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LEGISLATIVE ACTION

| Senate     | . | House |
|------------|---|-------|
| Comm: RCS  | . |       |
| 04/23/2025 | . |       |
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The Committee on Fiscal Policy (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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11 (1) Chronic diseases exist in high proportions among the  
12 people of this state. These chronic diseases include, but are  
13 not limited to, heart disease, hypertension, diabetes, renal  
14 disease, chronic obstructive pulmonary disease, cancer, chronic  
15 critical illness, and genetic predisposition for developing  
16 venous thromboembolisms ~~chronic obstructive lung disease~~. These  
17 diseases are often interrelated, and they directly and  
18 indirectly account for a high rate of death and illness.

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

21 395.1012 Patient safety.—

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

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

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

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

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

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



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40           395.3042 Statewide venous thromboembolism registry.-  
41           (1) (a) The department shall contract with a private entity,  
42 that meets all of the conditions of paragraph (b), to establish  
43 and maintain, at no cost to the state, a statewide venous  
44 thromboembolism registry to ensure that the performance measures  
45 required to be submitted under subsection (2) are maintained and  
46 available for use to improve or modify the venous  
47 thromboembolism care system, ensure compliance with nationally  
48 recognized guidelines, and monitor venous thromboembolism  
49 patient outcomes.  
50           (b) The private entity must:  
51           1. Be a not-for-profit corporation qualified as tax-exempt  
52 under s. 501(c) (3) of the Internal Revenue Code.  
53           2. Have existed for at least 15 consecutive years with a  
54 mission of advancing the prevention, early diagnosis, and  
55 successful treatment of blood clots.  
56           3. Have experience operating a medical registry with at  
57 least 25,000 participants.  
58           4. Have experience in providing continuing education on  
59 venous thromboembolism to medical professionals.  
60           5. Have sponsored a public health education campaign on  
61 venous thromboembolism.  
62           6. Be affiliated with a medical and scientific advisory  
63 board.  
64           (2) Beginning July 1, 2026, each hospital with an emergency  
65 department shall regularly report to the statewide venous  
66 thromboembolism registry information containing nationally  
67 recognized venous thromboembolism measures and data on the  
68 incidence and prevalence of venous thromboembolisms. Such data



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69 must include the following information:

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

72 (b) The age of the patient.

73 (c) The zip code of the patient.

74 (d) The sex of the patient.

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

77 (f) Whether the venous thromboembolism was fatal.

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

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

82 (3) The department shall require the contracted private  
83 entity to use a nationally recognized platform to collect data  
84 from each hospital with an emergency department on the  
85 performance measures required under subsection (2). The  
86 contracted private entity shall provide regular reports to the  
87 department on the data collected.

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

94 (a) Age category, initial primary diagnosis and procedure,  
95 and secondary diagnoses, readmission rates for inpatients,  
96 admission rates for venous thromboembolism for which the patient  
97 had an ambulatory surgery procedure, and emergency department



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98 visits for venous thromboembolism linked to any previous  
99 admission.

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

102 (c) The incidence of venous thromboembolism procedures  
103 reported on the department's website.

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

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

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

112 400.211 Persons employed as nursing assistants;  
113 certification requirement; qualified medication aide designation  
114 and requirements.-

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

120 (a) Be sufficient to ensure the continuing competence of  
121 nursing assistants and must meet the standard specified in s.  
122 464.203(7);

123 (b) Include, at a minimum:

- 124 1. Techniques for assisting with eating and proper feeding;  
125 2. Principles of adequate nutrition and hydration;  
126 3. Techniques for assisting and responding to the



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127 cognitively impaired resident or the resident with difficult  
128 behaviors;

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

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

133 6. For direct care staff, recognizing signs and symptoms of  
134 venous thromboembolism and techniques for providing an emergency  
135 response; and

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

139  
140 Costs associated with this training may not be reimbursed from  
141 additional Medicaid funding through interim rate adjustments.

142 (5) A nursing home, in accordance with chapter 464 and  
143 rules adopted pursuant to this section, may authorize a  
144 registered nurse to delegate tasks, including medication  
145 administration, to a certified nursing assistant who meets the  
146 requirements of this subsection.

