



46TH ANNUAL EDUCATIONAL CONFERENCE



COLLABORATE. EDUCATE. ADVOCATE.

Improving Patient Access to Care Through Advocacy and By Knowing Regulations Related to Your Scope of Practice

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CANP

46TH ANNUAL EDUCATIONAL CONFERENCE

Objectives



Participants will:

1. List at least 3 Federal Barriers to Advanced Practice Provider (APP) practice and how these barriers can affect patient access to care and outcomes.
2. Demonstrate where to locate current State and Federal regulations regarding the Hospice Certification of Terminal Illness (CTI).
3. Verbalize knowledge of the ICAN Act and other current legislative Bills in the 118th Congress to promote access to care through advancing APRN Scope of Practice.
4. Discuss the need for an action plan to promote legislative change to allow California NPs to sign a Death Certificate as it relates to AB 890 and FPA.

Agenda

- Federal Barriers to NP Scope of Practice (SOP)
- Focus on the Hospice Certification of Terminal Illness (CTI) – What is it?
- Illustrative Story of How Delay in Hospice Admission Results in Poor Outcome
- The Problem – Anecdotal Observations and the Regulatory Swiss Cheese Effect
- Understanding the Problem – Convening Stakeholders and Developing a Survey
- Survey Results and On-going Action
- Current Federal Scope of Practice Bills / ICAN ACT
- State SOP issues
- Focus on Death Certificates
- Global Signature Authority
- Final Take-Away



Federal Barriers to NP Practice Affecting Patient Access to Care

- **Hospice Certification of Terminal Illness**
- Diabetic Shoes
- Workers' Compensation for Injured Federal Workers
- Admission H&P visits to patients in Skilled Nursing Facilities
- Home Infusion referral, establishment of care and management for Medicare patients
- Referral of Medicare patients to dietitians or nutrition professionals for medical nutrition therapy.
- Participation in Medicare Shared Savings Program through Accountable Care Organizations unless an MD sees the patient annually



NP Referrals to Hospice



- Who in this room has referred a patient to Hospice?
- Who has had a delay in Hospice admission?
- Was the delay related to a second signature requirement on the Certification of Terminal Illness (CTI)?
- Who has had a less than optimal outcome because of a delayed Hospice admission?
 - What poor outcome (if any) was associated with the delay?
 - Transfer to the ER and / or Hospital admission
 - Poor symptom management / Patient discomfort
 - Death occurred prior to Hospice admission
 - Care inconsistent with end of life wishes
- Who has remained an Attending Provider for a Hospice patient?
 - Did you find it difficult to be named as the Attending Provider for your patient?

Certification of Terminal Illness for Hospice Patients

- Upon admission to Hospice, the Hospice Agency must obtain physician certification an individual is terminally ill. The Certification of Terminal Illness (CTI) must include:
 - A statement specifying the individual’s medical prognosis is a life expectancy of six (6) months or less if the terminal illness runs its normal course,
 - A brief narrative supporting the clinical findings
 - The physician signature(s), and
 - Be dated by the physician(s) within two (2) calendar days after Hospice care is initiated.

PHYSICIAN CERTIFICATION OF TERMINAL ILLNESS

INITIAL CERTIFICATION STATEMENT

_____ TO _____

We certify that, based on the diagnosis of _____ this patient, _____, is terminally ill with a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Verbal Certification from:
_____ by _____ / _____
(Attending Physician) (Staff Member Signature) (Date)

Attending Physician's Signature _____ Date _____

Verbal Certification from:
_____ by _____ / _____
(Medical Director) (Staff Member Signature) (Date)

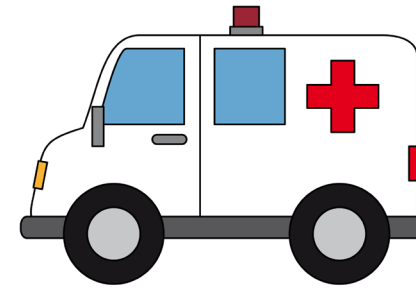
Medical Director's Signature _____ Date _____

Rose – An Illustrative Story



- Rose is a 98 year old female patient living in an Assisted Living Facility (ALF) with CHF, A-Fib, HTN, DMT2, Hx of Breast CA with Mets, Urinary Incontinence, Mild Cognitive Impairment, Difficulty Walking and a recent Fall, has N/V, and marked Malnutrition.
- Goals of care conversations, Advance Directive and POLST indicate she prefers No CPR, No Intubation, No Feeding-tubes, Comfort Focused Care Measures only with no transfer to the hospital unless comfort needs cannot be met. She adamantly does not want to go to the ER and her family wants her to remain in place in her home setting.
- ALF Regulations do not allow her to stay in place at the ALF if she is declining unless she is on Hospice.

