

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; amending s.
6 395.1012, F.S.; requiring hospitals with emergency
7 departments to develop and implement policies and
8 procedures and conduct training for the rendering of
9 appropriate medical attention for persons at risk of
10 forming venous thromboembolisms; creating s. 395.3042,
11 F.S., requiring the Department of Health to contract
12 with a private entity to establish a statewide venous
13 thromboembolism registry at no cost to the state;
14 providing requirements for the private entity;
15 requiring hospitals with an emergency department,
16 beginning on a date certain, to regularly report
17 certain information; requiring the department to
18 require the private entity to use a nationally
19 recognized platform to collect certain data; requiring
20 the private entity to provide regular reports to the
21 department on such data; requiring the agency, by a
22 date certain, to provide to the Governor and the
23 Legislature a specified report; providing requirements
24 for such report; providing applicability; amending s.
25 400.211, F.S.; revising requirements for certain

26 annual inservice training for certified nursing
27 assistants employed by nursing home facilities;
28 revising training requirements for certain certified
29 nursing assistants who may be delegated tasks in
30 nursing home facilities; amending s. 429.41, F.S.;
31 revising minimum standards for the care of residents
32 in assisted living facilities; amending s. 429.52,
33 F.S.; revising requirements for the core competency
34 test for administrators of assisted living facilities;
35 amending s. 429.55, F.S.; providing legislative
36 findings; defining terms; requiring assisted living
37 facilities to provide a consumer information pamphlet
38 containing specified information to residents;
39 providing an effective date.

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

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

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

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

49 (1) Chronic diseases exist in high proportions among the
50 people of this state. These chronic diseases include, but are

not limited to, heart disease, hypertension, diabetes, renal disease, chronic obstructive pulmonary disease, cancer, chronic critical illness, and genetic predisposition for developing venous thromboembolisms ~~chronic obstructive lung disease~~. These diseases are often interrelated, and they directly and indirectly account for a high rate of death and illness.

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

395.1012 Patient safety.—

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

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

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

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

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

76 **Section 4. Section 395.3042, Florida Statutes, is created**
77 **to read:**

78 395.3042 Statewide venous thromboembolism registry.-

79 (1)(a) The department shall contract with a private
80 entity, that meets all of the conditions of paragraph (b), to
81 establish and maintain, at no cost to the state, a statewide
82 venous thromboembolism registry to ensure that the performance
83 measures required to be submitted under subsection (2) are
84 maintained and available for use to improve or modify the venous
85 thromboembolism care system, ensure compliance with nationally
86 recognized guidelines, and monitor venous thromboembolism
87 patient outcomes.

88 (b) The private entity must:

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

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

94 3. Have experience operating a medical registry with at
95 least 25,000 participants.

96 4. Have experience in providing continuing education on
97 venous thromboembolism to medical professionals.

98 5. Have sponsored a public health education campaign on
99 venous thromboembolism.

100 6. Be affiliated with a medical and scientific advisory

101 board.

102 (2) Beginning July 1, 2026, each hospital with an
103 emergency department shall regularly report to the statewide
104 venous thromboembolism registry information containing
105 nationally recognized venous thromboembolism measures and data
106 on the incidence and prevalence of venous thromboembolism. Such
107 data must include the following information:

108 (a) The number of venous thromboembolism identified and
109 diagnosed.

110 (b) The age of the patient.

111 (c) The zip code of the patient.

112 (d) The sex of the patient.

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

115 (f) Whether the venous thromboembolism was fatal.

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

118 (h) The treatment that was recommended for the venous
119 thromboembolism.

120 (3) The department shall require the contracted private
121 entity to use a nationally recognized platform to collect data
122 from each hospital with an emergency department on the
123 performance measures required under subsection (2). The
124 contracted private entity shall provide regular reports to the
125 department on the data collected.

126 (4) By June 1, 2026, the agency must submit to the
127 Governor, the President of the Senate, and the Speaker of the
128 House of Representatives a detailed report on the incidence of
129 venous thromboembolism using inpatient, outpatient, and
130 ambulatory surgical center data for services provided between
131 July 1, 2024, and June 30, 2025. The report shall provide
132 analyses of all of the following:

133 (a) Age category, initial primary diagnosis and procedure,
134 and secondary diagnoses, readmission rates for inpatients,
135 admission rates for venous thromboembolism for which the patient
136 had an ambulatory surgery procedure, and emergency department
137 visits for venous thromboembolism linked to any previous
138 admission.

139 (b) Whether the venous thromboembolism was present upon
140 admission.

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

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

145 (5) The contracted private entity operating the registry
146 may only use or publish information from the registry for the
147 purposes of advancing medical research or medical education in
148 the interest of reducing morbidity or mortality.

