

By Senator Yarborough

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1 A bill to be entitled
2 An act relating to improving screening for and
3 treatment of blood clots; amending s. 385.102, F.S.;
4 revising legislative findings under the Chronic
5 Diseases Act; creating s. 385.213, F.S.; requiring the
6 Department of Health to establish, or contract to
7 establish, a statewide registry for a specified
8 purpose; requiring certain licensed facilities to
9 report specified information to the department for
10 inclusion in the registry; specifying limitations on
11 the use and publication of information from the
12 registry; providing that certain personal identifying
13 information is confidential and exempt from public
14 records requirements, with exceptions; specifying
15 requirements for the use of certain appropriated
16 funds; authorizing the department, by rule, to
17 classify facilities for purposes of certain reporting
18 requirements; requiring the department to exempt
19 certain facilities from certain reporting
20 requirements; providing applicability; creating s.
21 395.3042, F.S.; requiring certain licensed facilities
22 to arrange for the rendering of appropriate medical
23 attention for persons at risk for certain conditions;
24 specifying requirements for the manner in which such
25 facilities must provide such medical attention,
26 including admission, training, and practice policies;
27 amending s. 400.211, F.S.; revising requirements for
28 certain annual inservice training for certified
29 nursing assistants employed by nursing home

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30 facilities; revising training requirements for certain
31 certified nursing assistants who may be delegated
32 tasks in nursing home facilities; amending s. 429.41,
33 F.S.; revising minimum standards for the care of
34 residents in assisted living facilities; amending s.
35 429.52, F.S.; revising requirements for the core
36 competency test for administrators of assisted living
37 facilities; providing an effective date.
38

39 Be It Enacted by the Legislature of the State of Florida:
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41 Section 1. Subsection (1) of section 385.102, Florida
42 Statutes, is amended to read:

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

45 (1) Chronic diseases exist in high proportions among the
46 people of this state. These chronic diseases include, but are
47 not limited to, heart disease, hypertension, diabetes, renal
48 disease, chronic obstructive pulmonary disease, cancer, chronic
49 critical illness, and genetic predisposition for developing
50 blood clots and pulmonary embolisms ~~chronic obstructive lung~~
51 ~~disease~~. These diseases are often interrelated, and they
52 directly and indirectly account for a high rate of death and
53 illness.

54 Section 2. Section 385.213, Florida Statutes, is created to
55 read:

56 385.213 Blood clot and pulmonary embolism registry.—

57 (1) The Department of Health shall establish, or contract
58 with a recognized medical organization in this state and its

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59 affiliated institutions to establish, a statewide registry to
60 ensure blood clot and pulmonary embolism reports required under
61 this section are maintained and available for use in the course
62 of research for the purpose of reducing morbidity and mortality,
63 and liability of any kind or character for damages or other
64 relief may not arise or be enforced against any hospital by
65 reason of having provided such information or material to the
66 department for inclusion in the registry.

67 (2) Each facility licensed under chapter 395 or chapter 408
68 shall report to the department for inclusion in the registry all
69 of the following information, and as further specified by
70 department rule, for each instance of a blood clot, pulmonary
71 embolism, or deep vein thrombosis identified in a patient:

72 (a) The number of blood clots, pulmonary embolisms, and
73 deep vein thromboses identified and diagnosed.

74 (b) The age of the patient.

75 (c) The zip code of the patient.

76 (d) The sex of the patient.

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

79 (f) Whether the blood clot, pulmonary embolism, or deep
80 vein thrombosis was fatal.

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

83 (h) The treatment that was recommended for the blood clot,
84 pulmonary embolism, or deep vein thrombosis, as applicable.

85 (3) The department or contractor operating the registry may
86 use or publish information from the registry only for the
87 purpose of advancing medical research or medical education in

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88 the interest of reducing morbidity or mortality, except that a
89 summary of such entries without any personal identifying
90 information may be released for general publication. Information
91 which discloses or could lead to the disclosure of personal
92 identifying information of any person whose condition or
93 treatment has been reported and studied is confidential and
94 exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I
95 of the State Constitution as specified in s. 119.0712(1), except
96 that:

97 (a) Such information may be released with the express
98 written consent of the person or his or her legally authorized
99 representative;

100 (b) The department or the contractor may contact
101 individuals for the purpose of epidemiologic investigation and
102 monitoring, provided such information that is confidential under
103 this section is not further disclosed; and

104 (c) The department may exchange data that includes personal
105 identifying information with any other governmental agency or
106 the contractor for the purpose of medical or scientific
107 research, provided such governmental agency or contractor does
108 not further disclose information that is confidential and
109 exempt.