Rose's Story - Continued



- Her NP provider makes a Hospice referral to a local Hospice but the Hospice is requiring a second physician signature on the Certification of Terminal Illness (CTI).
- The NP is unable to reach the collaborating physician (a Friday afternoon) to sign the Hospice CTI and the Hospice refuses to admit the patient to services.
- As required by regulations, the ALF sends the patient to the ER where she is hospitalized against her wishes causing confusion, hardship, a delay in Hospice admission and additional grief for both the family and the patient near end of life. This addresses the human suffering but does not address the financial or monetary costs of such a transfer.



The Problem – Anecdotal Observations



Confusion in practice has been noted to lead to undesirable consequences for patients of APPs at their most vulnerable time near end of life. Ie: Care incongruent with patient and family wishes



Provider dissatisfaction and unnecessary paperwork burden



Regulations misaligned with National Academy of Medicine (NAM) –(formerly IOM) recommendations



Access to care for patients of NPs is decreased by these regulations and may be considered an Health Equity issue

The Problem – Regulatory Swiss Cheese Effect

Federal barrier to Scope of Practice does not allow Advanced Practice Providers (APPs) to sign the Hospice Certification of Terminal Illness (CTI) as Federal Regulation stipulates only a PHYSICIAN may Certify Terminal Illness

NPs and PAs are recognized as able to provide services as Hospice Attending Providers if elected by the patient on admission to Hospice

If not elected as Hospice “Physician of Record” on admission to Hospice, a provider cannot bill Medicare for treating any condition related to the Hospice diagnosis.

Clinical Nurse Specialists (CNSs) have not been recognized by CMS regulations as able to be Hospice Attending Providers – Even with ACHPN Certification

A lack of research based literature and a great deal of confusion exists regarding CMS Regulations pertaining to Advanced Practice Providers (APPs) serving Hospice patients

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c09.pdf> (Chapter 9, page 5)

What Did We Do About It?

- **Gerontological Advanced Practice Nurses Association (GAPNA) Health Affairs Committee**
 - Developed the Home Health and Hospice Coalition
 - Stakeholders from multiple National Advanced Practice Provider organizations invited to participate in monthly zoom calls to explore and measure the issues.





National Home Health & Hospice Coalition

- GAPNA leadership of National Coalition:
 - GAPNA, AANP, AARP, AAHCM, Leading Age, NAHC, AAPA, NACNS, CAPC, MedStar Washington, and NPAM
- Initially established to convene stakeholders to push forward legislation allowing APPs to Order, Certify and Recertify Home Health.
- Since the CARES Act, continues to monitor individual State roll-out of regulatory guidance to implement the new Federal Regulations.
- Developed a 25 question multi-organizational Qualtrics survey to gather data on barriers to timely Hospice access to care d/t APP inability to sign the Hospice CTI.
 - Received IRB approval through CWRU. Disseminated through 12 national APP organizations
 - Analyzed survey data to publish, inform & develop policy to push forward legislation allowing APPs to sign the Hospice CTI.

Survey Purpose, Aims & Objectives

To document barriers to the care provided by Advanced Practice Providers (APPs), NPs, PAs, and CNSs to their patients once they are admitted to hospice.

Specific Aims:

- Documenting the practice setting and service area to determine if there are geographic characteristics that affect the care of patients on hospice*
- Descriptive data regarding payment for provider services, the number of patients affected, the difficulty getting a physician's signature to certify that the patient has a terminal illness, and barriers from state law or hospice institutions.*
- Document whether there have been poor patient outcomes because of barriers to APP practice.*
- Collecting personal stories to be used for policy advocacy.*

Objectives:

- Describe barriers documented by APPS in the survey*
- Correlate type of provider and geographics with barriers experienced and outcomes that resulted.*
- Collect stories that can support the policy argument for APPs to be included as providers who can certify terminal illness*

Methods – Letters of Participation Agreement

GAPNA

National
Association of
Clinical Nurse
Specialists

American Academy
of Physician
Assistants
(Associates)

