to advancing the profession of nursing. The Florida Nurses Association is also dedicated to improving the quality and access to healthcare for Florida’s residents.

FLORIDA NURSES ASSOCIATION
“Serve and Support all Registered Nurses through professional development, advocacy, and the promotion of excellence at every level of nursing practice.”
What is FNA4Action?

FNA4Action is a grassroots initiative dedicated to improving healthcare delivery in Florida through education of nurses and the community. It is the goal of this program to raise our voices and convince legislators to make wise decisions regarding healthcare and nursing. Nurses have a long tradition of being respected and trusted by our communities. We hope to use this trust to educate the community and convince people to contact legislators on our behalf. Together we can bring about necessary change in our state.

the key ingredient to success is you!

The healthcare challenges facing Florida can seem daunting, but for change to happen requires each of us ensuring that our voices are heard! So please join us in educating our colleagues and our communities and empowering them to reach out to their legislators for our profession, our communities and our patients!

Invite some of your friends, family members, or fellow nurses to meet with you at a local Starbucks, school, or at your home. This does not need to be a formal setting and should be casual.

Educate them in issues that concern you. Use the resources and talking points provided in this manual. Make sure they understand the impact these issues have on our state and how they can make a difference. We provided some specific issues we would like you to discuss, however select issues that are important to you.

Encourage your friends, family members, and fellow nurses to contact their legislators and key Committee members regarding the issues that you have discussed. They can contact them by phone call, letter, E-mail, or visit the legislators Office. They can utilize the sample letters and talking points provided in this packet. Encourage them to follow the guidelines for contacting you legislator provided in this packet. Also consider contacting local media such as letters to the editor, local news programs, etc.

TO FIND OUT WHO YOUR LEGISLATORS ARE GO TO:
http://www.capwiz.com/fln/home/

Encourage the people who attended this meeting to educate their friends, Family members, and coworkers on these issues. Through education and grassroots outreach we hope to convince legislators to make wise decisions for our state. Encourage other people to get involved by sharing your meeting and its results on Facebook, Twitter and other social media.

IMPORTANT DATES TO REMEMBER

FLORIDA LEGISLATIVE CALENDAR

2015-2016 Interim Committee Meeting Schedule

Wednesday, September 16 through Friday, September 18
October 2015 - Week of the 5th
October 2015 - Week of the 19th
November 2015 - Week of the 2nd
November 2015 - Week of the 16th
Monday, November 30 through Friday, December 4

** The Regular Session will convene on Tuesday, January 12, 2016 **
Florida Problems, Florida Solutions.....

Health care in the State of Florida is facing dramatic challenges. As the Florida Population continues to increase and our citizens become older our healthcare system is strained. To address these problems requires innovative solutions that meet the needs of our communities and utilizes every healthcare provider to their fullest extent.

You have heard the stories, or you have experienced them yourself. Having to wait weeks to see your doctor for an illness. You have a friend who is uninsured and has to go without their medications to treat their high blood pressure. Maybe your parent is in the nursing home and you are not happy with the quality of the care they are receiving. Or maybe a family member was in the hospital and they could never get the nurse to help them because the nurses were too busy doing other things. Unfortunately these problems are not uncommon in our state.

The facts cannot be disputed. Florida does not have enough primary care physicians to meet our states healthcare needs! Almost 20% of Florida’s residents do not have health insurance and do not earn enough to purchase health insurance. Current regulations governing nursing home staffing do not require a skilled professional nurse to be onsite to supervise the care of your loved ones! And Florida does not have any laws governing how hospitals staff their units leaving those decisions to be made by the hospitals.

The end result is Florida has significant problems with healthcare access and delivery. The numbers of individuals dying or becoming disabled from chronic or preventable illness in our state continues to grow worse. The incidence of injuries and complications from nursing home care remains at unacceptable rates in our state. And complications of medical errors in the hospital setting continues to be a crisis in many facilities.

However there are simple Florida based solutions that can address these problems. Solutions that can increase access to healthcare, reduce cost and improve healthcare outcomes for all Florida residents.

Utilizing advanced practice nurses to the full scope of their education and training will increase access to care and improve healthcare outcomes. This has been supported by decades of research and evidence from 21 states that allow advanced practice nurses to practice without unneeded physician oversight. Drawing down federal tax dollars that we sent to Washington and utilizing those dollars to allow low income working families gain health insurance would increase access to care and improve healthcare outcomes. Requiring hospitals and nursing homes to provide appropriate professional nursing staffing to provide necessary care would improve healthcare outcomes and decrease patient injuries and healthcare related complications.

Florida based solutions to these problems are attainable. There is clear evidence to support these changes. Help us educate legislators and convince them that now is the time to solve Florida’s healthcare problems. For our state, our communities and our loved ones.

For a list of research articles, news stories or data to support the statements made in this article visit: www.fna4action.com/data
Lobbying (also lobby) is the act of attempting to influence decisions made by officials in a government, most often legislators or members of regulatory agencies. Lobbying is done by many types of people, associations and organized groups, including individuals in the private sector, corporations, fellow legislators or government officials, or advocacy groups (interest groups). Lobbyists may be among a legislator’s constituencies, meaning a voter or block of voters within his or her electoral district, or not; they may engage in lobbying as a business, or not. Professional lobbyists are people whose business is trying to influence legislation on behalf of a group or individual who hires them. Individuals and nonprofit organizations can also lobby as an act of volunteering or as a small part of their normal job (for instance, a CEO meeting with a representative about a project important to his/her company, or an activist meeting with his/her legislator in an unpaid capacity). Governments often define and regulate organized group lobbying that has become influential. Source: Wikipedia (2015)

Lobbying to convince any individual of the merits of your position requires an understanding of the rationale that supports that belief. Your goal is not to threaten or antagonize, but to influence.

**BE PREPARED**

Do Your Homework
TO FIND OUT WHO YOUR LEGISLATOR IS GO TO: http://capwiz.com/fln/home/

KNOW YOURSELF
- Be aware of your own personal prejudices or biases. Such knowledge will enable you to maintain objectivity by anticipating your own response in a given situation.

KNOW YOUR ORGANIZATION
- If you are speaking on its behalf, you will want to be a credible representative.

