

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED (Y/N)
ADOPTED AS AMENDED (Y/N)
ADOPTED W/O OBJECTION (Y/N)
FAILED TO ADOPT (Y/N)
WITHDRAWN (Y/N)
OTHER

1 Committee/Subcommittee hearing bill: Health & Human Services
2 Committee

3 Representative Black offered the following:

4

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 **Section 1.** This act may be cited as the "Emily Adkins
8 Family Protection Act."

9 **Section 2. Subsection (1) of section 385.102, Florida**
10 **Statutes, is amended to read:**

11 385.102 Legislative intent.—It is the finding of the
12 Legislature that:

13 (1) Chronic diseases exist in high proportions among the
14 people of this state. These chronic diseases include, but are
15 not limited to, heart disease, hypertension, diabetes, renal
16 disease, chronic obstructive pulmonary disease, cancer, chronic

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17 critical illness, and genetic predisposition for developing
18 venous thromboembolisms ~~chronic obstructive lung disease~~. These
19 diseases are often interrelated, and they directly and
20 indirectly account for a high rate of death and illness.

21 **Section 3. Subsection (5) is added to section 395.1012,**
22 **Florida Statutes, to read:**

23 395.1012 Patient safety.—

24 (5) Each hospital with an emergency department and each
25 ambulatory surgical center must:

26 (a) Develop and implement policies and procedures for the
27 rendering of appropriate medical attention for persons at risk
28 of forming venous thromboembolisms which reflect evidence-based
29 best practices relating to, at a minimum:

30 1. Assessing patients for risk of venous thromboembolism
31 using a nationally recognized risk assessment tool.

32 2. Treatment options for a patient diagnosed with venous
33 thromboembolism.

34 (b) Train all nonphysician personnel at least annually on
35 the policies and procedures developed under this subsection. For
36 purposes of this subsection, "nonphysician personnel" means all
37 personnel of the licensed facility working in clinical areas and
38 providing patient care, except those persons licensed as health
39 care practitioners.

40 **Section 4. Section 395.3042, Florida Statutes, is created**
41 **to read:**

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Published On: 4/21/2025 8:30:59 PM

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42 395.3042 Statewide venous thromboembolism registry.-

43 (1) (a) The department shall contract with a private
44 entity, that meets all of the conditions of paragraph (b), to
45 establish and maintain, at no cost to the state, a statewide
46 venous thromboembolism registry to ensure that the performance
47 measures required to be submitted under subsection (2) are
48 maintained and available for use to improve or modify the venous
49 thromboembolism care system, ensure compliance with nationally
50 recognized guidelines, and monitor venous thromboembolism
51 patient outcomes.

52 (b) The private entity must:

53 1. Be a not-for-profit corporation qualified as tax-exempt
54 under s. 501(c) (3) of the Internal Revenue Code.

55 2. Have existed for at least 15 consecutive years with a
56 mission of advancing the prevention, early diagnosis, and
57 successful treatment of blood clots.

58 3. Have experience operating a medical registry with at
59 least 25,000 participants.

60 4. Have experience in providing continuing education on
61 venous thromboembolism to medical professionals.

62 5. Have sponsored a public health education campaign on
63 venous thromboembolism.

64 6. Be affiliated with a medical and scientific advisory
65 board.

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66 (2) Beginning July 1, 2026, each hospital with an
67 emergency department shall regularly report to the statewide
68 venous thromboembolism registry information containing
69 nationally recognized venous thromboembolism measures and data
70 on the incidence and prevalence of venous thromboembolisms. Such
71 data must include the following information:

72 (a) The number of venous thromboembolisms identified and
73 diagnosed.

74 (b) The age of the patient.

75 (c) The zip code of the patient.

76 (d) The sex of the patient.

77 (e) Whether the patient is a resident of a licensed
78 nursing home or assisted living facility.

79 (f) Whether the venous thromboembolism was fatal.

80 (g) How the diagnosis was made, such as by using imaging
81 modalities.