Hospice and
Palliative Care
Nurses Association

American Academy
of Home Care
Medicine

National
Association for
Home Care and
Hospice

National Hospice
and Palliative Care
Organization

The Nurse
Practitioner
Association New
York State

The New Mexico
Nurse Practitioner
Council

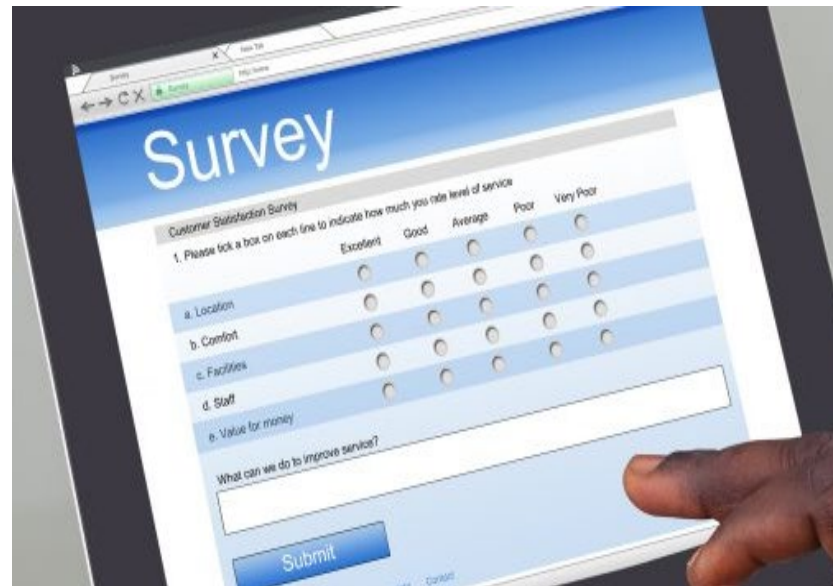
Nurse Practitioner
Association of
Maryland

The Maryland
Academy of
Advanced Practice
Clinicians

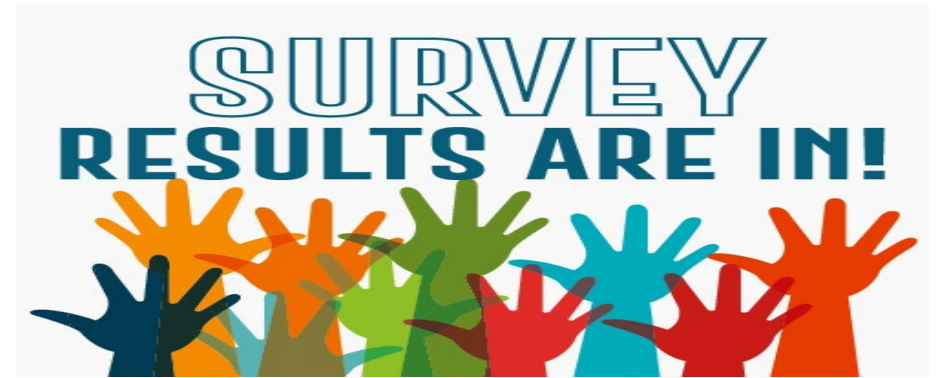
Maryland
Chesapeake Chapter
of NAPNAP

Collecting Data to Create Change

- In addition to 25 questions designed to gather demographic and outcome data, an opportunity was given to all respondents to describe in narrative form, how inability to sign the initial Hospice CTI or remain the Hospice “Attending Physician of Record” delayed or compromised patient care and anecdotal stories were collected.



Survey Results



Certification of Terminal Illness Survey results:

- 478 accessed the survey
- N=273 subjects met all inclusionary criteria and completed the survey
- $\frac{1}{4}$ of respondents indicate difficulty obtaining an MD signature on CTI because of Hospice requirements

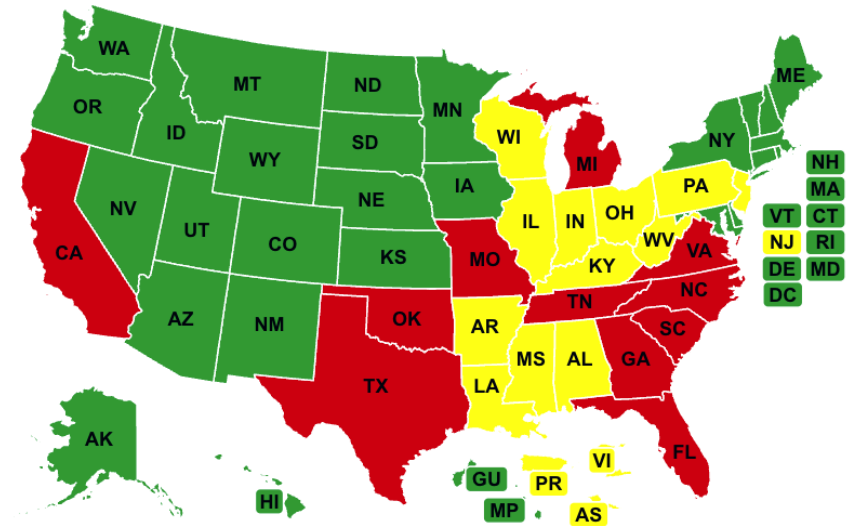


Themes emerged from anecdotal stories demonstrating:

- Delays in Care
- Confusion
- Unnecessary ER Visits
- Dissatisfaction (Patient and Provider)
- Care Incongruent with Patient Wishes

Results: CTI – continued

- Difficulty obtaining CTI signature by State Scope of Practice designation
 - Red States = 26%
 - Yellow States = 16%
 - Green States = 29%



