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CS/CS/CS/HB 1421, Engrossed 1

2025 Legislature

1
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

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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.

35

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

37

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

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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

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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

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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

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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

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

154 (a) Be sufficient to ensure the continuing competence of
 155 nursing assistants and must meet the standard specified in s.
 156 464.203(7);

157 (b) Include, at a minimum:

158 1. Techniques for assisting with eating and proper
 159 feeding;

160 2. Principles of adequate nutrition and hydration;

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

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

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

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

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

174
 175 Costs associated with this training may not be reimbursed from

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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:

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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.

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- 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,

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

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

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

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

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

263 (2) VTE CONSUMER INFORMATION.—

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

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

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

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

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

279

280 | The agency may adopt rules to administer this section.

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