

## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** CS/HB 483 Blood Clot and Pulmonary Embolism Policy Workgroup

**SPONSOR(S):** Healthcare Regulation Subcommittee, Black

**TIED BILLS:** **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Healthcare Regulation Subcommittee	17 Y, 0 N, As CS	Guzzo	Calamas
2) Health Care Appropriations Subcommittee	15 Y, 0 N	Smith	Clark
3) Health & Human Services Committee	18 Y, 0 N	Guzzo	Calamas

### SUMMARY ANALYSIS

Deep vein thrombosis is a blood clot located in a deep vein, usually in the leg or arm. A pulmonary embolism (PE) occurs when part of the clot breaks off and travels to the lungs.

The bill creates the Emily Adkins Prevention Act to require the Secretary of the Agency for Health Care Administration (AHCA), in conjunction with the State Surgeon General, to establish a blood clot and pulmonary embolism policy workgroup.

The bill tasks the workgroup with:

- Identifying the aggregate number of people in Florida who experience blood clots and PEs annually;
- Identifying how data is collected regarding blood clots, PEs, and associated adverse outcomes;
- Identifying how blood clots and PEs impact the lives of Floridians;
- Identifying the standard of care for blood clot surveillance, detection, and treatment;
- Identifying emerging treatments, therapies, and research relating to blood clots;
- Developing a risk surveillance system to help health care providers identify patients who may be at a higher risk of forming blood clots and PEs;
- Developing policy recommendations to help improve patient awareness of blood clot risks;
- Developing policy recommendations to help improve surveillance and detection of patients who may be at a higher risk of forming blood clots in hospitals, nursing homes, assisted living facilities, residential treatment facilities, and ambulatory surgical centers;
- Developing policy recommendations relating to guidelines used that affect the standard of care for patients at risk of forming blood clots; and
- Developing policy recommendations relating to providing patients and their families with written notice of increased risks of forming blood clots.

The bill requires the workgroup to be composed of health care providers, patients who have experienced blood clots, family members of patients who have died from blood clots, advocates, and other interested parties and associations. The bill requires the Speaker of the House of Representatives and the President of the Senate to appoint two members each, and the State Surgeon General to appoint the chair. The bill authorizes meetings of the workgroup to be held via teleconference or other electronic means and prohibits members of the workgroup from being compensated.

The bill requires the Secretary of AHCA to submit an annual report and a final report of his findings and recommendations to the Governor and the legislature.

The bill has no fiscal impact on state or local government.

The bill provides an effective date of July 1, 2023.

### FULL ANALYSIS

This document does not reflect the intent or official position of the bill sponsor or House of Representatives .

STORAGE NAME: h0483e.HHS

DATE: 3/24/2023

## I. SUBSTANTIVE ANALYSIS

### A. EFFECT OF PROPOSED CHANGES:

#### Background

##### Blood Clots and Pulmonary Embolisms

Deep vein thrombosis (DVT) is a blood clot located in a deep vein, usually in the leg or arm.<sup>1</sup> A pulmonary embolism (PE) occurs when part of the clot breaks off and travels to the lungs.<sup>2</sup> Venous thromboembolism (VTE) refers to DVT, PE, or both.

VTE affects an estimated 900,000 Americans each year, resulting in an estimated 100,000 deaths.<sup>3</sup> These numbers are estimated because currently there is no systematic collection of VTE related morbidity or mortality data in the United States.<sup>4</sup> The available information about disease prevalence and incidence consists of estimates based mainly on population-based epidemiologic studies and analysis of hospital discharge or health insurance claims databases.<sup>5</sup> Such data supports the following findings:<sup>6</sup>

- One in four people who have a PE die without warning;
- PEs are a leading cause of death in a woman during pregnancy or following delivery; and
- Blood clots are a leading cause of death in people with cancer.

##### *Risk Factors*

Individuals at risk of developing a PE include:<sup>7</sup>

- Are inactive for long periods of time while traveling or otherwise;
- Have recently had trauma or injury to a vein;
- Are taking birth control pills or hormone replacement therapy;
- Smoke cigarettes;
- Have a history of heart failure or stroke;
- Are obese;
- Are pregnant or have given birth in the previous six weeks; or
- Received a central venous catheter through their arm or leg.

Early diagnosis of a DVT is one of the most important factors in preventing a PE. The U.S. Department of Health and Human Services recommends that hospitals evaluate all patients upon admission and regularly thereafter.<sup>8</sup> Those found to be at risk of developing a VTE should be given preventative treatment and medications.<sup>9</sup>

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<sup>1</sup> Centers for Disease Control and Prevention, *Impact of Blood Clots on the United States*, available at <https://www.cdc.gov/ncbddd/dvt/infographic-impact.html> (last visited March 10, 2023).

<sup>2</sup> *Id.*

<sup>3</sup> *Id.*

<sup>4</sup> Raskob GE, Silverstein R, Bratzler DW, Heit JA, White RH. Surveillance for deep vein thrombosis and pulmonary embolism: recommendations from a national workshop. *Am J Prev Med.* 2010 Apr;38(4 Suppl):S502-9. Available at <https://pubmed.ncbi.nlm.nih.gov/20331950/> (last visited March 10, 2023).

<sup>5</sup> *Id.*

<sup>6</sup> *Supra* note 1.

<sup>7</sup> Cleveland Clinic, Diseases & Conditions, available at <https://my.clevelandclinic.org/health/diseases/17400-pulmonary-embolism> (last visited March 10, 2023).