Legend

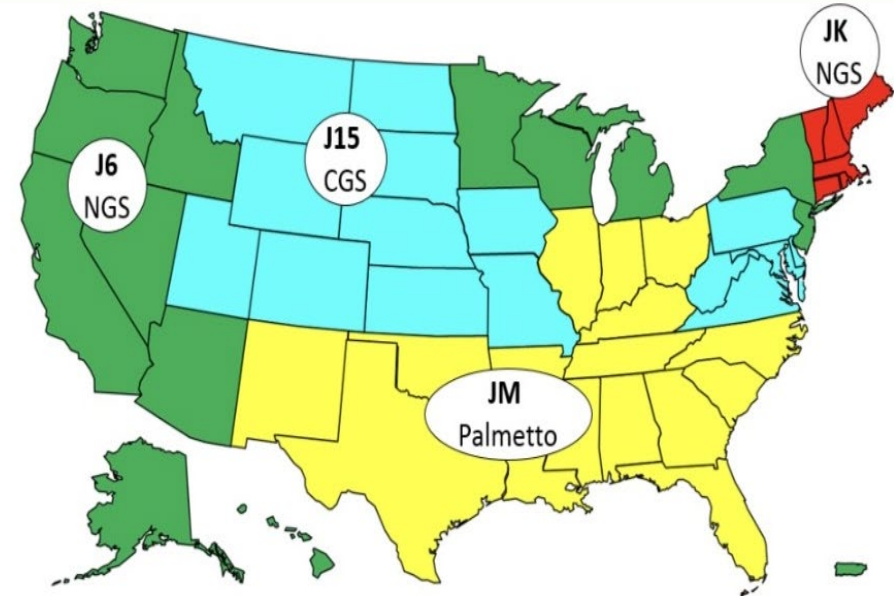


<https://www.aanp.org/advocacy/state/state-practice-environment>

Results: CTI – continued

- Difficulty obtaining CTI signature by Medicare Administrative Contractor (MAC) jurisdiction
 - J-6 National Government Services, Inc = **33%**
 - J-15 CGS Administrators, LLC = **27%**
 - J-M Palmetto GBA, LLC = **35%**
 - J-K National Government Services, Inc = **5%**

Home Health & Hospice MAC Jurisdictions



[Percentages are from the total sample and are not proportional to jurisdictional population size]

<https://www.cms.gov/files/document/hhh-jurisdiction-map03282023pdf.pdf-0>



Discussion - Issues include:

- CMS / Federal Regulations allow NPs and PAs to be Hospice Attending Providers but do not allow them to Certify Terminal Illness
- CFR and CMS regulations stipulate if an APRN refers a patient to Hospice, or a patient is without a community based “Physician provider”, the Hospice CTI only needs **ONE signature**, that of the Hospice Medical Director or other Physician member of the Hospice team.
- Mistaken requirements for a ‘second signature’ on the Hospice CTI result in delayed Hospice admissions, reduced patient access and poor outcomes at a patient’s most vulnerable time near end of life. **¼ of NPs responding had difficulty with obtaining a signature on the Hospice CTI.**
- Regulatory inability to sign the Hospice CTI is misaligned with National Academy of Medicine (NAM) –(formerly IOM) recommendations
- NPs can perform a Hospice F2F and are capable within their Scope of Practice to prognosticate a life expectancy of 6 months or less.
 - (FAST Scale, PPS, Karnofsky, etc)



<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-418>

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c09.pdf> (Chapter 9, page 5)

Given the Federal Regulatory Guidance, Why is the Second Signature Required So Frequently?

Confusion



- Many Hospice Agencies bundle admission paperwork together including orders, meds and CTI signature line, etc.
- Some individual Hospice Agencies are unaware of current CMS Regulations and / or have policies that require a second physician signature
- Literature exists to suggest some Medicare Administrative Contractors (MACs) are possibly unaware of these regulations as well, so the signature requirement becomes a reimbursement issue for Hospice Agencies.
- Advance Practice Provider Scope of Practice is variable from state to state
- Many individual NP Providers are unaware of the regulations

Directions and Recommendations



Recommendations:

1. Continue assessment on inequitable access to quality hospice and palliative care.
2. Continue education about negative outcomes with restrictive APP practice on access to quality hospice and palliative care, increased health care costs and decreased clinician satisfaction.
3. Continue strategy to facilitate full APP scope of practice

On-going Education to:

- Individual Providers
- Hospice Agencies
- Medicare Administrative Contractors
- Legislators and Policy-makers