**SOME RULES OF LOBBYING**

Be fully aware of your organization’s positions and their development as well as the relationship it maintains with other organizations and with the legislature.

Know Your Legislator
- Make an attempt to understand the basis for your legislator’s positions, which may include his or her:
  * record on related legislation and/or votes
  * be aware of any prior favorable or adverse votes
  * party position and tenure in legislative and political power structure
  * constituent pressures
  * responsiveness to various kinds of personal interviews (sensitivity to legislative attitudes about approach is essential)

Know Your Issue
- Phrase the argument in your own words. Don’t be surprised if it appears you are more knowledgeable than the individual you are lobbying. No one can be accomplished by visiting the legislator, writing them a letter or an email. Follow these rules to ensure the effectiveness of your communication.

The Personal Visit
- The most effective method of sharing your message, a personal visit allows both of you to connect names with faces. In communications afterward, you will have established yourself as a known concerned constituent. If your legislator is holding a hearing or workshop, try to attend. It is a good time to meet your legislator informally. If your representative is not available, ask to meet the legislative (cont pg 7)

SOME DO’S AND DON’TS

**SOMETIMES BASIC COURTESY AND RESPECT CAN GO A LONG WAY TOWARDS ADVANCING YOUR AGENDA!**

DO

☐ Address your Senator or Representative properly.
☐ Identify yourself immediately at each contact. Public officials meet too many people to remember everyone.
☐ Know the status of the legislation. Refer to a bill by number whenever possible.
☐ Use your own words.
☐ Be brief and explicit, courteous and reasonable.
☐ Establish your own credentials or expertise on the subject of legislation under consideration.
☐ Give legislators succinct, easy to read literature; highlight important facts and arguments. Their time is limited.
☐ Write the chair or members of a committee holding hearings on legislation in which you are interested if you have facts that you think should influence his or her thinking.
☐ Get to know legislative staff and treat them courteously. Their cooperation can make or break your chances to reach the legislators themselves.
☐ Always keep off-the-record comments confidential.
☐ Write to say you approve, not just to criticize or oppose. In a letter include your address and sign your name legibly.
☐ Keep the door open for further discussion in spite of any apparently negative attitudes.

DON’T

☐ Don’t begin, “As a citizen and tax payer” (your elected representative knows we all pay taxes).
☐ Don’t apologize for taking his or her time. If you are brief and to the point s/he will be glad to hear from you.
☐ Don’t be arrogant, condescending or threatening toward legislators or their staff.
☐ Don’t argue or back recalcitrant legislators into a corner where they take a definite position against you.
☐ Don’t make notes of a conversation while talking to a legislator.
☐ Don’t send copies or form letters unless you have taken the time to include a personal note.

Adapted from the League of Women Voters of Washington 2004

The Florida Senate Website: http://www.flsenate.gov

The Florida House Website: http://www.myflorida-house.gov

The Florida Governor Website: http://www.flgov.com

**SOME RULES OF LOBBYING**

Continued from pg 6

- The telephone can be an effective tool. Remind the legislator of any previous contact. If the member is not available, speak with the legislative assistant. During the legislative session, a toll free “hotline” is available (1-800-562-6000) through which information on the status of bills can be obtained. Messages can be left for your legislator. They should be brief and specific. Leave your name, address and phone number.

- Letters are important for the legislator and/or staff. The amount of mail on a particular piece of legislation frequently helps determine the legislator’s approach to an issue. One well written letter will often prove more weighty than a formal petition with many signatures. For this reason, it is generally considered better to express your opinion as an individual rather than as a member of an organization whose positions may already be well known to legislators. Faxes or e-mails my also be an effective tool, but are not always as effective as a genuine letter.

**Timing**
- Timing is everything. Make your call at a strategic time — just before a vote, for instance, or immediately following action by your legislator in support of your cause. Write when you know a particular piece of legislation is pending before a committee or when a bill is about to come before the full House or Senate.
PRIORITY ISSUES

ACCESS TO HEALTHCARE In Florida there are hundreds of thousands of individuals working full time who do not have access to healthcare insurance or healthcare. These individuals, and their families, struggle to make ends meet and often go without necessary healthcare services. This results in Floridians going without needed preventative health care and not treating chronic illness. These working poor bag your groceries, serve your food and provide necessary services across our state. The Florida Nurses Association supports the state of Florida accepting federal funds to extend health insurance to these low income individuals.

“The total population health of Floridians is ranked below the national average. Florida ranked 34 among the 50 states for total population health in the United Health Care Foundation’s report, America’s Health Rankings 2012.”

SHORTAGES PROVIDERS Florida presently has a critical shortage of healthcare providers to meet the health needs of our citizens. This is particularly true in primary care services and in services to poor and at risk communities. Outdated restrictions on the ability of nurses to practice to the full extent of their education and training compounds this problem. The Florida Nurses Association supports legislation that would remove outdated, unnecessary, ineffective and costly restrictions on nursing practice in our state.

SAFE NURSE STAFFING Each day thousands of Florida residents are admitted to hospitals for serious, and often life threatening, illnesses and injuries. How well the patient recovers during their hospitalization depends on the skills, qualifications and number of nurses on the units delivering that care. Research has demonstrated that nurse staffing affects patient outcomes and survival directly. The Florida Nurses Association supports legislation that would require hospitals ensure that nurse staffing is appropriate for each hospital unit, considers the training and education of the nurses providing care, to ensure Florida residents receive the best possible care.

WORKPLACE SAFETY The profession of nursing has one of the highest rates of work related injuries in the nation. Disability from back injuries or repetitive stress injuries is commonplace among nurses and nursing staff. Nurses are also frequently victims of violence at the workplace. This violence can come from patients, family or colleagues and can take the form of physical violence, sexual violence or emotional violence. Florida currently has limited laws protecting nursing and healthcare providers from workplace violence.

SAFE STAFFING

ACUTE CARE. In Florida there are no laws governing how hospitals should staff their units. This lack of regulation has resulted in great differences between hospitals and in poorer staffed facilities compromised patient care and increased complications.

LONG TERM CARE. Nursing home staffing rules do not require a registered nurse to be physically present in a nursing home at all times. Without an RN being onsite limits critical patient assessments and planning and compromises quality of care.

