

Amendment No.

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WITHDRAWN _____ (Y/N)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 Care Budget
2 Subcommittee

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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42 395.3042 Statewide venous thromboembolism registry.-

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

52 (b) The private entity must meet all of the following
53 conditions:

54 1. The private entity must be a not-for-profit corporation
55 qualified as tax-exempt under s. 501(c) (3) of the Internal
56 Revenue Code.

57 2. The private entity must have existed for at least
58 fifteen consecutive years with a mission of advancing the
59 prevention, early diagnosis, and successful treatment of blood
60 clots.

61 3. The private entity must have experience operating a
62 medical registry with at least 25,000 participants.

63 4. The private entity must have experience in providing
64 continuing education on venous thromboembolism to medical
65 professionals.

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66 5. The private entity must have sponsored a public health
67 education campaign on venous thromboembolism.

68 6. The private entity must be affiliated with a medical
69 and scientific advisory board.

70 (2) Beginning July 1, 2026, each hospital with an
71 emergency department and each ambulatory surgical center shall
72 regularly report to the statewide thromboembolism registry
73 information containing nationally recognized venous
74 thromboembolism measures and data on the incidence and
75 prevalence of venous thromboembolisms. Such data must include
76 the following information:

77 (a) The number of venous thromboembolisms identified and
78 diagnosed.

79 (b) The age of the patient.

80 (c) The zip code of the patient.

81 (d) The sex of the patient.

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

84 (f) Whether the venous thromboembolism was fatal.

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

87 (h) The treatment that was recommended for the venous
88 thromboembolism.

89 (3) The agency shall require the contracted private entity
90 to use a nationally recognized platform to collect data from

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91 each hospital with an emergency department and each ambulatory
92 surgical center on the performance measures required in
93 subsection (2). The contracted private entity shall provide
94 regular reports to the agency on the data collected.

95 (4) By March 1, 2026, the agency must submit to the
96 Governor, the President of the Senate, and the Speaker of the
97 House of Representatives a detailed report on the incidence of
98 venous thromboembolism using inpatient, outpatient, and
99 ambulatory surgical center data for services provided between
100 July 1, 2024, and July 1, 2025. The report shall provide
101 analyses of all of the following:

102 (a) Age category, initial primary diagnosis and procedure,
103 and secondary diagnoses, readmission rates for inpatients,
104 admission rates for venous thromboembolism for which the patient
105 had an ambulatory surgery procedure, and emergency department
106 visits for venous thromboembolism linked to any previous
107 admission.

108 (b) Whether the venous thromboembolism was present upon
109 admission.

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

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

114 (5) The contractor operating the registry may use or
115 publish information from the registry only for the purposes of

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116 advancing medical research or medical education in the interest
117 of reducing morbidity or mortality.

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

120 400.211 Persons employed as nursing assistants;
121 certification requirement; qualified medication aide designation
122 and requirements.—

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

128 (a) Be sufficient to ensure the continuing competence of
129 nursing assistants and must meet the standard specified in s.
130 464.203(7);

131 (b) Include, at a minimum:

132 1. Techniques for assisting with eating and proper
133 feeding;

134 2. Principles of adequate nutrition and hydration;

135 3. Techniques for assisting and responding to the
136 cognitively impaired resident or the resident with difficult
137 behaviors;

138 4. Techniques for caring for the resident at the end-of-
139 life; ~~and~~

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

142 6. Recognizing signs and symptoms of venous
143 thromboembolism and techniques for providing an emergency
144 response; and

145 (c) Address areas of weakness as determined in nursing
146 assistant performance reviews and may address the special needs
147 of residents as determined by the nursing home facility staff.

148
149 Costs associated with this training may not be reimbursed from
150 additional Medicaid funding through interim rate adjustments.

151 (5) A nursing home, in accordance with chapter 464 and
152 rules adopted pursuant to this section, may authorize a
153 registered nurse to delegate tasks, including medication
154 administration, to a certified nursing assistant who meets the
155 requirements of this subsection.

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

160 1. Hold a clear and active certification from the
161 Department of Health for a minimum of 1 year immediately
162 preceding the delegation;

163 2. Complete an additional 34-hour training course approved
164 by the Board of Nursing in medication administration and

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165 associated tasks, including, but not limited to, blood glucose
166 level checks, dialing oxygen flow meters to prescribed settings,
167 ~~and~~ assisting with continuous positive airway pressure devices,
168 and identification of signs and symptoms of venous
169 thromboembolism and how to assist with a response protocol; and

170 3. Demonstrate clinical competency by successfully
171 completing a supervised clinical practice in medication
172 administration and associated tasks conducted in the facility.

173 **Section 6. Paragraph (g) of subsection (1) of section**
174 **429.41, Florida Statutes, is amended to read:**

175 429.41 Rules establishing standards.—

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

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190 life in a facility. The agency, in consultation with the
191 Department of Children and Families and the Department of
192 Health, shall adopt rules to administer this part, which must
193 include reasonable and fair minimum standards in relation to:

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

- 196 1. The supervision of residents;
- 197 2. The provision of personal services;
- 198 3. The provision of, or arrangement for, social and
199 leisure activities;
- 200 4. The assistance in making arrangements for appointments
201 and transportation to appropriate medical, dental, nursing, or
202 mental health services, as needed by residents;
- 203 5. The management of medication stored within the facility
204 and as needed by residents;
- 205 6. The dietary needs of residents;
- 206 7. Resident records; ~~and~~
- 207 8. Internal risk management and quality assurance; and
- 208 9. Identification of residents who are at risk for
209 developing venous thromboembolism, and the treating facility's
210 response protocols to help ensure access to timely treatment.

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

213 429.52 Staff training and educational requirements.-

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214 (3) The agency, in conjunction with providers, shall
215 develop core training requirements for administrators consisting
216 of core training learning objectives, a competency test, and a
217 minimum required score to indicate successful passage of the
218 core competency test. The required core competency test must
219 cover at least the following topics:

220 (h) Identification of and responding to residents at high
221 risk of developing venous thromboembolism.

222 **Section 8.** This act shall take effect July 1, 2025.
223

224 -----
225 **T I T L E A M E N D M E N T**

226 Remove lines 6-20 and insert:

227 395.1012, F.S.; requiring hospitals with emergency
228 departments and ambulatory surgical centers to develop
229 and implement policies and procedures and conduct
230 training for the rendering of appropriate medical
231 attention for persons at risk of forming venous
232 thromboembolisms; creating s. 395.3042, F.S.,
233 requiring the Agency for Health Care Administration to
234 contract with a private entity to establish a
235 statewide venous thromboembolism registry at no cost
236 to the state; requiring certain facilities to report
237 specified information to the registry beginning on a
238 certain date; requiring the Agency for Health Care

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 1421 (2025)

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239 Administration to submit specified information to the
240 Governor and Legislature; providing a limitation on
241 the purpose of the publication of information from the
242 registry; amending s. 400.211, F.S.; revising