

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 Agency for Health Care Administration to
13 contract with a private entity to establish a
14 statewide venous thromboembolism registry at no cost
15 to the state; providing requirements for the private
16 entity; requiring hospitals with an emergency
17 department and ambulatory surgical centers, beginning
18 on a date certain, to regularly report certain
19 information to the statewide venous thromboembolism
20 registry information; requiring the agency to require
21 the private entity to use a nationally recognized
22 platform to collect certain data; requiring the
23 private entity to provide regular reports to the
24 agency on such data; requiring the agency, by a date
25 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.

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 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

76 **to read:**

77 395.3042 Statewide venous thromboembolism registry.—

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

87 (b) The private entity must:

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

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

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

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

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

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

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

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

110 (b) The age of the patient.

111 (c) The zip code of the patient.

112 (d) The sex of the patient.

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

115 (f) Whether the venous thromboembolism was fatal.

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

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

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

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

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

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

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

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

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

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

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

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

159 (a) Be sufficient to ensure the continuing competence of
160 nursing assistants and must meet the standard specified in s.
161 464.203(7);

162 (b) Include, at a minimum:

163 1. Techniques for assisting with eating and proper
164 feeding;

165 2. Principles of adequate nutrition and hydration;

166 3. Techniques for assisting and responding to the
167 cognitively impaired resident or the resident with difficult
168 behaviors;

169 4. Techniques for caring for the resident at the end-of-
170 life; ~~and~~

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

173 6. Recognizing signs and symptoms of venous
174 thromboembolism and techniques for providing an emergency
175 response; and

176 (c) Address areas of weakness as determined in nursing
177 assistant performance reviews and may address the special needs
178 of residents as determined by the nursing home facility staff.
179

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

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

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

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

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

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

204 **Section 6. Paragraph (g) of subsection (1) of section**
205 **429.41, Florida Statutes, is amended to read:**

206 429.41 Rules establishing standards.—

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

225 (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:

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

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