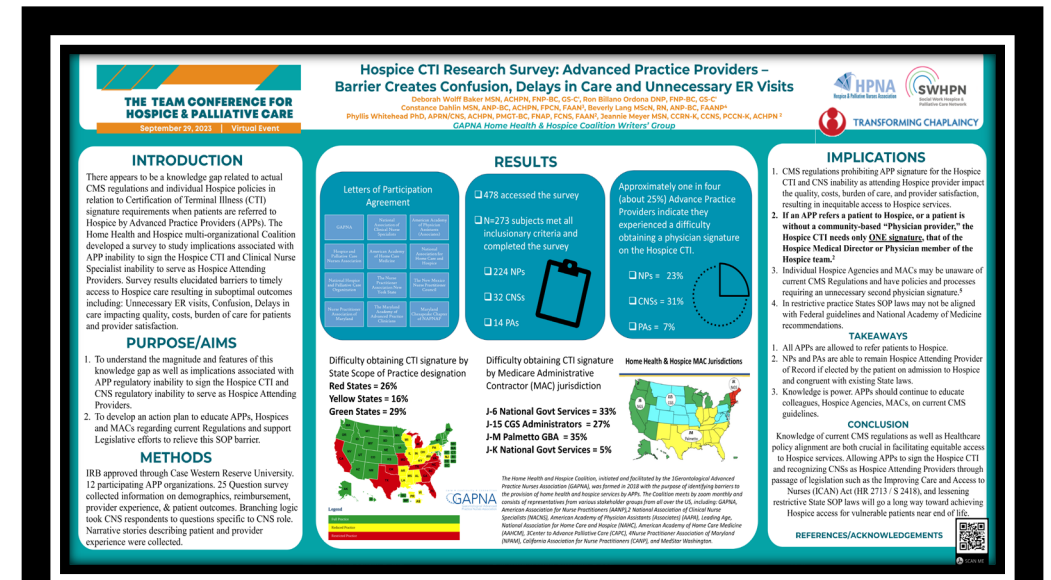
Progress on Survey Results Dissemination

Poster and Podium Sessions:

- NHPCO Virtual Conference Poster April 24 – 26, 2023
- GAPNA Annual Conference Health Affairs Podium Session and Research Podium Session Sept 29 – 30, 2023
- HPNA Teams 23 Virtual Conference Poster Sept 29, 2023
- Maryland Nurses Association Poster October 12-13, 2023
- NACNS – Annual Conference March 10-13, 2024
- California Association for Nurse Practitioners Rapid Fire Session March 20, 2024
- HPNA / AAHPM General Assembly Poster March 20-23, 2024

A Journal Article is in the works with the Coalition Writer's Group including:

Deborah Wolff Baker
 Constance Dahlin
 Phyllis Whitehead
 Jeannette Meyer
 Ron Ordon
 Beverly Lang



A Few Current Federal Scope of Practice Bills

- **H.R. 2713 / S. 2418** – Improving Care and Access to Nurses (ICAN)
- **H.R. 704 / S. 260** – Improved Medicare Patient Access to Needed Therapeutic Shoes
- **S. 131 / H.R. 618** – Improving Access to Workers' Compensation for Injured Federal Workers Act
- **H.R. 3730 / S. 198** – Rural Health Clinic Burden Reduction Act - Bill would remove APP barriers in RHCs. Allows for rural health clinics not directed by physicians to enter into arrangements with NPs or PAs that generally comply with state laws (regarding scope of practice), rather than other specific requirements.

www.congress.gov



The screenshot shows the Congress.gov website interface. At the top, there is a navigation bar with the Congress.gov logo, a search bar, and a sign-in link. Below the navigation bar, there are sections for "Most-Viewed Bills | Top 10" and "Bill Searches and Lists". The "Most-Viewed Bills" section lists several bills, including S. 2747 (Freedom to Vote Act), H.R. 4 (John R. Lewis Voting Rights Advancement Act of 2021), and H.R. 5746 (Freedom to Vote: John R. Lewis Act). The "Bill Searches and Lists" section provides links for "By Sponsor: House | Senate", "Introduced | Public Laws | U.S. Code", and "Appropriations". Below these sections, there is a "Current Legislative Activities" section for the 117th Congress (2021-2022), which includes a "House of Representatives" section with a "Not in Session" status and a "Video Archive" link. The "Next Meeting" is scheduled for Jan. 28, 2022 at 9:00 AM EST, and the "Previous Meeting" was on Jan. 25, 2022. There are also "House Links" for "House Floor Activities".