NURSE PRACTITIONERS

Nurse Practitioners are nurses with either a Masters or a Doctoral degree in nursing and can practice advanced practice nursing. Advanced Practice Nursing means that they can perform many acts similar to those of a medical physician including make a diagnosis, develop a treatment plan for that diagnosis, order tests and procedures and prescribe medications to treat a health condition.

Many research studies have demonstrated that nurse practitioners can practice safely and effectively without the supervision of a physician. A substantial study in the Journal of the American Medical Association demonstrated that in the primary care setting nurses practitioners had similar healthcare outcomes to their physician colleagues with significant patient satisfaction and positive outcomes. This study has been supported by many other independent research studies looking at how safe and effective nurse practitioners are.

In the United States very few medical school students are planning on pursuing careers in primary care/family practice. The numbers of medical students graduating and going into primary care are declining, continuing a decades long trend in medicine.

This decline in primary care physicians has resulted in a crisis in primary healthcare in the United States. In many States across our nation Nurse Practitioners have safely and effectively assumed the role of primary care providers resulting in cost savings, improved patient satisfaction and greater use of preventative healthcare strategies.
MOVING THE BAR

The profession of nursing has a long history of being politically engaged to improve the health of our communities and advance our profession! Your contributions can help to improve healthcare in Florida and advance our profession.

2016 session of the Florida Legislature begins this January and the Florida Nurses Association (FNA) will be the voice for the nursing profession on many policy issues unfolding at the state Capitol. These issues range from nurse staffing levels in hospitals to Medicaid coverage for more uninsured residents.

January 11 & 12 nurses will lobby lawmakers for Advocacy Days at the Capitol (formerly Lobby Days). Due to the overwhelming success of last year’s event, FNA has secured space at Florida State University’s student union to accommodate more participants.

The agenda includes legislative visits, a luncheon at the scenic 22nd floor of the state Capitol, and a reception at the Governor’s Club.

Key issues will include safe staffing, advanced practice nurses scope of practice and nursing workplace safety.

“...This event has educated me about what really goes on at the capital and how it affects us. I’ll definitely be here next year.” - Attendee at 2015 Advocacy Days

At the Capitol

Nurses in Tallahassee Lobbying for nursing issues!

Florida Nurses are increasingly becoming engaged and committed to advancing our profession and improving patient care. Each year hundreds of nurses make the journey to Tallahassee to meet with legislators, educate them on nursing issues and lobby in our profession’s behalf. In 2016 it is expected that a record number of nurses will lobby the capitol and make their voices heard. Will you join them?
THE LEGISLATIVE PROCESS

All bills have to follow a process before they become laws. Each state has its unique processes, but each follows a traditional pathway. This process is a bit more difficult in Florida because we have an 8 week legislative session. Any bills that do not complete the process by the end of the session are “dead” and cannot be brought up again in the following year unless they are filed as a new bill.

STEP ONE: Legislator files a bill. Often the bill is brought to the legislator by a special interest and they “lobby” the legislator to sponsor the bill. For a bill to become law there must be a bill filed in the House and the Senate and they must pass both house AND be signed by the Governor.

STEP TWO: The Senate President and the Speaker of the House assign the committees to hear proposed bills. Typically committees assigned will be relevant to the bill (health related bills to health related committees, etc.). With Florida’s limited legislative session if a bill is assignment to multiple committees it becomes less likely to pass due to the time needed to make it through all the assigned committees.

STEP THREE: If the bill passes in all of the assigned committees it then proceeds to the floor of the House and Senate for a vote. If the bill passes in the House and the Senate it is sent to the Governors office. (NOTE: If the House and Senate bill are somehow different they will go through “reconciliation” to make sure they are the same in both the Senate.)

STEP FOUR: The Governor can sign the bill into law, Veto the bill or just not sign it in which case it will become law after a set time period without his signature.

FLORIDA NURSES ASSOCIATION LEGISLATIVE AGENDA 2016

1. Support efforts to secure and ensure a continued safe work environment for all nurses.
   Support legislation that ensures a safe work environment that includes protection from lateral and horizontal violence and provides for appropriate support and/or lift devices to prevent work related injuries. Support efforts to secure safe and appropriate nurse staffing levels in acute and long term care facilities.

2. Support legislation that ensures safe and appropriate nurse staffing levels in both acute and long term care facilities. (REMAINDER OF LEGISLATIVE AGENDA STATEMENT DEPENDENT ON OUTCOME OF PROPOSED BILL, COLLABORATIVE COUNCIL VERSUS FIXED RATIO THAT THE STAFFING TASK FORCE RECOMMENDS.) Support the appropriate regulation of unlicensed assistive personnel by the Florida Board of Nursing. Support research initiatives investigating the association between safe and appropriate nurse staffing levels and nursing or patient injuries/adverse outcomes.

3. Support efforts to ensure safe and appropriate labor relations between employers and nurse professionals.
   Support efforts to eliminate mandatory overtime requirements. Oppose efforts to redefine full time employee status to 40 hours per week and/or 80 hour biweekly.

4. Protect and enhance the ability of Registered Nurses (RNs), Clinical Nurse Specialists and Advanced Registered Nurse Practitioners (ARNPs) to practice to the full extent of their education and experience. Support legislation that allows all nurses to practice to the full extent of their education and training. Support legislation that removes unnecessary nurse practitioner collaborative practice agreements and removes physician-nurse practitioner supervisory language from the nurse practice act. Pursue opportunities to ensure that telehealth legislation is inclusive of all appropriate health professionals.

5. Support efforts to protect the rights, jobs, wages, pensions, health care coverage, and other benefits of our state-employed health care professionals.

6. Ensure that any legislation that requires the certification of surgical technologists also protect the supervisory role of the circulating registered nurse.

7. Protect and promote health-related initiatives that protect the health of Florida’s residents. Support legislation that allows Florida to accept federal funding to make healthcare available to more Floridians. Support the creation of a sustained funding source for statewide controlled substances prescription monitoring database. Support legislative efforts that strengthen the public health system, improve access to care or promote healthy lifestyles. Support legislation that helps to create a patient-centered model of healthcare delivery.

