

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. 429.55, F.S.;  
31 providing legislative findings; defining terms;  
32 requiring assisted living facilities to provide a  
33 consumer information pamphlet containing specified  
34 information to residents; providing an effective date.  
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36 Be It Enacted by the Legislature of the State of Florida:  
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38 Section 1. This act may be cited as the "Emily Adkins  
39 Family Protection Act."

40 Section 2. Subsection (1) of section 385.102, Florida  
41 Statutes, is amended to read:

42 385.102 Legislative intent.—It is the finding of the  
43 Legislature that:

44 (1) Chronic diseases exist in high proportions among the  
45 people of this state. These chronic diseases include, but are  
46 not limited to, heart disease, hypertension, diabetes, renal  
47 disease, chronic obstructive pulmonary disease, cancer, chronic  
48 critical illness, and genetic predisposition for developing  
49 venous thromboembolisms ~~chronic obstructive lung disease~~. These  
50 diseases are often interrelated, and they directly and

51 indirectly account for a high rate of death and illness.

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

54 395.1012 Patient safety.—

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

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

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

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

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

71 Section 4. Section 395.3042, Florida Statutes, is created  
72 to read:

73 395.3042 Statewide venous thromboembolism registry.—

74 (1)(a) The department shall contract with a private  
75 entity, that meets all of the conditions of paragraph (b), to

76 establish and maintain, at no cost to the state, a statewide  
77 venous thromboembolism registry to ensure that the performance  
78 measures required to be submitted under subsection (2) are  
79 maintained and available for use to improve or modify the venous  
80 thromboembolism care system, ensure compliance with nationally  
81 recognized guidelines, and monitor venous thromboembolism  
82 patient outcomes.

83 (b) The private entity must:

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

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

89 3. Have experience operating a medical registry with at  
90 least 25,000 participants.

91 4. Have experience in providing continuing education on  
92 venous thromboembolism to medical professionals.

93 5. Have sponsored a public health education campaign on  
94 venous thromboembolism.

95 6. Be affiliated with a medical and scientific advisory  
96 board.

97 (2) Beginning July 1, 2026, each hospital with an  
98 emergency department shall regularly report to the statewide  
99 venous thromboembolism registry information containing  
100 nationally recognized venous thromboembolism measures and data

101 on the incidence and prevalence of venous thromboembolisms. Such  
102 data must include the following information:

103 (a) The number of venous thromboembolisms identified and  
104 diagnosed.

105 (b) The age of the patient.

106 (c) The zip code of the patient.

107 (d) The sex of the patient.

108 (e) The race and ethnicity of the patient.

109 (f) Whether the patient is a resident of a licensed  
110 nursing home or assisted living facility.

111 (g) Whether the venous thromboembolism was fatal.

112 (h) How the diagnosis was made, such as by using imaging  
113 modalities.

114 (i) The treatment that was recommended for the venous  
115 thromboembolism.

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

122 (4) By June 1, 2026, the agency must submit to the  
123 Governor, the President of the Senate, and the Speaker of the  
124 House of Representatives a detailed report on the incidence of  
125 venous thromboembolism using inpatient and outpatient data for

126 services provided between July 1, 2024, and June 30, 2025. The  
127 report shall provide analyses of all of the following:

128 (a) Age category, initial primary diagnosis and procedure,  
129 and secondary diagnoses, readmission rates for inpatients,  
130 admission rates for venous thromboembolism for which the patient  
131 had an ambulatory surgery procedure, and emergency department  
132 visits for venous thromboembolism linked to any previous  
133 admission.

134 (b) Whether the venous thromboembolism was present upon  
135 admission.

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

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

140 (5) The contracted private entity operating the registry  
141 may only use or publish information from the registry for the  
142 purposes of advancing medical research or medical education in  
143 the interest of reducing morbidity or mortality.

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

146 400.211 Persons employed as nursing assistants;  
147 certification requirement; qualified medication aide designation  
148 and requirements.—

149 (4) When employed by a nursing home facility for a 12-  
150 month period or longer, a nursing assistant, to maintain

certification, shall submit to a performance review every 12 months and must receive regular inservice education based on the outcome of such reviews. The inservice training must:

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

(b) Include, at a minimum:

1. Techniques for assisting with eating and proper feeding;

2. Principles of adequate nutrition and hydration;

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

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

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

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

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

Costs associated with this training may not be reimbursed from

176 additional Medicaid funding through interim rate adjustments.