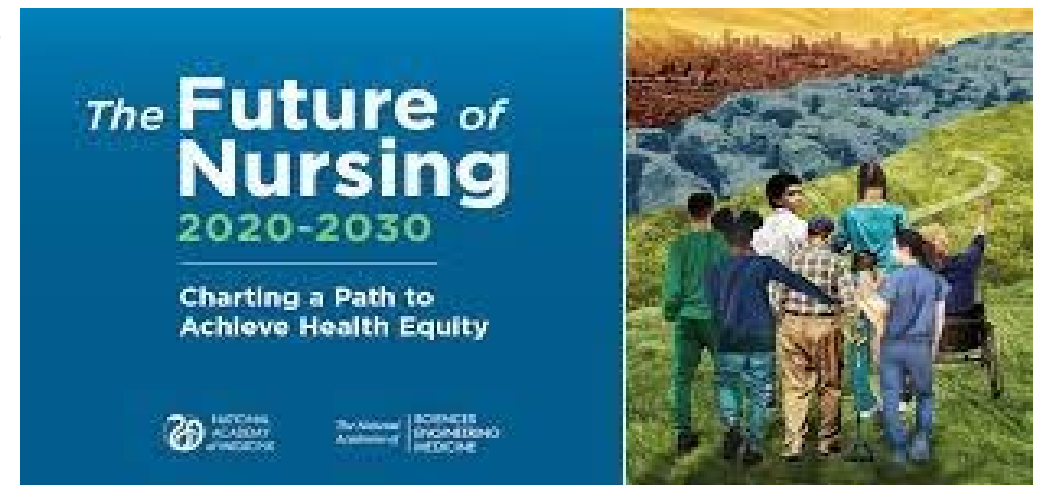
Recommendation from The Future of Nursing 2020-2030: *Charting a path to achieve health equity*

Recommendation 4: All organizations, including state and federal entities and employing organizations, should enable nurses to practice to the full extent of their education and training by removing barriers that prevent them from more fully addressing social needs and social determinants of health and improving health care access, quality, and value. These barriers include regulatory and public and private payment limitations; restrictive policies and practices; and other legal, professional, and commercial impediments.

<https://nam.edu/publications/the-future-of-nursing-2020-2030/>

What will the ICAN ACT Accomplish?

1. Relieves barriers and improves patient access to timely care.
2. Expands Health Equity for all.
3. Aligns Federal Regulations with the National Academy of Medicine Recommendations allowing NPs to practice to the full extent of their education and training. (Individual State Policies, Regulations and Guidelines would still need to be updated and written to reflect these changes).



ICAN Act Provisions:



- Authorize NPs to order and supervise cardiac and pulmonary rehabilitation for Medicare patients.
- Authorize NPs to certify the need for therapeutic shoes for Medicare patients with diabetes.
- Authorize the claims-based assignment to Medicare Shared Savings Program Accountable Care Organizations of NPs' patients without requiring the patient to receive a primary care service from a physician.
- Authorize NPs to refer Medicare patients to dietitians or nutrition professionals for medical nutrition therapy.
- Authorize NPs to establish and review home infusion plans of care for Medicare patients.
- **Authorize hospice care programs to accept certification terminal illness and recertification of eligibility orders from NPs for Medicare beneficiaries.**
- Remove the requirement that Skilled Nursing Facility care be provided under the supervision of a physician and authorize NPs to perform admitting examinations and all required Medicare patient assessments.
- Make permanent the authorization for Medicare and Medicaid patients admitted to a hospital to be under the care of an NP.
- Authorize a Medicaid patient receiving outpatient clinic services to be under the direction of an NP.
- Authorize Medicare payment for NP locum tenens arrangements.

State of California Scope of Practice Issues – Examples of Misalignment with AB 890 Intent

- **Unable to sign Death Certificates. [HSC § 102875].**
- Unable to sign Do Not Resuscitate (DNR) orders. [CA Prob Code 4780].
- Within Medi-Cal managed care plans, NPs are considered to be “nonphysician medical practitioners” and may perform primary care case management in the Medi-Cal program only in collaboration with a physician and surgeon. [WIC § 14088(c)].

1. <https://www.aanp.org/advocacy/state/state-practice-environment/state-policy-fact-sheets/california-state-policy-fact-sheet>
2. Chan, G. K., Duderstadt, K. G., & Dower, C. (2021, August 23). *Aligning Nurse Practitioner Statutes in California*. California Health Care Foundation. <https://www.chcf.org/wp-content/uploads/2021/07/AligningNursePractitionerStatutesCA.pdf>

California Nurse Practitioners and the Death Certificate

ISSUE: Current regulatory inability of California Nurse Practitioners (NPs) to sign a Death Certificate despite being Primary Care Providers will create additional burdens and diminished health equity for the families of their deceased patients by delaying processing, funeral and other financial arrangements as provisions of NP 104 are implemented.

BACKGROUND: The passage of AB 890 in September of 2020 began California's step-wise process toward Full Practice Authority for NPs. Implementation of NP 104 with its Full Practice Authority and ability to practice outside of a group setting is just around the corner as soon as January 2026. As NP 104 provisions become reality, misalignment of the regulatory inability for NPs to sign a death certificate in the State of CA will pose problems and burdens for Primary Care NPs and the families of their patients.

