

[MUSIC PLAYING]

FRANCES JENNINGS: I had a classmate who was from another county, and she didn't have the same rights that we had. They vary from county to county.

PATRICIA QUIGLEY: Ordering a set of labs for a patient and somebody calling you from the lab and saying, "You can't prescribe for this person to have a CBC or to have any of the lab tests."

JEAN AERTKER: You have to be professionally engaged in order to practice and also protect your practice.

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INTERVIEWER: A growing demand for health care services across the United States created an increasing need for more primary health care providers during the middle of the 20th century. Nurse practitioner programs were conceived to meet this need. They began and quickly spread as a means to prepare qualified clinicians who could provide primary care in their communities. The great success of the programs is a testament to not just the willingness but the eagerness of nurses to further their education and expand their responsibilities. All that they asked in return was to be allowed to do so.

In Florida scattered references to the newly created role of nurse practitioner can be found in the minutes of the state nurses association beginning in the early 1970s, but these early nurse practitioners had no statutory recognition. Pressure grew to acknowledge the role as nurses prepared for expanded roles began to appear in the state.

During the early 1970s at least one certificate program for what was then termed nurse specialist was offered. Graduate nurse practitioner programs soon developed on the heels of the certificate programs and started to spread at both public and private universities in the state.

In 1975, the minutes of the Florida Board of Nursing included a mention of the possible need to create a third licensure category for advanced registered nurses. Florida had to respond to the changing times.

FRANCES JENNINGS: The first program was before the word advanced registered nurse practitioner even became. It wasn't even a term at that time. We were called nurse specialists.

JEAN AERTKER: In 1974 I entered the US Air Force Nurse Corps, and there my roommates at the bachelor's officer's quarters, two of them were nurse practitioners. So your care was given by nurse practitioners, and I had never heard of such a thing before in the military. And I promised myself that one day I was going to be one of those nurse practitioners.

BONNIE SKLAREN: The clinic nurses triaged all the patients. Any new patient that came in, we saw, we ordered the X-rays, lab work. If something looked acute, we immediately referred them to the ER, had the physician see them. And the physicians at the hospital there decided that they wanted to expand our role so that we could do a little bit more. So they sent us and paid for us to go to UCLA to the certificate program.

INTERVIEWER: Throughout the 1970s a nurse requesting certification as a nurse practitioner in Florida was required to make an individual appeal to the Florida Board of Nursing. Records reflect that applicants were certified or denied certification in a wide range of specialty areas, although none of these were specified in the state rules and regulations.

This is an example of the case-by-case rule-making that was occurring at the time and that impacted the careers of many early nurse practitioners. Despite this, by 1978, Florida had over 500 nurses certified in advanced practice, including 173 certified nurse practitioners. Finally, in 1979, the State Nurse Practice Act was amended to include a discussion of the nurse practitioner role. As always, the law followed practice. In the statute an advanced registered nurse practitioner was defined, and a Joint Physician and ARNP Oversight Committee was established, with both protocols and supervision set as requirements for practice.

JEAN AERTKER: The faculty member had sent me to a place that was like 60 miles away from home and thought I was going to be driving that every day. And I did the drive, and I thought, there's no way. But that was the only job that was being posted. Well, my neighbor was an orthopedic physician, and he had come over the day before and said he needed help in his office. So I offered to negotiate with him. And that's what you have to do when you went for jobs back then, to negotiate your role, because no one knew what we did.

BONNIE SKLAREN: And I came to Florida, and I thought, well, there's All Children's Hospital. I live in St. Pete. And I come, and I said, well, you know, "Where are your nurse practitioners in the newborn nursery?" That sucked the air out of the room. Nurses in the newborn nursery? Oh, no, we could never do that. So I had a really hard time finding a job.

NATALIA CRUZ: It was interesting times, what I call really, the Wild, Wild West. So there was always the issue of, can you really prescribe the physical therapy? So we had to go in and make a change to that so that there'd be accepted that you could prescribe physical therapy for somebody. Yes, I can prescribe it. I'm a nurse practitioner. Those were the things that I think our early nurse practitioners really had a battle with on a constant basis.

INTERVIEWER: Legislative efforts by organized medicine focused on controlling advanced practice nurses. In 1981, physicians sponsored House and Senate bills that would have placed practitioners under the control of the Board of Medicine. The Florida Nurses Association strongly opposed the bills and notified Florida's practitioners to contact their legislators to oppose them. The FNA then joined forces with the Florida Association of Nurse Anesthetists, who also had a lobbyist working in opposition to the bill. They were successful in defeating it, and nurse practitioners remained under the Board of Nursing.

PATRICIA QUIGLEY: You know, we were so suppressed by the Florida Medical Association was so strong, and FNA had so many other issues that they were dealing with, so I was always trying to do all that we could to be able to advance the practice of nurses, no matter where they were.

