

CHAPTER 2025-211

Committee Substitute for Committee Substitute for Committee Substitute for House Bill No. 1421

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 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 Department of Health 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, beginning on a date certain, to regularly report certain information; requiring the department 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 department 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 facilities; revising training requirements for certain certified nursing assistants who may be delegated tasks in nursing home facilities; amending s. 429.55, F.S.; providing legislative findings; defining terms; requiring assisted living facilities to provide a consumer information pamphlet containing specified information to residents; 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 to read:

395.3042 Statewide venous thromboembolism registry.—

(1)(a) The department 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 under s. 501(c)(3) of the Internal Revenue Code.

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

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

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

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

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

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

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

(b) The age of the patient.

(c) The zip code of the patient.

(d) The sex of the patient.

(e) The race and ethnicity of the patient.

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

(g) Whether the venous thromboembolism was fatal.

(h) How the diagnosis was made, such as by using imaging modalities.

(i) The treatment that was recommended for the venous thromboembolism.

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

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

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

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

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

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

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

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

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

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

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

(b) Include, at a minimum:

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

(c) Address areas of weakness as determined in nursing assistant performance reviews and may address the special needs 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. Section 429.55, Florida Statutes, is amended to read:

429.55 Consumer information ~~website~~.—

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

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

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

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

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

4.~~(d)~~ The types of licenses held by the facility.

5.~~(e)~~ The facility's license expiration date and status.

6.(f) The total number of clients that the facility is licensed to serve and the most recently available occupancy levels.

7.(g) The number of private and semiprivate rooms offered.

8.(h) The bed-hold policy.

9.(i) The religious affiliation, if any, of the assisted living facility.

10.(j) The languages spoken by the staff.

11.(k) Availability of nurses.

12.(l) Forms of payment accepted, including, but not limited to, Medicaid, Medicaid long-term managed care, private insurance, health maintenance organization, United States Department of Veterans Affairs, CHAMPUS program, or workers' compensation coverage.

13.(m) Indication if the licensee is operating under bankruptcy protection.

14.(n) Recreational and other programs available.

15.(o) Special care units or programs offered.

16.(p) Whether the facility is a part of a retirement community that offers other services pursuant to this part or part III of this chapter, part II or part III of chapter 400, or chapter 651.

17.(q) Links to the State Long-Term Care Ombudsman Program website and the program's statewide toll-free telephone number.

18.(r) Links to the websites of the providers.

19.(s) Other relevant information that the agency currently collects.

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

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

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

3.(c) The date the corrective action was confirmed by the agency.

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

(2) VTE CONSUMER INFORMATION.—

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

(b) The term “pulmonary embolism” means a condition in which part of the clot breaks off and travels to the lungs, possibly causing death.

(c) The term “venous thromboembolism” means deep vein thrombosis, which is a blood clot located in a deep vein, usually in the leg or arm. The term can be used to refer to deep vein thrombosis, pulmonary embolism, or both.

(d) Assisted living facilities must provide a consumer information pamphlet to residents upon admission. The pamphlet must contain information about venous thromboembolism, including risk factors and how residents can recognize the signs and symptoms of venous thromboembolism.

The agency may adopt rules to administer this section.

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

Approved by the Governor July 2, 2025.

Filed in Office Secretary of State July 2, 2025.