

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

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1                                   A bill to be entitled  
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 and ambulatory surgical centers to develop  
8       and implement policies and procedures and conduct  
9       training for the rendering of appropriate medical  
10      attention for persons at risk of forming venous  
11      thromboembolisms; creating s. 395.3042, F.S.;  
12      requiring the Department of Health to contract with a  
13      private entity to establish a statewide venous  
14      thromboembolism registry at no cost to the state;  
15      providing requirements for the private entity;  
16      requiring hospitals with an emergency department,  
17      beginning on a date certain, to report certain  
18      information regularly to the statewide venous  
19      thromboembolism registry; requiring the department to  
20      require the private entity to use a nationally  
21      recognized platform to collect certain data; requiring  
22      the private entity to provide regular reports to the  
23      department on such data; requiring the Agency for  
24      Health Care Administration, by a date certain, to  
25      provide to the Governor and the Legislature a  
26      specified report; providing requirements for such  
27      report; providing applicability; amending s. 400.211,  
28      F.S.; revising requirements for certain annual  
29      inservice training for certified nursing assistants

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30 employed by nursing home facilities; revising training  
31 requirements for certain certified nursing assistants  
32 who may be delegated tasks in nursing home facilities;  
33 amending s. 429.55, F.S.; providing legislative  
34 findings; defining terms; requiring assisted living  
35 facilities to provide a consumer information pamphlet  
36 containing specified information to residents;  
37 providing an effective date.  
38

39 Be It Enacted by the Legislature of the State of Florida:  
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41 Section 1. This act may be cited as the "Emily Adkins  
42 Family Protection Act."

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

45 385.102 Legislative intent.—It is the finding of the  
46 Legislature that:

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

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

57 395.1012 Patient safety.—

58 (5) Each hospital with an emergency department and each

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59 ambulatory surgical center shall:

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

64 1. Assessing patients for risk of venous thromboembolism  
65 using a nationally recognized risk assessment tool.

66 2. Treatment options for a patient diagnosed with venous  
67 thromboembolism.

68 (b) Train all nonphysician personnel at least annually on  
69 the policies and procedures developed under this subsection. For  
70 purposes of this subsection, the term "nonphysician personnel"  
71 means all personnel of the licensed facility working in clinical  
72 areas and providing patient care, except those persons licensed  
73 as health care practitioners.

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

76 395.3042 Statewide venous thromboembolism registry.—

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

86 (b) The private entity must:

87 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 shall regularly report to the statewide venous  
102 thromboembolism registry information containing nationally  
103 recognized venous thromboembolism measures and data on the  
104 incidence and prevalence of venous thromboembolisms. Such data  
105 must include the following information:

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

108 (b) The age of the patient.

109 (c) The zip code of the patient.

110 (d) The sex of the patient.

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

113 (f) Whether the venous thromboembolism was fatal.

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

116 (h) The treatment that was recommended for the venous

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117 thromboembolism.

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

124 (4) By June 1, 2026, the agency shall submit to the  
125 Governor, the President of the Senate, and the Speaker of the  
126 House of Representatives a detailed report on the incidence of  
127 venous thromboembolism using inpatient and outpatient data for  
128 services provided between July 1, 2024, and June 30, 2025. The  
129 report must provide analyses of all of the following:

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

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

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

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

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

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

148 400.211 Persons employed as nursing assistants;  
149 certification requirement; qualified medication aide designation  
150 and requirements.—

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

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

159 (b) Include, at a minimum:

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

161 2. Principles of adequate nutrition and hydration;

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

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

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

169 6. For direct care staff, recognizing signs and symptoms of  
170 venous thromboembolism and techniques for providing an emergency  
171 response; and

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

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

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

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

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

190 2. Complete an additional 34-hour training course approved  
191 by the Board of Nursing in medication administration and  
192 associated tasks, including, but not limited to, blood glucose  
193 level checks, dialing oxygen flow meters to prescribed settings,  
194 ~~and~~ assisting with continuous positive airway pressure devices,  
195 and identifying signs and symptoms of venous thromboembolism and  
196 how to assist with a response protocol; and

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

200 Section 6. Section 429.55, Florida Statutes, is amended to  
201 read:

202 429.55 Consumer information ~~website~~.—

203 (1) CONSUMER INFORMATION WEBSITE.—The Legislature finds

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204 that consumers need additional information on the quality of  
205 care and service in assisted living facilities in order to  
206 select the best facility for themselves or their loved ones.  
207 Therefore, the Agency for Health Care Administration shall  
208 create content that is easily accessible through the home page  
209 of the agency's website either directly or indirectly through  
210 links to one or more other established websites of the agency's  
211 choosing. The website must be searchable by facility name,  
212 license type, city, or zip code. By November 1, 2015, the agency  
213 shall include all content in its possession on the website and  
214 add content when received from facilities. At a minimum, the  
215 content must include:

- 216 (a)~~(1)~~ Information on each licensed assisted living  
217 facility, including, but not limited to:
- 218 1.~~(a)~~ The name and address of the facility.
  - 219 2.~~(b)~~ The name of the owner or operator of the facility.
  - 220 3.~~(c)~~ The number and type of licensed beds in the 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.
  - 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



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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 currently  
249 collects.

250 (b)~~(2)~~ Survey and violation information for the facility,  
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

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262 file.

263 (2) VTE CONSUMER INFORMATION.-

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

267 (b) The term "pulmonary embolism (PE)" 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 (VTE)" means deep vein  
271 thrombosis (DVT), 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 DVT,  
273 pulmonary embolism, or both.

274 (d) Assisted living facilities must provide a consumer  
275 information pamphlet to residents upon admission. The pamphlet  
276 must contain information about VTE, risk factors, and how  
277 residents can recognize the signs and symptoms of VTE.

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279 The agency may adopt rules to administer this section.

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