Death Certificates – Scope of Practice by State

- Currently, NPs are authorized to sign Death Certificates in DC and 40 states.
- Three States allow NP signatures on death certificates only in special circumstances. (Alaska, Arkansas, New Jersey)
- California is one of 10 States that NPs cannot sign a death certificate. (Ohio, Wisconsin, Illinois, Tennessee, Louisiana, Mississippi, California, Colorado, Kansas and Michigan)
- There are several States that allow NPs to sign Death Certificates even without Full Practice Authority (FPA).

Regulations Specific to the Completion of a Death Certificate in California

1. California law states that the responsibility to sign a patient's Death Certificate belongs with the Attending Physician---the Physician in charge of the patient's medical care for the illness or condition that resulted in death.
2. If the Attending Physician is unavailable or on vacation at the time of the patient's death, the physician who has agreed to cover for the Attending Physician is responsible for signing the Death Certificate.
3. NPs, Physician Assistants (PAs), Residents and Interns are not allowed to sign the Death Certificate in California
4. California Health and Safety Code specifies that the Physician who last attended to the deceased person must sign the Death Certificate within 15 hours, stating the date, time, and cause of death.
5. If a deceased person / (patient) has no Attending Physician the Death Certificate must be completed by a Medical Examiner / Coroner.

REFERENCE: Health and Safety Code Section, HSC § 102795, HSC § 102800, HSC § 102825, HSC § 102850(c), HSC § 102875(a)(7)

POSSIBLE FUTURE IMPLICATIONS REGARDING DEATH CERTIFICATES AS NP 104 ROLLS OUT IF CURRENT HEALTH AND SAFETY CODE REGULATIONS ARE NOT MODIFIED TO INCLUDE NPs

1. Deceased patients of NPs could become Medical Examiner / Coroner Cases – increasing costs to taxpayers
2. Delays in Death Certificate completion may lead to burdens for families of the deceased including: funeral preparation and services, banking, retirement and other financial disruptions
3. Confusion related to NP role and Scope of Practice for health care providers, patients, funeral directors as well as other related health professionals may further compound associated problems.
4. Inability of NP patients to receive equal treatment after death is an HEALTH EQUITY issue.

SUGGESTED STEPS TO MODIFY HEALTH AND SAFETY REGULATIONS IN CALIFORNIA RELATED TO THE DEATH CERTIFICATE

1. Proactively raise awareness of the issue with NPs and other stakeholders and develop an ACTION PLAN to address the issue. Potential list of stakeholders may include: (This list is not exhaustive)
 - a. California Association for Nurse Practitioners (CANP)
 - b. State Legislators
 - c. Gerontological Advanced Practice Nurses Association – California Northern and Southern Chapters and Hospice and Palliative Care Nurses Association
 - d. California Funeral Directors Association (CFDA) <https://www.cafda.org/>
 - e. California AARP <https://states.aarp.org/contact-aarp-california>
 - f. Campaign for Action – State Action Coalitions – California <https://campaignforaction.org/state/california/>
 - g. Health Impact <https://healthimpact.org/programs/california-action-coalition>
2. Consult with AANP
3. Consult with Association of Oklahoma Nurse Practitioners (AONP) – Passed Death Certificate Legislation (HB 2009) in 2021). <https://legiscan.com/OK/text/HB2009/id/2380181>
4. Consult with Georgia United Advanced Practice Registered Nurses Association (UAPRN) – Bill in Georgia State Congress now (HB 1046). – https://fastdemocracy.com/bill-search/ga/2023_24/bills/GAB00026439/

OTHER STEPS FORWARD – EDUCATION

1. On-line and other educational opportunities to increase NP knowledge related to Death Certificate completion such as:
 - a. CDC Improving Cause of Death Reporting – 0.75 AMA PRA CME credits
<https://www.cdc.gov/nchs/nvss/improving-cause-of-death-reporting.htm>
 - **PROGRAM DESCRIPTION:** Enduring activity designed to increase knowledge and improve competency of death certifiers. Provides training on how cause-of-death information is used, how to complete death certificates, when to refer a case to a medical examiner or coroner, and where to access additional resources.
 - a. Link to CDC Video Course on Cause of Death Reporting <https://www.cdc.gov/nchs/training/improving-cause-of-death-reporting/course.htm>
 - b. CDC Cause of Death Section worksheet instructions https://www.cdc.gov/nchs/data/dvs/blue_form.pdf
 - c. Writing Cause of Death Statements: <https://www.cdc.gov/nchs/nvss/writing-cause-of-death-statements.htm>
 - d. Possible Solutions to Common Problems in Death Certification [https://www.cdc.gov/nchs/nvss/writing-cod-statements/death certification problems.htm](https://www.cdc.gov/nchs/nvss/writing-cod-statements/death_certification_problems.htm)
 - e. Physician’s Handbook on Medical Certification of Death
https://www.cdc.gov/nchs/data/misc/hb_cod.pdf#x2019;%20Handbook%20on%20Medical%20Certification%20of%20Death%20%5BPDF%20-%201.4%20MB%5D%3C/a%3E

A Possible Solution – GLOBAL SIGNATURE AUTHORITY

Authorizes an NP to sign, attest, certify, stamp, verify, endorse, all documents or provide an affidavit related to patient care that would require a signature by a physician, in place of a physician, provided it is within the scope of their authorized practice.