8. Promote legislation, policies and strategies that help to meet the Florida’s nurse workforce needs. Support efforts to attract and retain more nurses into nursing education. Support efforts that encourage nurses to advance their academic education. Support the development or expansion of job training programs.

9. Preserve efforts to research and inform employers, the public, and policymakers about the nursing workforce needs of our state by pursuing funding for the Florida Center for Nursing.
TAKING ACTION

CONTACT YOUR LEGISLATORS
To help to influence policy decisions made by legislators requires we reach out to our representatives and make our voice heard.

On issues of concern to you reach out to your state Senator and Representative. Share your concerns with them and maintain a relationship with these important decision makers.

TO FIND OUT WHO IS YOUR LEGISLATOR GO TO:
http://www.capwiz.com/flip/home/

CONTACT KEY COMMITTEE MEMBERS
For any legislation to move to the House or Senate it must first be approved by key committees governing the area impacted by the legislation.

On issues of concern to you we ask you to reach out to key committee members considering your issue and let them know where you stand.

See page ___ for key committee members

INFLUENCE PUBLIC OPINION
Public opinion can often influence health policy decisions. Nurses are consistently trusted by the public. Use this influence to educate your colleagues, family and community regarding health policy issues and encourage them to support safe and appropriate health policy decisions.

Also share your opinions by writing letters to the editors, blogs and facebook postings.

Letters to the editor are effective ways to influence public opinion

Every newspaper has a “letters to the editor” section on the editorial page. This page provides an opportunity to express your point of view on stories that appear in the newspaper or on issues of the day.

The editors of the newspaper will be especially interested in your reaction to their editorials. FNA encourages you to write letters to the editor. Such letters should be short (no more than 350 words) and should state, in the first sentence, what the letter is responding to. For example, you may say, “In your editorial December 15, 2003 on ‘Healthcare Access,’ you said …” or “In your news article, Governor Scott pushes Health Care Reform (Page A7, December 14, 2003);” “Governor Scott said …”

You would then go on to react to the statement and express nursing’s point of view. We also encourage you to urge your colleagues to write letters to the editor. The more they appear, the better our efforts in educating the public about nursing’s agenda for health care reform and the pivotal role of nurses in the health care delivery system.

One final point: local newspapers, even big ones, like the local angle. If you can use local examples of how a particular policy will affect patients in your community, it will increase the chances of your story being published.

POPULAR NEWSPAPERS

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Advanced Practice Nurses include Nurse Practitioners, Nurse Anesthetists, Nurse Midwives and Clinical Nurse Specialists.

Advanced Practice Nurses have existed for over 50 years and have a long history of safe and effective patient care.

ADVANCED PRACTICE NURSES

ADVANCED PRACTICE NURSES CAN IMPROVE ACCESS TO CARE, IMPROVE HEALTHCARE OUTCOMES AND PROVIDE COST SAVINGS

The Florida Nurses Association supports the removal of unnecessary and inefficient laws that require physicians supervise the practice of advanced registered nurse practitioners (nurse practitioners). These supervisory restrictions, known as collaborative agreements, often prevent nurse practitioners from practicing to the full scope of their education and training and limits the level of care that can be provided to patients who are cared for by nurse practitioners. Lifting practice restrictions on nurse practitioners would also allow them to serve the growing health care needs of our state.

Nurse practitioners are registered nurses who have attained specialized training at the masters or doctoral level. Nurse practitioners have been in existence for greater than 40 years and many research studies have demonstrated they are safe and effective healthcare providers with similar outcomes to their physician colleagues.

Nurse practitioners specialize in different areas including family practice, pediatrics, adult/gerontology, midwifery and nurse anesthetist. Nurse practitioners are required to pass a national certification exam demonstrating their competency before they can provide care at the advanced level.

Nurse practitioners are trained and licensed to deliver health care services including diagnosing and treating common acute and chronic illnesses and injuries, prescribing necessary medications, providing immunizations, conducting physical exams and providing health promotion education and services (American Association of Colleges of Nursing).

In Florida, nurse practitioners are required to establish a “collaborative agreement” with a “supervisory” physician. The agreement specifies the scope of practice, responsibilities, period of time, and the name of the supervising physician. These supervisory restrictions, known as collaborative agreements, often prevent nurse practitioners from practicing to the full scope of their education and training. Further, nurse practitioners are limited in what medications they can prescribe and what services they can provide. This barrier has limited the growth of retail healthcare clinics in Florida and dramatically limits services to predominantly poor and rural Florida residents who receive the majority of their healthcare services from nurse practitioners.

TALKING POINTS

Key points to help your argument

**MYTH:** Advanced practice nurses do not have the education, training or preparation to safely prescribe certain medications including “controlled substances”.

**FACT:** Advanced practice nurses undergo similar training and education in the prescribing of medications as do medical students. Nurses practitioners also have years of experience as a registered nurse in administering and managing medications that medical students do not have.

Florida’s advanced practice nurses have been prescribing medications with the exception of controlled substances (certain pain medications, psychiatric medications, etc.) since 1987. Every state except Florida allows advanced practice nurses to prescribe medically necessary controlled substances, and no states have repealed those laws. Research demonstrates that nurse practitioners are typically more cautious than physicians in prescribing controlled medications.

**MYTH:** A recent survey shows that 6 of 10 voters in Florida oppose allowing nurse practitioners to practice independently from a supervising physician.

**FACT:** Surveys have shown that nurse practitioners have high levels of patient satisfaction and patients feel nurse practitioners spend more time with them than physicians do. Medicare and Medicaid recipients have consistently demonstrated overwhelming patient satisfaction with the care provided.

**MYTH:** Expanding Nurse Practitioner scope of practice could “undo” strides in the pill mill epidemic and increase the inappropriate prescribing of controlled substances.

**FACT:** The “pill mill epidemic” has occurred under the authority of Florida physicians. Advanced practice nursing organizations supported the development of a controlled substance monitoring database and support the mandatory utilization of the database to prevent fraud and abuse in prescribing of controlled substances. The Florida Medical Association and many physicians groups oppose the controlled substance database. Research demonstrates the advanced practice nurses are typically more cautious and conservative in prescribing compared to physicians.