82 (h) The treatment that was recommended for the venous
83 thromboembolism.

84 (3) The department shall require the contracted private
85 entity to use a nationally recognized platform to collect data
86 from each hospital with an emergency department on the
87 performance measures required under subsection (2). The
88 contracted private entity shall provide regular reports to the
89 department on the data collected.

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90 (4) By June 1, 2026, the agency must submit to the
91 Governor, the President of the Senate, and the Speaker of the
92 House of Representatives a detailed report on the incidence of
93 venous thromboembolism using inpatient, outpatient, and
94 ambulatory surgical center data for services provided between
95 July 1, 2024, and June 30, 2025. The report shall provide
96 analyses of all of the following:

97 (a) Age category, initial primary diagnosis and procedure,
98 and secondary diagnoses, readmission rates for inpatients,
99 admission rates for venous thromboembolism for which the patient
100 had an ambulatory surgery procedure, and emergency department
101 visits for venous thromboembolism linked to any previous
102 admission.

103 (b) Whether the venous thromboembolism was present upon
104 admission.

105 (c) The incidence of venous thromboembolism procedures
106 reported on the agency's Florida Health Finder website.

107 (d) The principal payor, the sex of the patient, and the
108 patient's discharge status.

109 (5) The contracted private entity operating the registry
110 may only use or publish information from the registry for the
111 purposes of advancing medical research or medical education in
112 the interest of reducing morbidity or mortality.

113 **Section 5. Subsection (4) and paragraph (a) of subsection**
114 **(5) of section 400.211, Florida Statutes, are amended to read:**

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115 400.211 Persons employed as nursing assistants;
116 certification requirement; qualified medication aide designation
117 and requirements.-

118 (4) When employed by a nursing home facility for a 12-
119 month period or longer, a nursing assistant, to maintain
120 certification, shall submit to a performance review every 12
121 months and must receive regular inservice education based on the
122 outcome of such reviews. The inservice training must:

123 (a) Be sufficient to ensure the continuing competence of
124 nursing assistants and must meet the standard specified in s.
125 464.203(7);

126 (b) Include, at a minimum:

127 1. Techniques for assisting with eating and proper
128 feeding;

129 2. Principles of adequate nutrition and hydration;

130 3. Techniques for assisting and responding to the
131 cognitively impaired resident or the resident with difficult
132 behaviors;

133 4. Techniques for caring for the resident at the end-of-
134 life; ~~and~~

135 5. Recognizing changes that place a resident at risk for
136 pressure ulcers and falls; and

137 6. Recognizing signs and symptoms of venous
138 thromboembolism and techniques for providing an emergency
139 response; and

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140 (c) Address areas of weakness as determined in nursing
141 assistant performance reviews and may address the special needs
142 of residents as determined by the nursing home facility staff.
143

144 Costs associated with this training may not be reimbursed from
145 additional Medicaid funding through interim rate adjustments.

146 (5) A nursing home, in accordance with chapter 464 and
147 rules adopted pursuant to this section, may authorize a
148 registered nurse to delegate tasks, including medication
149 administration, to a certified nursing assistant who meets the
150 requirements of this subsection.

151 (a) In addition to the initial 6-hour training course and
152 determination of competency required under s. 464.2035, to be
153 eligible to administer medication to a resident of a nursing
154 home facility, a certified nursing assistant must:

155 1. Hold a clear and active certification from the
156 Department of Health for a minimum of 1 year immediately
157 preceding the delegation;

158 2. Complete an additional 34-hour training course approved
159 by the Board of Nursing in medication administration and
160 associated tasks, including, but not limited to, blood glucose
161 level checks, dialing oxygen flow meters to prescribed settings,
162 ~~and~~ assisting with continuous positive airway pressure devices,
163 and identification of signs and symptoms of venous
164 thromboembolism and how to assist with a response protocol; and

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165 3. Demonstrate clinical competency by successfully
166 completing a supervised clinical practice in medication
167 administration and associated tasks conducted in the facility.