FRANCES JENNINGS: There's always going to be that small group on that left side. Well, who do you think you are? The nurses? Nurses, RNs, well, now you think you're better than I am. The doctor's thinking, you're going to come in and try to take my practice. And then you have people working in there, oh, they think they're better. Which, the purpose of it is to benefit the patient totally.

NATALIA CRUZ: I know the fight that most nurse practitioners had to deal with. Not only did we have to fight against medicine, but we also-- the public. The public didn't understand what it was that we did. And so those were the difficult things in the beginning. At the beginning, I was supported by the group of physicians I worked with. But not most nurse practitioners were, or couldn't find jobs because they would say no. And I think part of it, and I always said this, that it was competition. They didn't want the competition. Frankly, to me they disguised it on safety.

INTERVIEWER: Beginning in the 1980s, nurse practitioners began forming statewide and local organizations to share information on proposed legislation and raise funds for lobbying efforts. Florida lagged behind other states in these efforts, but national organizations were forming, and these supported the development of state-level groups.

Florida nurse practitioners began to form groups separate from the state nurses association to focus their energies on the many legislative efforts pertaining to their role. These local and statewide nurse practitioner groups were critical because practice authority in each state is determined by that state's legislature.

PATRICIA QUIGLEY: I was very active in the Florida Nurses Association ever since I could be. As soon as I became a nurse in 1975, I joined ANA, FNA in my district. At the time, it was District 13. And I always thought that competition should emerge as cooperation, that there shouldn't be competition that limits our ability to be able to be effective, that we should cooperate and work together. And then I started traveling with Jeb Bush, because Jeb Bush was our governor at the time. Because I was president of FNA, I was introducing him, and I was talking to him, and I continued to advocate for reducing the barriers to practice.

JEAN AERTKER: So I came to USF, and one of my major faculty person was Dr. Imogene King, a nurse theorist who some of you may remember. And she grabbed me aside one day, and she said to me, "And what are you doing for the profession?" Meaning, why are you not professionally engaged in Florida Nurses Association, American Nurses Association? I was a member, but I wasn't participating. So that kind of got me interested in being more politically active with nursing in Florida. But when I first went to my very first meeting, the very first meeting, they said, "OK, get out your checkbooks. We're going to sue the Board of Nursing, because they haven't got it right yet."

BONNIE SKLAREN: This is too much for one group, and there's all of us, so we need to form this task force. And by now we have the three groups in the Practice Act. So we got together with the nurse midwives, and nurse anesthetists, and the Florida Nurses Association, and we formed our ARNP Legislative Task Force. That was the best thing in my opinion that came out of the task force was this collegiality that we had.

INTERVIEWER: After the State Nurse Practice Act was amended to recognize the many nurse practitioners already functioning in the state, the battle for prescriptive privileges began. A second wave of activism resulted in the addition of prescribing authority in 1985, however, rule-making to codify this privilege took an additional three years.

A Joint Committee to settle the issue of prescribing was convened in December of 1987. The committee authorized practitioners to prescribe legend drugs under a protocol agreement between the practitioner and a collaborating physician. By the spring of 1988, the rules related to prescribing were in place.

NATALIA CRUZ: So in '85 what happened, the word prescribing was in the Nurse Practice Act, but the definition of how that prescribing could take place was a battle again with physicians and the nurse practitioners. Because they felt the prescribing didn't really mean that you could prescribe medication.

JEAN AERTKER: We were so frustrated that we would write prescriptions, we'd see the patient, it was totally under our care. Yet when the prescription went to the pharmacy with the practice name on it, they would put the physician's name on there. And even if you didn't have the physician's name on the prescription pad, they would still put the physician's name on it. So it was confusing to your patients. Why didn't we just get the whole prescribing done and then everybody would be treated the same as a prescriber having the DEA and everything? But it was a real burden on our colleagues, the pharmacists, and I can see why they were so frustrated as well, because it was their license if they fill out a prescription, and we didn't have the authority to do that.

NATALIA CRUZ: The objective for the Joint Committee was to be able to outline additional acts that a nurse practitioner could perform other than those outlined already in the Nurse Practice Act. And so for us to be able to get to write prescriptions we needed to have that meeting with the Joint Committee. It was frankly nerve-wracking, because one of the things that we worried about was, would the physicians say no you can't be doing any of this? And we take two steps back instead of a two steps forward.

And really the meeting was very quick, comparatively, to what I thought it was going to be. It was approved right away. And as soon as it was approved, we wrote the rules, and put it all into effect. And what was interesting to me though was that that meeting took place, and after the meeting took place, it was like on a weekend, on Monday, when I am at work, I got a call from the FDA saying, "Hey, we want to make sure that you understand that you guys cannot prescribe controlled substances."