**MYTH:** Advanced practice nurses need supervision and oversight by physicians for patient safety.

**FACT:** Many advanced practice nurses practice without any supervision or oversight by a physician. Advanced practice nurses are required to have a “protocol agreement” with a physician to practice, but there are no supervision or oversight requirements. Despite this, nurse practitioners have demonstrated similar patient safety and outcomes compared to physicians. The current “protocol” requirement financially tethers the advanced practice nurse to the physician, increasing cost, duplicating services and suppressing innovation that Florida Needs. 18 states allow advanced practice nurses to practice without physician oversight without incident or problem.
ADVANCED PRACTICE NURSE SCOPE OF PRACTICE
EXAMPLE LETTER TO THE EDITOR

Your Name
Your Address

Editor
Newspaper Name
Newspaper Address

RE: Florida needs to remove restrictions on Nurse Practitioners

Dear Editor,

The challenges facing Florida’s healthcare system are daunting. The lack of primary care providers, insufficient numbers of healthcare providers in rural communities and skyrocketing healthcare costs make it essential that Florida find new solutions to meet these problems.

Florida has the most restrictive regulations in the nation with regard to advanced practice nurses; they cannot sign death certificates, initiate Baker Act proceedings, prescribe certain medically necessary medications nor order home health services. Florida also requires advanced practice nurses to sign a wasteful “collaborative agreement” with a physician that drives up cost and limits the services the advanced practice nurse can provide. Florida is also the only state that does not allow nurse practitioners to obtain their DEA number that would authorize them to prescribe medically necessary medications.

Study after study has established that Nurse Practitioners are educationally prepared (masters or doctorate level) to assume responsibility and accountability for health promotion and/or maintenance, as well as the assessment, diagnosis, and management of patient problems. Twenty one states presently allow nurse practitioners to practice autonomously with positive healthcare outcomes.

By removing unnecessary and wasteful restrictions on advanced practice nurses Florida can increase access to care, improve healthcare outcomes and save money. It is time that legislators allow advanced practice nurses to practice to their full scope!

Sincerely yours,

Your name (Please include your professional title and any association affiliations)
Address
City, State, Zip
Phone number or email

ADVANCED PRACTICE NURSE SCOPE OF PRACTICE
EXAMPLE LETTER TO THE LEGISLATOR

To the honorable Senator/Representative ____________________

I am contacting you in support of house bill # /Senate bill#_______.

Your Name
Your Address

The healthcare needs of our state demands that all healthcare providers are able to practice to the full extent of their education and training. It is time that unnecessary, wasteful and harmful constraints be removed from advanced practice nurses and they are allowed to practice to their full scope. Such constraints include the ability to prescribing certain necessary medications, the inability to initiate a Baker Act (that any police officer can institute), inability to sign a death certificate and requirement that each advanced practice nurse sign a wasteful “collaborative agreement” with a physician provider.

These unnecessary restrictions result in decreased availability of services to Floridians, suppresses innovation, hinders economic growth and drives up healthcare costs.

Available studies have demonstrated that advanced practice nurses provide health care services that are safe, have similar outcomes to their physician colleagues with high levels of patient satisfaction and reduce cost. It is time that Florida cease being the most restrictive state for advanced practice nurses and allow these healthcare providers to meet the health needs of our state.

I ask you to support any legislation that will remove unnecessary restrictions on advanced practice nurses and allows them to practice to the full extent of their education and training.

Thank you for your attention in this matter.

Sincerely yours,

Your name (Please include your professional title and any association affiliations)
Address
City, State, Zip
Phone number or email
Multiple studies have shown a direct correlation between nurse staffing and patient outcomes!

Studies have shown safe staffing level actually reduces costs and improves patient satisfaction!

SAFE NURSE STAFFING

STUDIES HAVE CLEARLY DEMONSTRATED THAT WHEN HOSPITALS AND NURSING HOMES STAFF APPROPRIATELY PATIENT DO BETTER!

The issue of nurse staffing in hospitals and nursing homes has been an issue of concern for several decades. Patients in nursing homes and hospitals are becoming sicker while the care they need is more complex and requires a greater understanding of disease process and treatment.

Decades of research have investigated the impact of how well staffed a hospital or nursing home is to patient outcomes. Many independent clinical studies have demonstrated that improved registered nurse to patient ratios directly improve patient outcomes while the inverse has led to greater hospital lengths of stay, increased complications and increased morbidity and mortality.

Researchers have further tried to identify what key elements support optimal nurse staffing. Studies have investigated the education and skills of nursing staff, appropriate ratios of nursing staff to patients, the nature of complexity of the patient mix and how these factors related to client outcomes.

This research has consistently demonstrated that improved nurse staffing with registered nurses improves patient outcomes both in the hospital and the nursing home. Unfortunately there is no standardized state or national system of safe staffing or requirements for nursing homes or hospitals to staff appropriately. This lack of standards has allowed institutions to develop their own nurse staffing systems, often without clinical data to support their staffing decisions. These staffing systems may also take into consideration factors other than patient safety and care in the development of their staffing plans.

I think one’s feelings waste themselves in words; they ought all to be distilled into actions which bring results. - Florence Nightingale

Therefore it becomes essential that hospitals and nursing homes are required to provide their patients with safe and appropriate nurse staffing. Such a requirement must be mandatory and include the ability for the consumer to see how well a hospital or nursing staffs their units. Such regulatory oversight will empower the communities to make wise healthcare decisions and force health care facilities to put patient care and well being first.