168 **Section 6. Paragraph (g) of subsection (1) of section**
169 **429.41, Florida Statutes, is amended to read:**

170 429.41 Rules establishing standards.—

171 (1) It is the intent of the Legislature that rules
172 published and enforced pursuant to this section shall include
173 criteria by which a reasonable and consistent quality of
174 resident care and quality of life may be ensured and the results
175 of such resident care may be demonstrated. Such rules shall also
176 promote a safe and sanitary environment that is residential and
177 noninstitutional in design or nature and may allow for
178 technological advances in the provision of care, safety, and
179 security, including the use of devices, equipment, and other
180 security measures related to wander management, emergency
181 response, staff risk management, and the general safety and
182 security of residents, staff, and the facility. It is further
183 intended that reasonable efforts be made to accommodate the
184 needs and preferences of residents to enhance the quality of
185 life in a facility. The agency, in consultation with the
186 Department of Children and Families and the Department of
187 Health, shall adopt rules to administer this part, which must
188 include reasonable and fair minimum standards in relation to:

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189 (g) The care of residents provided by the facility, which
190 must include:

- 191 1. The supervision of residents;
- 192 2. The provision of personal services;
- 193 3. The provision of, or arrangement for, social and
194 leisure activities;
- 195 4. The assistance in making arrangements for appointments
196 and transportation to appropriate medical, dental, nursing, or
197 mental health services, as needed by residents;
- 198 5. The management of medication stored within the facility
199 and as needed by residents;
- 200 6. The dietary needs of residents;
- 201 7. Resident records; ~~and~~
- 202 8. Internal risk management and quality assurance; and
- 203 9. For direct care staff, recognizing signs and symptoms
204 of venous thromboembolism.

205 **Section 7. Paragraph (h) is added to subsection (3) of**
206 **section 429.52, Florida Statutes, to read:**

207 429.52 Staff training and educational requirements.—

208 (3) The agency, in conjunction with providers, shall
209 develop core training requirements for administrators consisting
210 of core training learning objectives, a competency test, and a
211 minimum required score to indicate successful passage of the
212 core competency test. The required core competency test must
213 cover at least the following topics:

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214 (h) Recognizing signs and symptoms of venous
215 thromboembolism.

216 **Section 8. Section 429.55, Florida Statutes, is amended to**
217 **read:**

218 429.55 Consumer information ~~website~~.-

219 (1) CONSUMER INFORMATION WEBSITE.-The Legislature finds
220 that consumers need additional information on the quality of
221 care and service in assisted living facilities in order to
222 select the best facility for themselves or their loved ones.
223 Therefore, the Agency for Health Care Administration shall
224 create content that is easily accessible through the home page
225 of the agency's website either directly or indirectly through
226 links to one or more other established websites of the agency's
227 choosing. The website must be searchable by facility name,
228 license type, city, or zip code. By November 1, 2015, the agency
229 shall include all content in its possession on the website and
230 add content when received from facilities. At a minimum, the
231 content must include:

232 (a)~~(1)~~ Information on each licensed assisted living
233 facility, including, but not limited to:

234 1.~~(a)~~ The name and address of the facility.

235 2.~~(b)~~ The name of the owner or operator of the facility.

236 3.~~(e)~~ The number and type of licensed beds in the
237 facility.

238 4.~~(d)~~ The types of licenses held by the facility.

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239 5.~~(e)~~ The facility's license expiration date and status.

240 6.~~(f)~~ The total number of clients that the facility is
241 licensed to serve and the most recently available occupancy
242 levels.

243 7.~~(g)~~ The number of private and semiprivate rooms offered.

244 8.~~(h)~~ The bed-hold policy.

245 9.~~(i)~~ The religious affiliation, if any, of the assisted
246 living facility.

247 10.~~(j)~~ The languages spoken by the staff.

248 11.~~(k)~~ Availability of nurses.

