

1 A bill to be entitled
2 An act relating to improving screening for and
3 treatment of blood clots; providing a short title;
4 amending s. 385.102, F.S.; revising legislative
5 findings under the Chronic Diseases Act; creating s.
6 385.213, F.S.; requiring the Department of Health to
7 establish, or contract to establish, a statewide
8 registry for a specified purpose; requiring certain
9 licensed facilities to report specified information to
10 the department for inclusion in the registry;
11 specifying limitations on the use and publication of
12 information from the registry; providing that certain
13 personal identifying information is confidential and
14 exempt from public records requirements, with
15 exceptions; specifying requirements for the use of
16 certain appropriated funds; authorizing the
17 department, by rule, to classify facilities for
18 purposes of certain reporting requirements; requiring
19 the department to exempt certain facilities from
20 certain reporting requirements; providing
21 applicability; creating s. 395.3042, F.S.; requiring
22 certain licensed facilities to arrange for the
23 rendering of appropriate medical attention for persons
24 at risk for certain conditions; specifying
25 requirements for the manner in which such facilities

26 must provide such medical attention, including
27 admission, training, and practice policies; amending
28 s. 400.211, F.S.; revising requirements for certain
29 annual inservice training for certified nursing
30 assistants employed by nursing home facilities;
31 revising training requirements for certain certified
32 nursing assistants who may be delegated tasks in
33 nursing home facilities; amending s. 429.41, F.S.;
34 revising minimum standards for the care of residents
35 in assisted living facilities; amending s. 429.52,
36 F.S.; revising requirements for the core competency
37 test for administrators of assisted living facilities;
38 providing an effective date.

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40 Be It Enacted by the Legislature of the State of Florida:

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

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

46 385.102 Legislative intent.—It is the finding of the
47 Legislature that:

48 (1) Chronic diseases exist in high proportions among the
49 people of this state. These chronic diseases include, but are
50 not limited to, heart disease, hypertension, diabetes, renal

51 disease, chronic obstructive pulmonary disease, cancer, chronic
 52 critical illness, and genetic predisposition for developing
 53 blood clots and pulmonary embolisms ~~chronic obstructive lung~~
 54 ~~disease~~. These diseases are often interrelated, and they
 55 directly and indirectly account for a high rate of death and
 56 illness.

57 **Section 3. Section 385.213, Florida Statutes, is created**
 58 **to read:**

59 385.213 Blood clot and pulmonary embolism registry.-

60 (1) The Department of Health shall establish, or contract
 61 with a recognized medical organization in this state and its
 62 affiliated institutions to establish, a statewide registry to
 63 ensure blood clot and pulmonary embolism reports required under
 64 this section are maintained and available for use in the course
 65 of research for the purpose of reducing morbidity and mortality,
 66 and liability of any kind or character for damages or other
 67 relief may not arise or be enforced against any hospital by
 68 reason of having provided such information or material to the
 69 department for inclusion in the registry.

70 (2) Each facility licensed under chapter 395 or chapter
 71 408 shall report to the department for inclusion in the registry
 72 all of the following information, and as further specified by
 73 department rule, for each instance of a blood clot, pulmonary
 74 embolism, or deep vein thrombosis identified in a patient:

75 (a) The number of blood clots, pulmonary embolisms, and

76 deep vein thromboses identified and diagnosed.

77 (b) The age of the patient.

78 (c) The zip code of the patient.

79 (d) The sex of the patient.

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

82 (f) Whether the blood clot, pulmonary embolism, or deep
83 vein thrombosis was fatal.

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

86 (h) The treatment that was recommended for the blood clot,
87 pulmonary embolism, or deep vein thrombosis, as applicable.

88 (3) The department or contractor operating the registry
89 may use or publish information from the registry only for the
90 purpose of advancing medical research or medical education in
91 the interest of reducing morbidity or mortality, except that a
92 summary of such entries without any personal identifying
93 information may be released for general publication. Information
94 which discloses or could lead to the disclosure of personal
95 identifying information of any person whose condition or
96 treatment has been reported and studied is confidential and
97 exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I
98 of the State Constitution as specified in s. 119.0712(1), except
99 that:

100 (a) Such information may be released with the express

101 written consent of the person or his or her legally authorized
102 representative;

103 (b) The department or the contractor may contact
104 individuals for the purpose of epidemiologic investigation and
105 monitoring, provided such information that is confidential under
106 this section is not further disclosed; and

107 (c) The department may exchange data that includes
108 personal identifying information with any other governmental
109 agency or the contractor for the purpose of medical or
110 scientific research, provided such governmental agency or
111 contractor does not further disclose information that is
112 confidential and exempt.

113 (4) Funds appropriated for implementation of this section
114 must be used for establishing, administering, compiling,
115 processing, and providing biometric and statistical analyses to
116 the reporting facilities. Funds may also be used to ensure the
117 quality and accuracy of the information reported and to provide
118 management information to the reporting facilities.

119 (5) The department may, by rule, classify facilities for
120 purposes of reports made to the registry and specify the content
121 and frequency of the reports. In classifying facilities, the
122 department must exempt certain facilities from reporting blood
123 clot and pulmonary embolism information that was previously
124 reported to the department or retrieved from existing state
125 reports made to the department or the Agency for Health Care

126 Administration.

127 (6) This section does not apply to any facility whose
128 primary function is to provide psychiatric care to its patients.