TALKING POINTS

Key points to help your argument

- The Journal of Patient Safety estimates that between 210,000 and 440,000 patients each year who go to the hospital for care suffer some type of preventable harm that contributes to their death. The study demonstrated a major contributing factor to these incidences were demands on staff limiting their ability to focus on tasks and prioritize care.
- That would make medical errors the third-leading cause of death in America. It is also a significant cause of preventable disability. Several studies have associated these errors with poor nurse staffing.
- Safe staffing is necessary for the delivery of quality patient care. Many studies have shown a direct link between nurse staffing and patient outcomes. If appropriately staffed hospitals and nursing homes can reduce the incidence of healthcare associated injuries, pneumonia, infections and death.
- Safe staffing is necessary for cost effective health care as improved staffing decreases length of staff and decreases complications related to hospitalization.
- Safe staffing has been demonstrated to improve nursing retention and decrease staff turnover. This results in improved patient care, greater consistency of care and cost savings to the hospitals and nursing homes.
- Safe staffing has also been demonstrated to improve patient satisfaction. This results in improved patient survey results resulting in improving hospital reimbursement.
- Safe staffing nursing homes/long term care facilities has demonstrated decreased utilization of the emergency department by nursing home patients. This results in significant cost savings without compromising care.
- Safe staffing has also been demonstrated to reduce the incidence of falls and bed sores in nursing homes/long term care facilities resulting in patients living longer with better quality of life.
- In a major study, risk of patient mortality within 30 days of admission among surgical patients was found to increase by an average of 7% for every additional patient in a nurses’ patient assignments. (October 2002, Journal of the American Medical Association)
- Inadequate staffing was found to be a contributing factor in 24% of all unanticipated events that resulted in patient death, injury, or permanent loss of function. (June 2002, JCAHO)
- Improved nurse staffing has been demonstrated to directly decrease cost and improve patient outcomes. (January/February 2006, Health Affairs)
- Other states, including Oregon, Illinois, Washington and Texas, have already achieved laws and regulations addressing safe staffing. In those states, nurses and hospital administrators have recognized their common interest in ensuring safe nurse staffing. These regulatory changes have resulted in improved patient outcomes in both hospitals and nursing homes without significant detrimental impact on healthcare facilities.
SAFE STAFFING LEGISLATION
EXAMPLE LETTER TO THE LEGISLATOR

Your Name
Your Address

Editor
Newspaper Name
Newspaper Address

RE: SAFE STAFFING SAVES LIVES

Dear Editor,

With the ever-increasing need for quality healthcare along with the need to try to decrease healthcare costs it is essential that safe nurse staffing needs to be considered. Safe Nurse staffing is definitely an idea whose time has come. There is over two decades of data that has proven appropriate nurse staffing in acute care facilities improves patient outcomes, decreases complications related to hospitalization and improves patient outcomes. This ultimately results in cost savings. It has also demonstrated to improve patient satisfaction, which has been proven to decrease litigation costs.

A collaborative process between nursing and hospital administration has also demonstrated improved staff satisfaction and decreased staffing turnover. This provides a dramatic cost savings for the employer.

It is past time that Florida Legislators pass legislation that puts the rights and the outcomes of our families being cared for in hospitals first! This process has been proven in several states, including the state of Washington, to be an effective tool to save money and lives.

Thank you for considering my views

Sincerely yours,

(Your name and contact information)
(Example Jane Doe, Member of the Florida Nurses Association)

SAFE STAFFING LEGISLATION
EXAMPLE LETTER TO THE EDITOR

Your Name
Your Address

Editor
Newspaper Name
Newspaper Address

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Thank you for considering my views

Sincerely yours,

(Your name and contact information)
(Example Jane Doe, Member of the Florida Nurses Association)
NURSING EDUCATION

Some For-Profit Nursing Education Programs are taking advantage of low income students, minorities and veterans

For many young men and women the dream of a career in nursing can be difficult to achieve. They dream of a career where they can enjoy a fulfilling profession helping others and earning a livable wage. Unfortunately achieving this dream is difficult for many of Florida’s students. Many public colleges and universities can only accept small numbers of applicants into their nursing schools because of limited funding, facilities and faculty. This results in many men and women anxious to be accepted into nursing school and left with limited options. These students, anxious to pursue a career in nursing, have become a valuable commodity for many for-profit nursing schools across our state. For profit nursing schools provide many men and women with the opportunity to pursue a career in nursing, but some of these schools manipulate individuals to enroll at their school and provide little in return. Some For-Profit nursing schools charge their students 10% of thousands of dollars for a two year nursing degree but do not provide students with an education that truly prepares them to enter into the career of nursing. The Miami Herald has reported that many of these For-Profit nursing schools students are unable to pass the Nursing License examination (Nursing Boards) and are unable to find employment as a nurse. The Miami Herald reports that many students have testified that the quality of their education at these schools do not prepare them to practice. The Miami Herald also reported that many of these schools intentionally target minorities, low income students and veterans with their aggressive enrollment tactics. As many of these students have paid for their nursing education through federally guaranteed student loans, but are unable to complete the program or pass their licensing examination, they are forced to default on these loans.

This crisis in nursing education began in 2009 when Florida Legislators passed a law that removed the ability of the Board of Nursing to have oversight of nursing education programs in our state. Under the law the Board of Nursing (the professional regulatory body for nursing in Florida) could issue licenses for nursing education programs but cannot inspect the schools to ensure they are in compliance with the standards established by the Board of Nursing for nursing education. The resulted in For-Profit nursing education programs opening across Florida, with many using manipulative tactics to enroll unwary students. Since the Florida Board of Nursing lost oversight of nursing education programs our state has seen a 15 percentage point decline in the number of nursing students passing the nursing licensure examination (NCLEX). The state average for nursing board passage, averaging close to 70%, is now the second worst pass rate in the nation. For the safety of the public Florida law requires that nurses cannot practice unless they are able to pass the NCLEX exam. This results in thousands of For-Profit nursing students unable to find employment as a nurse and defaulting on their student loans, and their dreams.

For those students who are able to pass the nursing board examination many discover that their nursing program greatly limits their career options. Many of these For-Profit nursing schools are not nationally accredited, meaning that the educational credits the student has achieved is not transferable. Students who dreamed of going on to achieve a bachelors or masters degree disagree that they have to start again at the beginning. Some are unable to find employment at all because employers are suspect of the quality of the education these students have achieved. It is important to remember that not all For-Profit education programs are fraudulent or unscrupulous. The majority provide comprehensive education programs that help to fulfill their students dreams. However, it is imperative that our state protect our citizens from those schools that do not operate within ethical standards.

In 2014 the Florida Legislature took steps to better regulate nursing education programs, these steps continue to allow unscrupulous programs to take advantage of their students for up to five years. And if these programs are closed because they do not meet the requirements established by the Florida Legislatures they can reopen under a different corporate entity and have another five years to operate.

