

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Health Policy

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BILL: SB 1412

INTRODUCER: Senator Calatayud

SUBJECT: Home Health Care Services

DATE: March 31, 2025

REVISED: \_\_\_\_\_

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1. Looke	Brown	HP	<b>Favorable</b>
2. _____	_____	AHS	_____
3. _____	_____	RC	_____

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## I. Summary:

SB 1412 amends several sections of the Florida statutes related to home health agencies (HHA) to:

- Allow one administrator to manage multiple HHAs with identical controlling interests, regardless of where they are located;
- Remove a requirement in current law that initial visits, service evaluation visits, and discharge visits must be conducted by a direct employee of the HHA; and
- Rework the Excellence in Home Health Program to require the Agency for Health Care Administration (AHCA) to adopt standards that are adaptable to all types of HHAs, regardless of payor type, patient population, or service designations.

The bill provides an effective date of July 1, 2025.

## II. Present Situation:

### Home Health Agencies

A HAA is an organization that provides medical services to an individual in the individual's home or place of residence.<sup>1</sup> Home health services include:

- Nursing care;
- Physical, occupational, respiratory, or speech therapy;
- Home health aide services;
- Homemaker and companion services;
- Dietetics and nutrition; and
- Medical supplies.<sup>2</sup>

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<sup>1</sup> Section 400.462, F.S.

<sup>2</sup> *Id.*

HHAs are licensed and regulated by the AHCA. Currently, there are 2,646 licensed HHAs in Florida.<sup>3</sup>

### ***Home Health Agency Personnel***

HHAs provide skilled nursing services and unskilled home health aide services.

Skilled nursing services must be provided by a registered nurse, licensed practical nurse, speech-language pathologist, or audiologist, or by an occupational therapist, respiratory therapist, or physical therapist.<sup>4</sup>

Unskilled services may be provided by home health aides and certified nursing assistants (CNAs). These services, which must be delegated by and under the supervision of a registered nurse, include:

- Assisting the patient or client with personal hygiene, ambulation, eating, dressing, toileting, physical transfer, and other personal care activities; and
- Assisting the patient with self-administration of medication.<sup>5</sup>

### ***Direct Employees and Contract Employees***

HHA personnel can be either direct employees<sup>6</sup> or persons under contract with a HHA.<sup>7</sup> However, the initial admission visit, all service evaluation visits, and the discharge visit must be provided by a licensed registered nurse directly employed by the home health agency.<sup>8</sup> Services provided by individuals under contract with a home health agency must be monitored and managed by the admitted home health agency.<sup>9</sup>

### ***Administrators***

An HHA administrator must be a direct employee, who is a licensed physician, physician assistant, or registered nurse, or have at least one year of supervisory or administrative experience in home health care or in a hospital, nursing home, or an assisted living facility.<sup>10</sup>

Current law authorizes an administrator to manage more than one, and up to five, home health agencies, if all five home health agencies have identical controlling interests and are located within one agency geographic service area, or within an immediately contiguous county.<sup>11</sup>

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<sup>3</sup> Florida Health Finder, Facility/Provider, Search by Location, Home Health Agency, *available at* <https://quality.healthfinder.fl.gov/Facility-Provider/HHA?&type=1> (last visited Mar. 28, 2025).

<sup>4</sup> *Supra* n. 1

<sup>5</sup> Rule 59A-8.002, F.A.C.

<sup>6</sup> Section 400.462(10), F.S. “Direct employee” means an employee for whom one of the following entities pays withholding taxes: a home health agency; a management company that has a contract to manage the home health agency on a day-to-day basis; or an employee leasing company that has a contract with the home health agency to handle the payroll and payroll taxes for the home health agency.

<sup>7</sup> *Supra* n. 1

<sup>8</sup> Section 400.487, F.S.

<sup>9</sup> *Id.*

<sup>10</sup> *Supra* n. 1

<sup>11</sup> Section 400.476, F.S.

### **The Excellence in Home Health Program**

The Excellence in Home Health Program was created by the Legislature in 2020 to issue award designations to high-performing home health agencies. A home health agency that is awarded under the Program can use the designation in their advertising and marketing.

A home health agency must meet the certain criteria to be eligible to apply for the award designation. The home health agency must have been actively licensed and operating for at least 24 months and have had no licensure denials, revocations, or serious deficiencies during the preceding 24 months. To qualify for the award, an applicant must:

- Provide targeted in-service training for employees;
- Demonstrate evidence of employee satisfaction through information obtained directly from employees;
- Demonstrate evidence of a stable workforce by submitting evidence of an effective recruitment and retention program, keeping turnover rates below 50 percent or ensuring that at least 50 percent of staff members have been employed for a minimum of one year;
- Develop, implement, and maintain a continuous quality improvement (CQI) program consistent with national industry standards;
- Develop quantitative metric tools to capture and calculate data related to the CQI program's components, which must demonstrate that the applicant ranks at or above the 95th percentile statewide for:
  - Patient improvement in the activities of daily living;
  - Prevention of medication errors;
  - Patient or client willingness to recommend the home health agency to family and friends;
  - Patient or client satisfaction with the communication and interaction between the home health agency and the patient or client;
  - Prevention of unplanned patient or client emergency care for wound infections;
  - Prevention of unplanned patient or client admission or readmission to an acute care hospital.<sup>12</sup>

### **III. Effect of Proposed Changes:**

SB 1412 amends s. 400.476, F.S., to allow a HHA administrator to manage multiple HHAs regardless of their location as long as they have identical controlling interests.

The bill amends s. 400.487, F.S., to remove a requirement that, when nursing services are ordered, the HHA must provide the initial admission visit, all service evaluation visits, and the discharge visit by a direct employee.

The bill also amends s. 400.52, F.S., to rework the Excellence in Home Health Program to require that the AHCA must adopt standards that are adaptable to all types of HHAs, regardless of payor type, patient population, or service designation. The bill replaces current requirements for the program with new requirements specifying that such standards must include, at a minimum:

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<sup>12</sup> Section 400.52, F.S.

- Patient or client satisfaction, including communication and willingness to recommend the HHA.
- Service excellence, including:
  - For skilled providers, service excellence includes outcomes related to clinical improvements, such as reducing adverse events, unplanned emergency care, and hospitalizations.
  - For nonskilled providers, service excellence includes contributions to daily living support, personal care quality, and overall client well-being 71.
- Workforce stability and development, including employee satisfaction, retention rates, and training initiatives appropriate to the home health agency's services.
- Innovation in care delivery, such as implementing new technologies, caregiver education programs, or tailored approaches to meeting patient or client needs.

The bill provides an effective date of July 1, 2025.

#### **IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

#### **V. Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 400.476, 400.487, and 400.52.

**IX. Additional Information:**

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.