249 12.~~(l)~~ Forms of payment accepted, including, but not
250 limited to, Medicaid, Medicaid long-term managed care, private
251 insurance, health maintenance organization, United States
252 Department of Veterans Affairs, CHAMPUS program, or workers'
253 compensation coverage.

254 13.~~(m)~~ Indication if the licensee is operating under
255 bankruptcy protection.

256 14.~~(n)~~ Recreational and other programs available.

257 15.~~(o)~~ Special care units or programs offered.

258 16.~~(p)~~ Whether the facility is a part of a retirement
259 community that offers other services pursuant to this part or
260 part III of this chapter, part II or part III of chapter 400, or
261 chapter 651.

262 17.~~(q)~~ Links to the State Long-Term Care Ombudsman Program
263 website and the program's statewide toll-free telephone number.

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264 ~~18.(r)~~ Links to the websites of the providers.

265 ~~19.(s)~~ Other relevant information that the agency
266 currently collects.

267 ~~(b)(2)~~ Survey and violation information for the facility,
268 including a list of the facility's violations committed during
269 the previous 60 months, which on July 1, 2015, may include
270 violations committed on or after July 1, 2010. The list shall be
271 updated monthly and include for each violation:

272 ~~1.(a)~~ A summary of the violation, including all licensure,
273 revisit, and complaint survey information, presented in a manner
274 understandable by the general public.

275 ~~2.(b)~~ Any sanctions imposed by final order.

276 ~~3.(e)~~ The date the corrective action was confirmed by the
277 agency.

278 ~~(c)(3)~~ Links to inspection reports that the agency has on
279 file.

280 (2) VTE CONSUMER INFORMATION.—

281 (a) The Legislature finds that many PEs are preventable
282 and that information about the prevalence of the disease could
283 save lives.

284 (b) The term "pulmonary embolism" means a condition in
285 which part of the clot breaks off and travels to the lungs,
286 possible causing death.

287 (c) The term "venous thromboembolism" means deep vein
288 thrombosis, which is a blood clot located in a deep vein,

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289 usually in the leg or arm. The term can be used to refer to deep
290 vein thrombosis, pulmonary embolism, or both.

291 (d) Assisted living facilities must provide a consumer
292 information pamphlet to residents upon admission. The pamphlet
293 must contain information about venous thromboembolism including
294 risk factors and how residents can recognize the signs and
295 symptoms of venous thromboembolism.

296

297 The agency may adopt rules to administer this section.

298 **Section 9.** This act shall take effect July 1, 2025.

299

300 -----

301 **T I T L E A M E N D M E N T**

302 Remove lines 7-38 and insert:

303 departments to develop and implement policies and
304 procedures and conduct training for the rendering of
305 appropriate medical attention for persons at risk of
306 forming venous thromboembolisms; creating s. 395.3042,
307 F.S., requiring the Department of Health to contract
308 with a private entity to establish a statewide venous
309 thromboembolism registry at no cost to the state;
310 providing requirements for the private entity;
311 requiring hospitals with an emergency department,
312 beginning on a date certain, to regularly report
313 certain information; requiring the department to

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314 require the private entity to use a nationally
315 recognized platform to collect certain data; requiring
316 the private entity to provide regular reports to the
317 department on such data; requiring the agency, by a
318 date certain, to provide to the Governor and the
319 Legislature a specified report; providing requirements
320 for such report; providing applicability; amending s.
321 400.211, F.S.; revising requirements for certain
322 annual inservice training for certified nursing
323 assistants employed by nursing home facilities;
324 revising training requirements for certain certified
325 nursing assistants who may be delegated tasks in
326 nursing home facilities; amending s. 429.41, F.S.;
327 revising minimum standards for the care of residents
328 in assisted living facilities; amending s. 429.52,
329 F.S.; revising requirements for the core competency
330 test for administrators of assisted living facilities;
331 amending s. 429.55, F.S.; providing legislative
332 findings; defining terms; requiring assisted living
333 facilities to provide a consumer information pamphlet
334 containing specified information to residents;
335 providing an effective date.