The solution to this situation and simple and direct. Floridians need to demand that Florida Legislators once again allow the Board of Nursing to inspect nursing education programs and provide them with the ability to close schools that do not meet the education standards established by Florida Statutes. The Florida Board of Nursing is established to ensure that all nurses are able to practice safely and effectively. It is time that our Representatives and Senators return to the Board of Nursing the tools they need to accomplish this task!

TALKING POINTS

Key points to help your argument

- Since 2009, when the Board of Nursing lost the ability to inspect nursing schools, the number of nursing students who have been able to pass the nursing board examine has declined over 15% to make Florida the second lowest in the nation for passage rates
- Although the majority of For-Profit nursing programs in our state are reputable, those that are not are taking advantage of some of Florida’s most vulnerable citizens. Using federally guaranteed student loans these schools reap large profits, provide inferior education, and lead to increasing rates of students not paying back their student loans.
- Requiring all nursing schools to be accredited is a step in the right direction, but it does not fix the problem completely. Schools can simply refile for a new license under a different corporate name and have another five years to take advantage of Florida students and the state.
- The majority of these schools do not provide credits that are transferable. The students graduate with a 2 year degree, but if they want to go onto get any further education they will need to start again at the beginning.
- Many students graduating from these schools are having significant difficulty finding a job because the reputations of the schools make them a less than desirable hire.
- By allowing the Board of Nursing to inspect nursing schools and ensure that they are in compliance with state statutes governing nursing education ensures students receive appropriate education and Florida residents receive care from safe providers.
BILLS FILED FOR THE 2016 SESSION

SB 152 ORDERING OF MEDICATION
Filed by Sen. Denise Grimsley
This bill allows ARNPs and licensed physician assistants to order controlled substances under the direction of a supervisory physician for patients in hospitals. It is the same bill that was filed for the 2015 session but was not taken up by the House.

HB 77 PATIENT LIFTING AND SAFE HANDLING PRACTICES
Filed by Rep. Hazel Rogers
This bill requires hospitals to establish policies concerning safe lifting and handling of patients to minimize the risk of injuries to patients and employees. The policies would be established by a hospital committee comprised of nurses and hospital management.

HB 37, SB 132 DIRECT PRIMARY CARE
Filed by Rep. Fred Costello and Sen. Denise Grimsley
This bill allows individuals to enter into a contract with a health care practitioner to provide primary care services without going through a third-party payor (health insurance). The bill specifies that the agreement must be in writing; can be terminated by either party; must describe the scope of services to be provided; must specify the monthly fee, etc.

The effect of the bill is that nurses would be able to enter into these direct primary care contracts as well. This bill was filed in 2015 and was a priority of the House but ultimately did not pass the full Legislature amid a bigger disagreement over health care coverage for the uninsured.

HB 85 AND SB 212 RECOVERY CARE CENTERS
Filed by Rep. Heather Fitzenhagen and Sen. Don Gaetz
This would allow patients to stay 24 hours in ambulatory care and more significantly, it creates a new license for recovery care centers (RCCs) that are separate from hospitals. The bill defines recovery care services as postsurgical and post-diagnostic medical and general nursing care provided to patients for whom acute care hospitalization is not required and an uncomplicated recovery is reasonably expected. The term includes postsurgical rehabilitation services. The term does not include intensive care services, coronary care services, or critical care services. Patients released from the hospital could stay at a RCC for 72 hours. RCCs would have similar regulatory standards rules as hospitals and ambulatory care centers and must have protocols for emergencies, transportation, and discharges. RCCs would be required to have an admission agreement with at least one hospital.

Sen. Gaetz's version of the bill would require the Agency for Health Care Administration to have a panel that would oversee RCCs with regard to licensure, utilization, patient safety, pharmacy services, infection control, and medical and nursing practices. Members of the panel would include a physician, a nurse, and a pharmacist.

SB 210 RELATING TO HEALTH CARE
Filed by Sen. Denise Grimsley
This bill attempts to strike an agreement between the nursing profession and organized medicine, as it contains key provisions sought by both groups. SB 210 includes priority language by the nurses that would allow ARNPs to prescribe controlled medicine. It also contains steps that would make it easier for physicians to bypass “fail first” or “step therapy” protocols put in place by health plans for medical treatments.

With regard to controlled substance prescribing, SB 210 would do the following:
- Allow both ARNPs and physician assistants to prescribe controlled substances.
- Retains the protocol agreement between the supervising physician and the ARNP;
- Retains current laws that states only physicians can dispense controlled substances at pain-management clinics;
- Eliminates the medical-nursing Joint Commission and instead requires the Board of Nursing (BON) to establish a committee that will develop a formulary of drugs that nurses can or cannot prescribe, along with specific uses and limited quantities;
- Specifies that the committee will be comprised of three ARNPs, three physicians, and a pharmacist;
- Authorizes the committee to recommend an evidence-based formulary applicable to all ARNPs which is limited by specialty certification, is limited to approved uses of controlled substances, or is subject to other similar restrictions the committee finds are necessary to protect the health, safety, and welfare of the public;
- Requires that only psychiatric nurses can prescribe mental health controlled substances to children;
- Limits Schedule II drugs to a 7-day prescription, but this would not apply to psychiatric nurses;
- States that the formulary would not apply to the ordering of controlled substances in hospitals.
- Requires the BON to adopt the committee’s recommended formulary by Oct. 31, 2016;
- Limits controlled substances prescribing authority to those ARNPs who graduated from a program leading to a master’s or doctoral degree in a clinical nursing specialty area with training in specialized practitioner skills;
- Requires that, as part of their 30 hour continuing education, ARNPs take three hours of continuing education in controlled substance prescribing;
- States that the continuing education must be offered by a statewide professional association of physicians in Florida accredited to provide educational activities designated for the American Medical Association Physician’s Recognition Award Category 1 Credit, the American Nurses Credentialing Center, or the American Association of Nurse Practitioners and may be offered in a distance-learning format;
- Lists grounds for disciplinary action, including the prescribing of controlled substances for personal use; prescribing blank prescription forms, prescribing human growth hormones for muscle building, etc.

