#### HOUSE OF REPRESENTATIVES STAFF FINAL BILL ANALYSIS

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

**SPONSOR(S):** Healthcare Regulation Subcommittee. Black and others

TIED BILLS: IDEN./SIM. BILLS: CS/SB 612

FINAL HOUSE FLOOR ACTION: 114 Y's 0 N's GOVERNOR'S ACTION: Approved

#### **SUMMARY ANALYSIS**

CS/HB 483 passed the House on May 3, 2023, as CS/SB 612.

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.

CS/HB 483 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 AHCA to submit an annual report and a final report to the Governor and the Legislature.

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

The bill was approved by the Governor on June 5, 2023, ch. 2023-192, L.O.F., and will become effective on July 1, 2023

**DATE**: 6/6/2023

## I. SUBSTANTIVE INFORMATION

#### A. EFFECT OF 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. A pulmonary embolism (PE) occurs when part of the clot breaks off and travels to the lungs. 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 women 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 individuals who:7

- 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>

<sup>&</sup>lt;sup>1</sup> Centers for Disease Control and Prevention, *Impact of Blood Clots on the United States*), available at <a href="https://www.cdc.gov/ncbddd/dvt/infographic-impact.html">https://www.cdc.gov/ncbddd/dvt/infographic-impact.html</a> (last visited May 11, 2023).

<sup>&</sup>lt;sup>2</sup> ld.

<sup>&</sup>lt;sup>3</sup> ld.

<sup>&</sup>lt;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 <a href="https://pubmed.ncbi.nlm.nih.gov/20331950/">https://pubmed.ncbi.nlm.nih.gov/20331950/</a> (last visited May 11, 2023).
<sup>5</sup> Id.

<sup>&</sup>lt;sup>6</sup> Supra note 1.

<sup>&</sup>lt;sup>7</sup> Cleveland Clinic, Diseases & Conditions, available at <a href="https://my.clevelandclinic.org/health/diseases/17400-pulmonary-embolism">https://my.clevelandclinic.org/health/diseases/17400-pulmonary-embolism</a> (last visited May 11, 2023).

<sup>&</sup>lt;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 <a href="https://www.ncbi.nlm.nih.gov/books/NBK44178/">https://www.ncbi.nlm.nih.gov/books/NBK44178/</a> (last visited May 11, 2023).

<sup>9</sup> Id.

# **Symptoms**

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

- 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:11

- Duplex ultrasound This noninvasive test is the standard test for diagnosing DVT. A small handheld 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. 12 DVT treatment includes:13

- 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 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.

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:

<sup>&</sup>lt;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 May 11, 2023).

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

<sup>&</sup>lt;sup>12</sup> ld.

- 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 AHCA to submit an annual report and a final report with 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.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A.	FISCAL IMPACT ON STATE GOVERNMENT:	
	1.	Revenues:
		None.
	2.	Expenditures:
		None.
В.	B. FISCAL IMPACT ON LOCAL GOVERNMENTS:	
	1.	Revenues:
		None.
	2.	Expenditures:

None.

None.

D. FISCAL COMMENTS:

None.