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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/15/2025	.	
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The Appropriations Committee on Health and Human Services  
(Yarborough) recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

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

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

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



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(1) Chronic diseases exist in high proportions among the 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.

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



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395.3042 Statewide venous thromboembolism registry.-

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

(b) The private entity must:

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

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

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

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

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

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

(2) Beginning July 1, 2026, each hospital with an emergency department and each ambulatory surgical center shall regularly report to the statewide venous thromboembolism registry information containing nationally recognized venous thromboembolism measures and data on the incidence and



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prevalence of venous thromboembolisms. Such data must include the following information:

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

(b) The age of the patient.

(c) The zip code of the patient.

(d) The sex of the patient.

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

(f) Whether the venous thromboembolism was fatal.

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

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

(3) The agency shall require the contracted private entity to use a nationally recognized platform to collect data from each hospital with an emergency department and each ambulatory surgical center on the performance measures required under subsection (2). The contracted private entity shall provide regular reports to the agency on the data collected.

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

(a) Age category, initial primary diagnosis and procedure, and secondary diagnoses, readmission rates for inpatients,



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admission rates for venous thromboembolism for which the patient had an ambulatory surgery procedure, and emergency department visits for venous thromboembolism linked to any previous admission.

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

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

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

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

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

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

(4) When employed by a nursing home facility for a 12-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;



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127           2. Principles of adequate nutrition and hydration;  
128           3. Techniques for assisting and responding to the  
129 cognitively impaired resident or the resident with difficult  
130 behaviors;  
131           4. Techniques for caring for the resident at the end-of-  
132 life; ~~and~~  
133           5. Recognizing changes that place a resident at risk for  
134 pressure ulcers and falls; and  
135           6. Recognizing signs and symptoms of venous thromboembolism  
136 and techniques for providing an emergency response; and  
137           (c) Address areas of weakness as determined in nursing  
138 assistant performance reviews and may address the special needs  
139 of residents as determined by the nursing home facility staff.  
140  
141 Costs associated with this training may not be reimbursed from  
142 additional Medicaid funding through interim rate adjustments.  
143           (5) A nursing home, in accordance with chapter 464 and  
144 rules adopted pursuant to this section, may authorize a  
145 registered nurse to delegate tasks, including medication  
146 administration, to a certified nursing assistant who meets the  
147 requirements of this subsection.  
148           (a) In addition to the initial 6-hour training course and  
149 determination of competency required under s. 464.2035, to be  
150 eligible to administer medication to a resident of a nursing  
151 home facility, a certified nursing assistant must:  
152           1. Hold a clear and active certification from the  
153 Department of Health for a minimum of 1 year immediately  
154 preceding the delegation;  
155           2. Complete an additional 34-hour training course approved



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by the Board of Nursing in medication administration and associated tasks, including, but not limited to, blood glucose level checks, dialing oxygen flow meters to prescribed settings, ~~and~~ assisting with continuous positive airway pressure devices, and identification of signs and symptoms of venous thromboembolism and how to assist with a response protocol; and

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

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

429.41 Rules establishing standards.—

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



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include reasonable and fair minimum standards in relation to:

(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. Identification of residents who are at risk for developing venous thromboembolism and the treating facility's response protocols to help ensure access to timely treatment.

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) Identification of and responding to residents at high risk of developing venous thromboembolism.





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

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete everything before the enacting clause  
and insert:

A bill to be entitled  
An act relating to improving screening for and  
treatment of blood clots; providing a short title;  
amending s. 385.102, F.S.; revising legislative  
findings under the Chronic Diseases Act; amending s.  
395.1012, F.S.; requiring hospitals with emergency  
departments and ambulatory surgical centers to develop  
and implement policies and procedures and conduct  
training for the rendering of appropriate medical  
attention for persons at risk of forming venous  
thromboembolisms; creating s. 395.3042, F.S.;  
requiring the Agency for Health Care Administration to  
contract with a private entity to establish a  
statewide venous thromboembolism registry at no cost  
to the state; providing requirements for the private  
entity; requiring hospitals with an emergency  
department and ambulatory surgical centers, beginning  
on a date certain, to regularly report certain  
information to the statewide venous thromboembolism  
registry; requiring the agency to require the private  
entity to use a nationally recognized platform to  
collect certain data; requiring the private entity to  
provide regular reports to the agency on such data;



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requiring the agency, by a date certain, to provide to the Governor and the Legislature a specified report; providing requirements for such report; providing applicability; amending s. 400.211, F.S.; revising requirements for certain annual inservice training for certified nursing assistants employed by nursing home facilities; revising training requirements for certain certified nursing assistants who may be delegated tasks in nursing home facilities; amending s. 429.41, F.S.; revising minimum standards for the care of residents in assisted living facilities; amending s. 429.52, F.S.; revising requirements for the core competency test for administrators of assisted living facilities; providing an effective date.