Sixteen (16) States and DC have Global Signature Authority Laws:

Colorado, **DC**, Georgia, **Hawaii**, **Idaho**, **Maine**, **Massachusetts**, Montana, North Carolina, Nevada, New Hampshire, **Rhode Island**, **Vermont**, Virginia, Washington, West Virginia and Wyoming.

Take-Away Message



- Issues of variations and limitation in Scope of Practice, confusing and ever-changing legislation impact vulnerable patients throughout the United States.
- It has become increasingly more important to know the Regulations and advocate for change to align Regulations and Scope of Practice
 - Patients, their families and their carers will benefit through better access, better coordination of care and improved outcomes consistent with their choices and values in healthcare.
 - Less confusion, less burden and less frustration for the NPs who care so much for their patients

References



- Code of Federal Regulations, Title 42 § 418.22 <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-418/subpart-B/section-418.22>
- Medicare Benefit Policy Manual Chapter 9 (pg 5) - Coverage of Hospice Services Under Hospital Insurance <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c09.pdf>
- Newsletter, 2021, March. *The Signature Debate*. Hospice Fundamentals. <https://hospicefundamentals.com>
- Gerontological Advanced Practice Nurses Association (GAPNA) www.gapna.org
- American Association for Nurse Practitioners (AANP) State Practice Environment Map <https://www.aanp.org/advocacy/state/state-practice-environment>
- Center for Medicare and Medicaid Services Home Health and Hospice MAC Jurisdictions <https://www.cms.gov/files/document/hhh-jurisdiction-map03282023pdf.pdf-0>
- Legislative Bill Tracker www.congress.gov
- National Academy of Medicine Future of Nursing 2020-2030 <https://nam.edu/publications/the-future-of-nursing-2020-2030/>
- ICAN Act HR2713 – <https://www.congress.gov/bill/118th-congress/house-bill/2713/text?s=1&r=2>
- ICAN Act S2418 - <https://www.congress.gov/bill/118th-congress/senate-bill/2418/text?s=1&r=2>
- AANP Federal Policy Brief ICAN Act <https://www.aanp.org/advocacy/federal/federal-issue-briefs/ican-act>

References - continued



- American Academy for Nurse Practitioners California Nurse Practice Act fact sheet
<https://www.aanp.org/advocacy/state/state-practice-environment/state-policy-fact-sheets/california-state-policy-fact-sheet>
- California Nurse Practice Act CA Bus & Prof Code 2700
https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=6.&article=1.
- California Assembly Bill 890 https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB890
- Chan, G. K., Duderstadt, K. G., & Dower, C. (2021, August 23). *Aligning Nurse Practitioner Statutes in California*. California Health Care Foundation. <https://www.chcf.org/wp-content/uploads/2021/07/AligningNursePractitionerStatutesCA.pdf>
- CA Death Certificates Health and Safety Code Section, HSC § 102795, HSC § 102800, HSC § 102825, HSC § 102850(c), HSC § 102875(a)(7)
- California Department of Public Health: “The California Department of Public Health – Vital Records (CDPH-VR) maintains a permanent, public record of every death that has occurred in California since July 1905.”
<https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records-Obtaining-Certified-Copies-of-Death-Records.aspx>

References - continued



- The Certificate of Death (VS 11): <https://acphd-web-media.s3-us-west-2.amazonaws.com/media/programs-services/vital-registration/docs/handbook-death-section.pdf>
- Cooperative of American Physicians (CAPS) – (A California based physician liability cooperative organization) <https://www.caphysicians.com/articles/who-must-sign-death-certificate>
- California Health and Safety Code § 102825
[https://california.public.law/codes/ca health and safety code section 102825](https://california.public.law/codes/ca%20health%20and%20safety%20code%20section%20102825)
- California Health and Safety Code § 102795
[https://california.public.law/codes/ca health and safety code section 102795](https://california.public.law/codes/ca%20health%20and%20safety%20code%20section%20102795)
- California Health and Safety Code § 102800
[https://california.public.law/codes/ca health and safety code section 102800](https://california.public.law/codes/ca%20health%20and%20safety%20code%20section%20102800)
- NPs Death Certificate Regulatory issues in States: <https://www.bartonassociates.com/blog/can-nurse-practitioners-sign-death-certificates/>