<sup>8</sup> U.S. Department of Health and Human Services, *The Surgeon General's Call to Action to Prevent Deep Vein Thrombosis and Pulmonary Embolism* (2008), at pg. 20, available at <https://www.ncbi.nlm.nih.gov/books/NBK44178/> (last visited March 10, 2023).

<sup>9</sup> *Id.*

## Symptoms

The first signs of a PE are usually shortness of breath and chest pains, other symptoms include:<sup>10</sup>

- Cough with or without bloody mucus;
- Pale, clammy or bluish skin;
- Rapid pulse;
- Excessive sweating;
- Wheezing; and
- In some cases, feeling anxious, lightheaded, faint or passing out.

## Diagnosis and Treatment

The tests used to diagnose DVT depend on whether the patient is at a low or high risk of developing DVT and include:<sup>11</sup>

- Duplex ultrasound — This noninvasive test is the standard test for diagnosing DVT. A small hand-held device is moved over the body area being studied.
- D-dimer blood test — D-dimer is a type of protein produced by blood clots, and almost all people with severe DVT have increased blood levels of D-dimer.
- Venography — This invasive test uses X-rays and dye to create a picture of the veins in the legs and feet. The dye is injected into a large vein in the foot or ankle, which helps blood vessels show up more clearly on X-rays.

The goals of DVT treatment are preventing the clot from getting larger or from breaking loose and traveling to the lungs, and reducing the chances of DVT recurrence.<sup>12</sup> DVT treatment includes:<sup>13</sup>

- Blood thinners — Also called anticoagulants, these medications help prevent blood clots from getting larger and reduce the risk of DVT recurrence.
- Clot busters — Also called thrombolytics, these drugs are used for more serious cases of DVT or PE if other medications are not working.
- Filters — Used for patients who cannot take blood thinners, a filter may be placed into a large vein in the abdomen to catch a blood clot that breaks loose and prevents it from lodging in the lungs.
- Support stockings — Socks that help prevent blood from pooling in the legs and reduce leg swelling.

## Effect of the Bill

The bill creates the Emily Adkins Prevention Act to require the Secretary of the Agency for Health Care Administration (AHCA), in conjunction with the State Surgeon General, to establish a blood clot and pulmonary embolism policy workgroup.

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<sup>10</sup> Cleveland Clinic, Pulmonary Embolism Symptoms, Signs & Treatment, available at <https://my.clevelandclinic.org/health/diseases/17400-pulmonary-embolism#:~:text=The%20first%20signs%20of%20pulmonary,is%20serious%20but%20very%20treatable>. (last visited March 10, 2023).

<sup>11</sup> Mayo Clinic, *Deep Vein Thrombosis Diagnosis and Treatment*, available at <https://www.mayoclinic.org/diseases-conditions/deep-vein-thrombosis/diagnosis-treatment/drc-20352563> (last visited March 10, 2023).

<sup>12</sup> Id.

<sup>13</sup> Id.

The bill tasks the workgroup with:

- Identifying the aggregate number of people in this state who experience blood clots and PEs annually;
- Identifying how data is collected regarding blood clots, PEs, and adverse outcomes associated with these conditions;
- Identifying how blood clots and PEs impact the lives of Floridians;
- Identifying the standard of care for blood clot surveillance, detection, and treatment;
- Identifying emerging treatments, therapies, and research relating to blood clots;
- Developing a risk surveillance system to help health care providers identify patients who may be at a higher risk of forming blood clots and PEs;
- Developing policy recommendations to help improve patient awareness of blood clot risks;
- Developing policy recommendations to help improve surveillance and detection of patients who may be at a higher risk of forming blood clots in licensed health care facilities, including hospitals, nursing homes, assisted living facilities, residential treatment facilities, and ambulatory surgical centers;
- Developing policy recommendations relating to guidelines used that affect the standard of care for patients at risk of forming blood clots; and
- Developing policy recommendations relating to providing patients and their families with written notice of increased risks of forming blood clots.

The bill requires the workgroup to be composed of health care providers, patients who have experienced blood clots, family members of patients who have died from blood clots, advocates, and other interested parties and associations. The bill requires the Speaker of the House of Representatives and the President of the Senate to appoint two members each. Further, the bill requires the State Surgeon General to appoint the chair of the workgroup and authorizes the chair to create subcommittees to assist with research, scheduling speakers on important subjects, and drafting a workgroup report and policy recommendations. The bill authorizes meetings of the workgroup to be held via teleconference or other electronic means and prohibits members of the workgroup from being compensated.

Finally, the bill requires the Secretary of the Agency for Health Care Administration to submit an annual report and a final report detailing his findings and recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives, by January 4, 2025.

The bill provides an effective date of July 1, 2023.

#### B. SECTION DIRECTORY:

**Section 1:** Cites the act as the “Emily Adkins Prevention Act.”

**Section 2:** Creates s. 408.0621, F.S., relating to blood clot and pulmonary embolism policy workgroup.

**Section 3:** Provides an effective date of July 1, 2023.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

#### A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

#### B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

### III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. The bill does not appear to affect local or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill does not require the implementation of rules.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

### IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES

On March 9, 2023, the Healthcare Regulation Subcommittee adopted one amendment and reported the bill favorably as a committee substitute. The amendment moved the workgroup to newly created s. 408.0621, F.S.

This analysis is drafted to the committee substitute as passed by the Healthcare Regulation Subcommittee.