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

151 1. Hold a clear and active certification from the  
152 Department of Health for a minimum of 1 year immediately  
153 preceding the delegation;

154 2. Complete an additional 34-hour training course approved  
155 by the Board of Nursing in medication administration and



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156 associated tasks, including, but not limited to, blood glucose  
157 level checks, dialing oxygen flow meters to prescribed settings,  
158 ~~and~~ assisting with continuous positive airway pressure devices,  
159 and identifying signs and symptoms of venous thromboembolism and  
160 how to assist with a response protocol; and

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

164 Section 6. Section 429.55, Florida Statutes, is amended to  
165 read:

166 429.55 Consumer information ~~website~~.—

167 (1) CONSUMER INFORMATION WEBSITE.—The Legislature finds  
168 that consumers need additional information on the quality of  
169 care and service in assisted living facilities in order to  
170 select the best facility for themselves or their loved ones.  
171 Therefore, the Agency for Health Care Administration shall  
172 create content that is easily accessible through the home page  
173 of the agency's website either directly or indirectly through  
174 links to one or more other established websites of the agency's  
175 choosing. The website must be searchable by facility name,  
176 license type, city, or zip code. By November 1, 2015, the agency  
177 shall include all content in its possession on the website and  
178 add content when received from facilities. At a minimum, the  
179 content must include:

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

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

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

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



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- 185        4.~~(d)~~ The types of licenses held by the facility.
- 186        5.~~(e)~~ The facility's license expiration date and status.
- 187        6.~~(f)~~ The total number of clients that the facility is  
188 licensed to serve and the most recently available occupancy  
189 levels.
- 190        7.~~(g)~~ The number of private and semiprivate rooms offered.
- 191        8.~~(h)~~ The bed-hold policy.
- 192        9.~~(i)~~ The religious affiliation, if any, of the assisted  
193 living facility.
- 194        10.~~(j)~~ The languages spoken by the staff.
- 195        11.~~(k)~~ Availability of nurses.
- 196        12.~~(l)~~ Forms of payment accepted, including, but not  
197 limited to, Medicaid, Medicaid long-term managed care, private  
198 insurance, health maintenance organization, United States  
199 Department of Veterans Affairs, CHAMPUS program, or workers'  
200 compensation coverage.
- 201        13.~~(m)~~ Indication if the licensee is operating under  
202 bankruptcy protection.
- 203        14.~~(n)~~ Recreational and other programs available.
- 204        15.~~(o)~~ Special care units or programs offered.
- 205        16.~~(p)~~ Whether the facility is a part of a retirement  
206 community that offers other services pursuant to this part or  
207 part III of this chapter, part II or part III of chapter 400, or  
208 chapter 651.
- 209        17.~~(q)~~ Links to the State Long-Term Care Ombudsman Program  
210 website and the program's statewide toll-free telephone number.
- 211        18.~~(r)~~ Links to the websites of the providers.
- 212        19.~~(s)~~ Other relevant information that the agency currently  
213 collects.





214        (b)-(2) Survey and violation information for the facility,  
215 including a list of the facility's violations committed during  
216 the previous 60 months, which on July 1, 2015, may include  
217 violations committed on or after July 1, 2010. The list shall be  
218 updated monthly and include for each violation:

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

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

223        3.(e) The date the corrective action was confirmed by the  
224 agency.

225        (c)-(3) Links to inspection reports that the agency has on  
226 file.

227        (2) VTE CONSUMER INFORMATION.-

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

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

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

238        (d) Assisted living facilities must provide a consumer  
239 information pamphlet to residents upon admission. The pamphlet  
240 must contain information about VTE, risk factors, and how  
241 residents can recognize the signs and symptoms of VTE.  
242



243 The agency may adopt rules to administer this section.

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

245

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

247 And the title is amended as follows:

248 Delete everything before the enacting clause

249 and insert:

250 A bill to be entitled

251 An act relating to improving screening for and

252 treatment of blood clots; providing a short title;

253 amending s. 385.102, F.S.; revising legislative

254 findings under the Chronic Diseases Act; amending s.

255 395.1012, F.S.; requiring hospitals with emergency

256 departments and ambulatory surgical centers to develop

257 and implement policies and procedures and conduct

258 training for the rendering of appropriate medical

259 attention for persons at risk of forming venous

260 thromboembolisms; creating s. 395.3042, F.S.;

261 requiring the Department of Health to contract with a

262 private entity to establish a statewide venous

263 thromboembolism registry at no cost to the state;

264 providing requirements for the private entity;

265 requiring hospitals with an emergency department,

266 beginning on a date certain, to regularly report

267 certain information to the statewide venous

268 thromboembolism registry; requiring the department to

269 require the private entity to use a nationally

270 recognized platform to collect certain data; requiring

271 the private entity to provide regular reports to the



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272 department on such data; requiring the department, by  
273 a date certain, to provide to the Governor and the  
274 Legislature a specified report; providing requirements  
275 for such report; providing applicability; amending s.  
276 400.211, F.S.; revising requirements for certain  
277 annual inservice training for certified nursing  
278 assistants employed by nursing home facilities;  
279 revising training requirements for certain certified  
280 nursing assistants who may be delegated tasks in  
281 nursing home facilities; amending s. 429.55, F.S.;  
282 providing legislative findings; defining terms;  
283 requiring assisted living facilities to provide a  
284 consumer information pamphlet containing specified  
285 information to residents; providing an effective date.