110 (4) Funds appropriated for implementation of this section
111 must be used for establishing, administering, compiling,
112 processing, and providing biometric and statistical analyses to
113 the reporting facilities. Funds may also be used to ensure the
114 quality and accuracy of the information reported and to provide
115 management information to the reporting facilities.

116 (5) The department may, by rule, classify facilities for

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117 purposes of reports made to the registry and specify the content
118 and frequency of the reports. In classifying facilities, the
119 department must exempt certain facilities from reporting blood
120 clot and pulmonary embolism information that was previously
121 reported to the department or retrieved from existing state
122 reports made to the department or the Agency for Health Care
123 Administration.

124 (6) This section does not apply to any facility whose
125 primary function is to provide psychiatric care to its patients.

126 Section 3. Section 395.3042, Florida Statutes, is created
127 to read:

128 395.3042 Screening for blood clots, pulmonary embolisms,
129 and deep vein thrombosis in licensed facilities.—Any licensed
130 facility that provides emergency room services, orthopedic
131 services, pregnancy services, or cancer treatment shall arrange
132 for the rendering of appropriate medical attention for persons
133 at risk of blood clots, pulmonary embolisms, or deep vein
134 thrombosis in the following manner:

135 (1) Upon admission to such a facility, a patient must be
136 assessed for risk of blood clots, pulmonary embolisms, and deep
137 vein thrombosis using a nationally recognized risk assessment
138 tool.

139 (2) The training of all staff in the facility must include
140 continuing education annually on how to recognize a blood clot,
141 pulmonary embolism, or deep vein thrombosis.

142 (3) The facility shall have established protocols for staff
143 to ensure that patients diagnosed with a life-threatening blood
144 clot, pulmonary embolism, or deep vein thrombosis are assessed
145 for various treatment options.

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146 (4) The facility shall have an established policy in place
147 requiring a follow-up for all orthopedic patients who have
148 undergone lower extremity or pelvic surgery, to occur within 60
149 days after discharge.

150 (5) The facility shall have procedures in place to provide
151 ongoing blood clot risk assessment for patients who are at high
152 risk of developing blood clots, are pregnant, or are being
153 treated for cancer.

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

156 400.211 Persons employed as nursing assistants;
157 certification requirement; qualified medication aide designation
158 and requirements.—

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

164 (a) Be sufficient to ensure the continuing competence of
165 nursing assistants and must meet the standard specified in s.
166 464.203(7);

167 (b) Include, at a minimum:

168 1. Techniques for assisting with eating and proper feeding;

169 2. Principles of adequate nutrition and hydration;

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

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

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

177 6. Recognizing signs and symptoms of a blood clot,
178 pulmonary embolism, or deep vein thrombosis and techniques for
179 providing an emergency response; and

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

183

184 Costs associated with this training may not be reimbursed from
185 additional Medicaid funding through interim rate adjustments.

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

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

195 1. Hold a clear and active certification from the
196 Department of Health for a minimum of 1 year immediately
197 preceding the delegation;

198 2. Complete an additional 34-hour training course approved
199 by the Board of Nursing in medication administration and
200 associated tasks, including, but not limited to, blood glucose
201 level checks, dialing oxygen flow meters to prescribed settings,
202 ~~and~~ assisting with continuous positive airway pressure devices,
203 and identification of signs and symptoms of a blood clot and how

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204 to assist with a response protocol; and

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

208 Section 5. Paragraph (g) of subsection (1) of section
209 429.41, Florida Statutes, is amended to read:

210 429.41 Rules establishing standards.—

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

229 (g) The care of residents provided by the facility, which
230 must include:

- 231 1. The supervision of residents;
- 232 2. The provision of personal services;

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233 3. The provision of, or arrangement for, social and leisure
234 activities;

235 4. The assistance in making arrangements for appointments
236 and transportation to appropriate medical, dental, nursing, or
237 mental health services, as needed by residents;

238 5. The management of medication stored within the facility
239 and as needed by residents;

240 6. The dietary needs of residents;

241 7. Resident records; ~~and~~

242 8. Internal risk management and quality assurance; and

243 9. Identification of residents who are at risk for
244 developing blood clots, and the treating facility's response
245 protocols to help ensure access to timely treatment.

246 Section 6. Paragraph (h) is added to subsection (3) of
247 section 429.52, Florida Statutes, to read:

248 429.52 Staff training and educational requirements.—

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

255 (h) Identification of and responding to residents at high
256 risk of developing blood clots and pulmonary embolisms.

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