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

151 400.211 Persons employed as nursing assistants;
152 certification requirement; qualified medication aide designation
153 and requirements.—

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

159 (a) Be sufficient to ensure the continuing competence of
160 nursing assistants and must meet the standard specified in s.
161 464.203(7);

162 (b) Include, at a minimum:

163 1. Techniques for assisting with eating and proper
164 feeding;

165 2. Principles of adequate nutrition and hydration;

166 3. Techniques for assisting and responding to the
167 cognitively impaired resident or the resident with difficult
168 behaviors;

169 4. Techniques for caring for the resident at the end-of-
170 life; ~~and~~

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

173 6. Recognizing signs and symptoms of venous
174 thromboembolism and techniques for providing an emergency
175 response; and

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

179
180 Costs associated with this training may not be reimbursed from
181 additional Medicaid funding through interim rate adjustments.

182 (5) A nursing home, in accordance with chapter 464 and
183 rules adopted pursuant to this section, may authorize a
184 registered nurse to delegate tasks, including medication
185 administration, to a certified nursing assistant who meets the
186 requirements of this subsection.

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

191 1. Hold a clear and active certification from the
192 Department of Health for a minimum of 1 year immediately
193 preceding the delegation;

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

201 3. Demonstrate clinical competency by successfully
202 completing a supervised clinical practice in medication
203 administration and associated tasks conducted in the facility.

204 **Section 6. Paragraph (g) of subsection (1) of section**
205 **429.41, Florida Statutes, is amended to read:**

206 429.41 Rules establishing standards.—

207 (1) It is the intent of the Legislature that rules
208 published and enforced pursuant to this section shall include
209 criteria by which a reasonable and consistent quality of
210 resident care and quality of life may be ensured and the results
211 of such resident care may be demonstrated. Such rules shall also
212 promote a safe and sanitary environment that is residential and
213 noninstitutional in design or nature and may allow for
214 technological advances in the provision of care, safety, and
215 security, including the use of devices, equipment, and other
216 security measures related to wander management, emergency
217 response, staff risk management, and the general safety and
218 security of residents, staff, and the facility. It is further
219 intended that reasonable efforts be made to accommodate the
220 needs and preferences of residents to enhance the quality of
221 life in a facility. The agency, in consultation with the
222 Department of Children and Families and the Department of
223 Health, shall adopt rules to administer this part, which must
224 include reasonable and fair minimum standards in relation to:

225 (g) The care of residents provided by the facility, which

must include:

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

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

429.52 Staff training and educational requirements.—

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

(h) Recognizing signs and symptoms of venous

251 thromboembolism.

252 **Section 8. Section 429.55, Florida Statutes, is amended to**
253 **read:**

254 429.55 Consumer information ~~website~~.—

255 (1) CONSUMER INFORMATION WEBSITE.—The Legislature finds
256 that consumers need additional information on the quality of
257 care and service in assisted living facilities in order to
258 select the best facility for themselves or their loved ones.
259 Therefore, the Agency for Health Care Administration shall
260 create content that is easily accessible through the home page
261 of the agency's website either directly or indirectly through
262 links to one or more other established websites of the agency's
263 choosing. The website must be searchable by facility name,
264 license type, city, or zip code. By November 1, 2015, the agency
265 shall include all content in its possession on the website and
266 add content when received from facilities. At a minimum, the
267 content must include:

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

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

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

272 3.~~(c)~~ The number and type of licensed beds in the
273 facility.

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

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

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

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

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

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

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

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

285 12.~~(l)~~ Forms of payment accepted, including, but not
286 limited to, Medicaid, Medicaid long-term managed care, private
287 insurance, health maintenance organization, United States
288 Department of Veterans Affairs, CHAMPUS program, or workers'
289 compensation coverage.

290 13.~~(m)~~ Indication if the licensee is operating under
291 bankruptcy protection.

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

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

294 16.~~(p)~~ Whether the facility is a part of a retirement
295 community that offers other services pursuant to this part or
296 part III of this chapter, part II or part III of chapter 400, or
297 chapter 651.

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

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

301 19.~~(s)~~ Other relevant information that the agency
302 currently collects.

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

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

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

312 3.~~(c)~~ The date the corrective action was confirmed by the
313 agency.

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

316 (2) VENOUS THROMBOEMBOLISM CONSUMER INFORMATION.—

317 (a) The Legislature finds that many pulmonary embolisms
318 are preventable and that information about the prevalence of the
319 disease could save lives.

320 (b) For purposes of this subsection, the term:

321 1. "Pulmonary embolism" means a condition in which part of
322 the clot breaks off and travels to the lungs, possibly causing
323 death.

324 2. "Venous thromboembolism" means deep vein thrombosis,
325 which is a blood clot located in a deep vein, usually in the leg

CS/CS/CS/HB 1421

2025

326 or arm. The term can be used to refer to deep vein thrombosis,
327 pulmonary embolism, or both.

328 (c) Assisted living facilities must provide a consumer
329 information pamphlet to residents upon admission. The pamphlet
330 must contain information about venous thromboembolism, including
331 risk factors and how residents can recognize the signs and
332 symptoms of venous thromboembolism.

333
334 The agency may adopt rules to administer this section.

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