INTERVIEWER: The next major hurdle was the prescription of controlled substances, or medications determined by the Food and Drug Administration to have the potential for abuse. In 1996, in response to repeated appeals for changes to the law, the Florida legislature directed the formation of a task force consisting of nurse practitioners, physicians, and pharmacists. The objective was to conduct a study to find evidence for or against the safety of advanced practice nurses prescribing these drugs.

In December 1997, the final report was provided to Lawton Chiles. The task force found no medical reason not to allow advanced practice registered nurses to prescribe schedule drugs and recommended that the appropriate statutory or rule changes be completed. However, every initiative by nurse practitioner groups after that to realize the change in the law was delayed, killed in committee, or otherwise prevented from progressing year after year. Nineteen years later, in 2016, the law was changed to allow limited prescribing of certain types of schedule drugs by advanced practice nurses.

NATALIA CRUZ: And it became problematic for all the nurses that were practicing, including me at the time. It was always an issue. If the physician wasn't readily available, then I had to wait, make the patient wait, until I could get the physician to sign the prescription. So FNA, I think, encouraged this task force to take place, and we started to meet. And the physicians on the committee were interesting. They, again, in my perspective, was they wanted to do anything possible to restrict us from prescribing controlled substances.

So you sat there and you and you said to them, "I think you guys are being too protectionist." Too, I don't want to say the word ridiculous, but it was, to me, at the time ridiculous for them to cite that we couldn't prescribe controlled substances because we didn't have the education to do it. When we now, for several years now, from '88 to '97 if you think about it, have been prescribing all kinds of medications that had much more side effects, were much more complicated and complex, without really an incident because there weren't any incidents of nurse practitioners prescribing inappropriately that I could remember. None. Or prescribing the wrong drug, or any of those things. But what I think I remember the most about that was we need to study this issue further. We can't make any decisions right now, and everything stayed the way that it was.

**BONNIE
SKLAREN:**

And the president of the family practice organization at that time said the only thing that we can do that nurse practitioners can't do is prescribe controlled substances. So it's not going to happen. And that was true. You know? It was a competition thing. Although, it didn't have to be a competition thing, because you could, if you have a physician and a nurse practitioner practice, you can see twice as many patients. You know, I mean, it got to be an embarrassment.

I mean by then we were the only state in the Union, and the docs said and the legislators, well, we have to pilot this. I said this is being piloted in 49 states. We don't need to pilot this here. It's happening there, and there aren't any problems.

The physicians would allow nurse practitioners to have pre-signed prescriptions pads if the physician wasn't on site to write the prescription and allow them to then write the prescriptions for controlled substances. So they were willing to perform an illegal act rather than let the nurse practitioners do what they were already doing legally.

INTERVIEWER: Beginning in the 1990s, there were significant efforts to have nurse practitioners recognized as autonomous providers within Florida with the hopes that there would be recognition that all providers are interdependent and work most effectively in cross-disciplinary teams. Over time, many states had begun to pass legislation supporting full scope of practice for nurse practitioners.

In Florida, practitioners were involved in numerous legislative efforts in support of autonomous practice, but nurse practitioners did not gain legislative support until the year 2020, when an autonomous practice bill was successfully passed for certain nurse practitioners working in primary care areas as well as certified nurse midwives.

**BONNIE
SKLAREN:**

And we had a lot of friends in the Florida legislature who really who sponsored our bills and really worked hard to get our bills passed. If it hadn't been for what FNA did all through the '80s and the '90s, I'm not sure that we would be where we are today.

**PATRICIA
QUIGLEY:**

Because it's too easy for barriers to overcome facilitators, and people stop. They just give up. And then they don't practice fully to the scope of their practice.

INTERVIEWER: Since the 1960s, nurse practitioners across the country have found themselves enmeshed in lengthy and expensive struggles to gain the authority to practice to the full extent of their educational preparation and ability. Attempts to prevent nurse practitioners from entering the health care provider market have been almost immeasurably expensive in terms of time, money, and missed opportunities to meet ever increasing needs for health care. Understanding these ongoing battles provides a lesson in the importance of being knowledgeable about history and resolute in pursuing the freedom to care for patients.

PATRICIA QUIGLEY: I think it's really important for the stories that you tell is to help people see the journey, but it's a journey of people who would never-- who didn't give up.

FRANCES JENNINGS: The nurse practitioner role was excellent for me, because I wanted to give back. I wanted to share. I wanted to be a person to make a difference. And I did not just want to make a difference, to show a difference.

JEAN AERTKER: And I kind of give it back to my chief nurse when I first went in the Air Force, and she said, "Are you a member of your professional organization?" I said, "No, ma'am." And she said, "You are now." And I hear that all the time in the back of my mind. You have to be professionally engaged in order to practice and also protect your practice.

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