

By the Appropriations Committee on Health and Human Services;
and Senators Yarborough, Berman, Gruters, and Rouson

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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; 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

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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.

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

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:

(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

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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:

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

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88 under s. 501(c)(3) of the Internal Revenue Code.

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

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

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

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

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

100 (2) Beginning July 1, 2026, each hospital with an emergency
101 department and each ambulatory surgical center shall regularly
102 report to the statewide venous thromboembolism registry
103 information containing nationally recognized venous
104 thromboembolism measures and data on the incidence and
105 prevalence of venous thromboembolisms. Such data must include
106 the following information:

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

109 (b) The age of the patient.

110 (c) The zip code of the patient.

111 (d) The sex of the patient.

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

114 (f) Whether the venous thromboembolism was fatal.

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

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

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

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

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

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

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

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

144 (5) The contracted private entity operating the registry
145 may only use or publish information from the registry for the

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146 purposes of advancing medical research or medical education in
147 the interest of reducing morbidity or mortality.

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

150 400.211 Persons employed as nursing assistants;
151 certification requirement; qualified medication aide designation
152 and requirements.—

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

158 (a) Be sufficient to ensure the continuing competence of
159 nursing assistants and must meet the standard specified in s.
160 464.203(7);

161 (b) Include, at a minimum:

- 162 1. Techniques for assisting with eating and proper feeding;
- 163 2. Principles of adequate nutrition and hydration;
- 164 3. Techniques for assisting and responding to the
165 cognitively impaired resident or the resident with difficult
166 behaviors;
- 167 4. Techniques for caring for the resident at the end-of-
168 life; ~~and~~
- 169 5. Recognizing changes that place a resident at risk for
170 pressure ulcers and falls; and
- 171 6. Recognizing signs and symptoms of venous thromboembolism
172 and techniques for providing an emergency response; and

173 (c) Address areas of weakness as determined in nursing
174 assistant performance reviews and may address the special needs

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of residents as determined by the nursing home facility staff.

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

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

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

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

2. Complete an additional 34-hour training course approved 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.—

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(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 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;

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233 6. The dietary needs of residents;

234 7. Resident records; ~~and~~

235 8. Internal risk management and quality assurance; and

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

239 Section 7. Paragraph (h) is added to subsection (3) of
240 section 429.52, Florida Statutes, to read:

241 429.52 Staff training and educational requirements.—

242 (3) The agency, in conjunction with providers, shall
243 develop core training requirements for administrators consisting
244 of core training learning objectives, a competency test, and a
245 minimum required score to indicate successful passage of the
246 core competency test. The required core competency test must
247 cover at least the following topics:

248 (h) Identification of and responding to residents at high
249 risk of developing venous thromboembolism.

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