129 **Section 4. Section 395.3042, Florida Statutes, is created**
130 **to read:**

131 395.3042 Screening for blood clots, pulmonary embolisms,
132 and deep vein thrombosis in licensed facilities.—Any licensed
133 facility that provides emergency room services, orthopedic
134 services, pregnancy services, or cancer treatment shall arrange
135 for the rendering of appropriate medical attention for persons
136 at risk of blood clots, pulmonary embolisms, or deep vein
137 thrombosis in the following manner:

138 (1) Upon admission to such a facility, a patient must be
139 assessed for risk of blood clots, pulmonary embolisms, and deep
140 vein thrombosis using a nationally recognized risk assessment
141 tool.

142 (2) The training of all staff in the facility must include
143 continuing education annually on how to recognize a blood clot,
144 pulmonary embolism, or deep vein thrombosis.

145 (3) The facility shall have established protocols for
146 staff to ensure that patients diagnosed with a life-threatening
147 blood clot, pulmonary embolism, or deep vein thrombosis are
148 assessed for various treatment options.

149 (4) The facility shall have an established policy in place
150 requiring a follow-up for all orthopedic patients who have

151 undergone lower extremity or pelvic surgery, to occur within 60
152 days after discharge.

153 (5) The facility shall have procedures in place to provide
154 ongoing blood clot risk assessment for patients who are at high
155 risk of developing blood clots, are pregnant, or are being
156 treated for cancer.

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

159 400.211 Persons employed as nursing assistants;
160 certification requirement; qualified medication aide designation
161 and requirements.—

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

167 (a) Be sufficient to ensure the continuing competence of
168 nursing assistants and must meet the standard specified in s.
169 464.203(7);

170 (b) Include, at a minimum:

171 1. Techniques for assisting with eating and proper
172 feeding;

173 2. Principles of adequate nutrition and hydration;

174 3. Techniques for assisting and responding to the
175 cognitively impaired resident or the resident with difficult

176 | behaviors;

177 | 4. Techniques for caring for the resident at the end-of-
178 | life; ~~and~~

179 | 5. Recognizing changes that place a resident at risk for
180 | pressure ulcers and falls; and

181 | 6. Recognizing signs and symptoms of a blood clot,
182 | pulmonary embolism, or deep vein thrombosis and techniques for
183 | providing an emergency response; and

184 | (c) Address areas of weakness as determined in nursing
185 | assistant performance reviews and may address the special needs
186 | of residents as determined by the nursing home facility staff.

187 |
188 | Costs associated with this training may not be reimbursed from
189 | additional Medicaid funding through interim rate adjustments.

190 | (5) A nursing home, in accordance with chapter 464 and
191 | rules adopted pursuant to this section, may authorize a
192 | registered nurse to delegate tasks, including medication
193 | administration, to a certified nursing assistant who meets the
194 | requirements of this subsection.

195 | (a) In addition to the initial 6-hour training course and
196 | determination of competency required under s. 464.2035, to be
197 | eligible to administer medication to a resident of a nursing
198 | home facility, a certified nursing assistant must:

199 | 1. Hold a clear and active certification from the
200 | Department of Health for a minimum of 1 year immediately

201 preceding the delegation;

202 2. Complete an additional 34-hour training course approved
 203 by the Board of Nursing in medication administration and
 204 associated tasks, including, but not limited to, blood glucose
 205 level checks, dialing oxygen flow meters to prescribed settings,
 206 ~~and~~ assisting with continuous positive airway pressure devices,
 207 and identification of signs and symptoms of a blood clot and how
 208 to assist with a response protocol; and

209 3. Demonstrate clinical competency by successfully
 210 completing a supervised clinical practice in medication
 211 administration and associated tasks conducted in the facility.

212 **Section 6. Paragraph (g) of subsection (1) of section**
 213 **429.41, Florida Statutes, is amended to read:**

214 429.41 Rules establishing standards.—

215 (1) It is the intent of the Legislature that rules
 216 published and enforced pursuant to this section shall include
 217 criteria by which a reasonable and consistent quality of
 218 resident care and quality of life may be ensured and the results
 219 of such resident care may be demonstrated. Such rules shall also
 220 promote a safe and sanitary environment that is residential and
 221 noninstitutional in design or nature and may allow for
 222 technological advances in the provision of care, safety, and
 223 security, including the use of devices, equipment, and other
 224 security measures related to wander management, emergency
 225 response, staff risk management, and the general safety and

226 security of residents, staff, and the facility. It is further
 227 intended that reasonable efforts be made to accommodate the
 228 needs and preferences of residents to enhance the quality of
 229 life in a facility. The agency, in consultation with the
 230 Department of Children and Families and the Department of
 231 Health, shall adopt rules to administer this part, which must
 232 include reasonable and fair minimum standards in relation to:

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

- 235 1. The supervision of residents;
- 236 2. The provision of personal services;
- 237 3. The provision of, or arrangement for, social and
 238 leisure activities;
- 239 4. The assistance in making arrangements for appointments
 240 and transportation to appropriate medical, dental, nursing, or
 241 mental health services, as needed by residents;
- 242 5. The management of medication stored within the facility
 243 and as needed by residents;
- 244 6. The dietary needs of residents;
- 245 7. Resident records; ~~and~~
- 246 8. Internal risk management and quality assurance; and
- 247 9. Identification of residents who are at risk for
 248 developing blood clots, and the treating facility's response
 249 protocols to help ensure access to timely treatment.

250 **Section 7. Paragraph (h) is added to subsection (3) of**

251 **section 429.52, Florida Statutes, to read:**

252 429.52 Staff training and educational requirements.—

253 (3) The agency, in conjunction with providers, shall
254 develop core training requirements for administrators consisting
255 of core training learning objectives, a competency test, and a
256 minimum required score to indicate successful passage of the
257 core competency test. The required core competency test must
258 cover at least the following topics:

259 (h) Identification of and responding to residents at high
260 risk of developing blood clots and pulmonary embolisms.

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