The bill does not include troubling language that appeared in a similar bill late in the 2015 session:
- Does not create a new licensure category for independent ARNPs to practice without a collaborative agreement with a physician;
- Does not require the BON to notify the boards of medicine, osteopathic medicine or dentistry...
Of disciplinary action against an ARNP for violating nursing standards or prescribing laws.
- Does not allow those boards to weigh in on ARNP disciplinary hearings.
- Does not require anyone practicing interventional pain medicine to do so in a hospital or under the direct supervision of a physician.
## FLORIDA COMMITTEES

### HEALTH AND HUMAN SERVICES COMMITTEE

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### HEALTH INNOVATIONS SUBCOMMITTEE

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<td><a href="mailto:MaryLynn.Magar@myfloridahouse.gov">MaryLynn.Magar@myfloridahouse.gov</a></td>
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<td><a href="mailto:Janet.Cruz@myfloridahouse.gov">Janet.Cruz@myfloridahouse.gov</a></td>
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<td>Jason Mowkowitz (D-97)</td>
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<td><a href="mailto:Amanda.Murphy@myfloridahouse.gov">Amanda.Murphy@myfloridahouse.gov</a></td>
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</tr>
</tbody>
</table>

### HEALTHCARE APPROPRIATIONS SUBCOMMITTEE

<table>
<thead>
<tr>
<th>CHAIR(S)</th>
<th>PHONE</th>
<th>EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matt Gaetz (R-4)</td>
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<tr>
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</tbody>
</table>

## FLORIDA HOUSE HEALTHCARE COMMITTEES AND THEIR MEMBERS (2015)

### HEALTH AND HUMAN SERVICES COMMITTEE


### FLORIDA HOUSE HEAL THCARE COMMITTEES AND THEIR MEMBERS (2015)

### HEALTH INNOVATIONS SUBCOMMITTEE


### HEAL THCARE APPROPRIATIONS SUBCOMMITTEE


### HEALTH QUALITY SUBCOMMITTEE

FLORIDA COMMITTEES

**COMMITTEE ON HEALTH POLICY**

http://www.flsenate.gov/Committees/Show/HP/

**CHAIR**
- Aaron Bean (R-4) (904)346-5039 (T) 850-487-5004 bean.aaron.web@flsenate.gov
- Eleanor Sobel (D-33) (954) 924-3693 (T) (850)487-3693 sobel.eleanor.web@flsenate.gov

**MEMBERS**
- Oscar Braynon (305) 654-7150 (T) (850) 487-5036 braynon.oscar.web@flsenate.gov
- Anitere Flores (305) 270-6550 (T) (850) 487-5037 flores.anitere.web@flsenate.gov
- Don Gaetz (850) 897-5747 (T) (850) 487-5001 gaetz.don.web@flsenate.gov
- Bill Galvano (941) 741-3401 (T) (850) 487-5026 galvano.bill.web@flsenate.gov
- Rene Garcia (305) 364-3100 (T) (850) 487-5038 garcia.rene.web@flsenate.gov
- Denise Grimsley (863) 386-6016 (T) (850) 487-5071 grimsley.denise.web@flsenate.gov
- Arthenia Joyner (813) 233-4277 (T) (850) 487-5019 joyner.arthenia.web@flsenate.gov

**APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES**

http://www.flsenate.gov/Committees/Show/AHS/

**Chair**
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- Garrett Richter (239) 417-6205 (T) (850) 487-5023 richter.garrett.web@flsenate.gov
- Eleanor Sobel (D-33) (954) 924-3693 (T) (850)487-3693 sobel.eleanor.web@flsenate.gov

ESSENTIAL LEGISLATORS TO REACH OUT TO

THE FLORIDA NURSES ASSOCIATION HAS IDENTIFIED A SERIES OF KEY LEGISLATORS THAT ARE UNCOMMITTED ON CERTAIN ISSUES OF CONCERN TO NURSES. IT IS ESSENTIAL THAT NURSES, AND THEIR FRIENDS, REACH OUT TO THESE IMPORTANT LEGISLATORS AND EDUCATE THEM ON THE ISSUES THAT IS AFFECTING THE HEALTH OF FLORIDA’S CITIZENS.

**NAME**
- Aaron Bean (R-4) (904)346-5039 (T) 850-487-5004 bean.aaron.web@flsenate.gov
- Robert Bradley (R-7) (904) 278-2085 bradley.robert.web@flsenate.gov
- Lizabeth Benacquisto (239) 338-2570 benacquisto.lizabeth.web@flsenate.gov
- Jeff Brandes (R-22) (850) 487-5022 brandes.jeff.web@flsenate.gov
- Charles Dean (R-5) (850) 487-5005 dean.charles.web@flsenate.gov
- Bill Galvano (941) 741-3401 (T) (850) 487-5026 galvano.bill.web@flsenate.gov
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- John Legg (R-17) (850) 487-5017 legg.com.web@flsenate.gov
- Bill Montford (R-3) (850) 487-5086 Montford.bill.web@flsenate.gov
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- Kelli Stargel (850) 487-5015 stargel.kelli.web@flsenate.gov
IMPORTANT LINKS AND RESOURCES

WHO IS YOUR LEGISLATORS?
http://www.capwiz.com/fln/home/

FLORIDA NURSES ASSOCIATION
http://www.floridanurse.org

LEAGUE OF WOMEN VOTERS
http://thefloridavoter.org

FLORIDA HOUSE OF REPRESENTATIVES
http://www.floridahouse.gov

FLORIDA SENATE
http://www.flsenate.org

FLORIDA GOVERNORS OFFICE
http://www.flgov.com

FLORIDA DEPARTMENT OF HEALTH
http://www.floridahealth.gov

FLORIDA BOARD OF NURSING
http://www.floridanursing.gov

RESOURCES FOR SOCIAL CHANGE
http://www.socialbrite.com/advocacy-toolkit/resources/

NURSE PRACTITIONER RESEARCH ARTICLES
http://www.doctoredthenurse.com/page_id=51

FLORIDA NURSE PRACTITIONER NETWORK
https://fnpn.enpnetwork.com

FLORIDA ASSOCIATION OF NURSE ANESTHETISTS
http://FANA.org

FLORIDA ASSOCIATION OF NURSE PRACTITIONERS
http://flanp.org

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