177 (5) A nursing home, in accordance with chapter 464 and  
178 rules adopted pursuant to this section, may authorize a  
179 registered nurse to delegate tasks, including medication  
180 administration, to a certified nursing assistant who meets the  
181 requirements of this subsection.

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

186 1. Hold a clear and active certification from the  
187 Department of Health for a minimum of 1 year immediately  
188 preceding the delegation;

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

196 3. Demonstrate clinical competency by successfully  
197 completing a supervised clinical practice in medication  
198 administration and associated tasks conducted in the facility.

199 Section 6. Section 429.55, Florida Statutes, is amended to  
200 read:



201 429.55 Consumer information ~~website~~.—

202 (1) CONSUMER INFORMATION WEBSITE.—The Legislature finds  
203 that consumers need additional information on the quality of  
204 care and service in assisted living facilities in order to  
205 select the best facility for themselves or their loved ones.  
206 Therefore, the Agency for Health Care Administration shall  
207 create content that is easily accessible through the home page  
208 of the agency's website either directly or indirectly through  
209 links to one or more other established websites of the agency's  
210 choosing. The website must be searchable by facility name,  
211 license type, city, or zip code. By November 1, 2015, the agency  
212 shall include all content in its possession on the website and  
213 add content when received from facilities. At a minimum, the  
214 content must include:

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

- 217 1.~~(a)~~ The name and address of the facility.  
218 2.~~(b)~~ The name of the owner or operator of the facility.  
219 3.~~(c)~~ The number and type of licensed beds in the  
220 facility.  
221 4.~~(d)~~ The types of licenses held by the facility.  
222 5.~~(e)~~ The facility's license expiration date and status.  
223 6.~~(f)~~ The total number of clients that the facility is  
224 licensed to serve and the most recently available occupancy  
225 levels.

226        7.~~(g)~~ The number of private and semiprivate rooms offered.  
227        8.~~(h)~~ The bed-hold policy.  
228        9.~~(i)~~ The religious affiliation, if any, of the assisted  
229 living facility.  
230        10.~~(j)~~ The languages spoken by the staff.  
231        11.~~(k)~~ Availability of nurses.  
232        12.~~(l)~~ Forms of payment accepted, including, but not  
233 limited to, Medicaid, Medicaid long-term managed care, private  
234 insurance, health maintenance organization, United States  
235 Department of Veterans Affairs, CHAMPUS program, or workers'  
236 compensation coverage.  
237        13.~~(m)~~ Indication if the licensee is operating under  
238 bankruptcy protection.  
239        14.~~(n)~~ Recreational and other programs available.  
240        15.~~(o)~~ Special care units or programs offered.  
241        16.~~(p)~~ Whether the facility is a part of a retirement  
242 community that offers other services pursuant to this part or  
243 part III of this chapter, part II or part III of chapter 400, or  
244 chapter 651.  
245        17.~~(q)~~ Links to the State Long-Term Care Ombudsman Program  
246 website and the program's statewide toll-free telephone number.  
247        18.~~(r)~~ Links to the websites of the providers.  
248        19.~~(s)~~ Other relevant information that the agency  
249 currently collects.  
250        (b)~~(2)~~ Survey and violation information for the facility,

including a list of the facility's violations committed during the previous 60 months, which on July 1, 2015, may include violations committed on or after July 1, 2010. The list shall be updated monthly and include for each violation:

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

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

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

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

(2) VTE CONSUMER INFORMATION.—

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

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

(c) The term "venous thromboembolism" means deep vein thrombosis, which is a blood clot located in a deep vein, usually in the leg or arm. The term can be used to refer to deep vein thrombosis, pulmonary embolism, or both.

(d) Assisted living facilities must provide a consumer information pamphlet to residents upon admission. The pamphlet

276   must contain information about venous thromboembolism, including  
277   risk factors and how residents can recognize the signs and  
278   symptoms of venous thromboembolism.

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280   The agency may adopt rules to administer this section.

281       Section 7.   This act shall take effect July 1, 2025.