1	A bill to be entitled
2	An act relating to dental services under the Medicaid
3	program; amending s. 409.906, F.S.; revising adult
4	dental services as optional Medicaid services for
5	which the Agency for Health Care Administration may
6	pay; amending s. 409.973, F.S.; deleting provisions
7	relating to a specified report; deleting obsolete
8	language; extending the date by which the agency may
9	seek state plan amendments and federal waivers to
10	commence enrollment in the Medicaid prepaid dental
11	health program; extending the term of existing program
12	contracts with dental managed care providers;
13	providing requirements for minimum benefits provided
14	by the program; providing an effective date.
15	
16	Be It Enacted by the Legislature of the State of Florida:
17	
18	Section 1. Paragraph (c) of subsection (1) of section
19	409.906, Florida Statutes, is redesignated as paragraph (b), and
20	paragraph (a) and present paragraph (b) of that subsection are
21	amended, to read:
22	409.906 Optional Medicaid servicesSubject to specific
23	appropriations, the agency may make payments for services which
24	are optional to the state under Title XIX of the Social Security
25	Act and are furnished by Medicaid providers to recipients who
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26 are determined to be eligible on the dates on which the services 27 were provided. Any optional service that is provided shall be 28 provided only when medically necessary and in accordance with state and federal law. Optional services rendered by providers 29 30 in mobile units to Medicaid recipients may be restricted or prohibited by the agency. Nothing in this section shall be 31 32 construed to prevent or limit the agency from adjusting fees, 33 reimbursement rates, lengths of stay, number of visits, or 34 number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or 35 36 directions provided for in the General Appropriations Act or chapter 216. If necessary to safeguard the state's systems of 37 providing services to elderly and disabled persons and subject 38 39 to the notice and review provisions of s. 216.177, the Governor may direct the Agency for Health Care Administration to amend 40 41 the Medicaid state plan to delete the optional Medicaid service known as "Intermediate Care Facilities for the Developmentally 42 43 Disabled." Optional services may include:

44

(1) ADULT DENTAL SERVICES.-

(a) The agency may pay for <u>services</u> medically necessary to
prevent disease and promote oral health, restore oral structures
to health and function, and treat emergency conditions,
emergency dental procedures to alleviate pain or infection.
Emergency dental care shall be limited to emergency oral

50 examinations, necessary radiographs, extractions, and incision

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51	and drainage of abscess, for a recipient who is 21 years of age
52	or older. Such services include, but are not limited to, routine
53	diagnostic and preventive care such as dental cleanings,
54	examinations, and X-rays; basic dental services such as fillings
55	and extractions; major dental services such as root canals,
56	crowns, and dentures and other dental protheses; emergency
57	dental care; and other necessary services related to dental and
58	oral health.
59	(b) The agency may pay for full or partial dentures, the
60	procedures required to seat full or partial dentures, and the
61	repair and reline of full or partial dentures, provided by or
62	under the direction of a licensed dentist, for a recipient who
63	is 21 years of age or older.
64	Section 2. Subsection (5) of section 409.973, Florida
65	Statutes, is amended to read:
66	409.973 Benefits
67	(5) provision of dental services.—
68	(a) The Legislature may use the findings of the Office of
69	Program Policy Analysis and Covernment Accountability's report
70	no. 16-07, December 2016, in setting the scope of minimum
71	benefits set forth in this section for future procurements of
72	eligible plans as described in s. 409.966. Specifically, the
73	decision to include dental services as a minimum benefit under
74	this section, or to provide Medicaid recipients with dental
75	benefits separate from the Medicaid managed medical assistance
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76 program described in this part, may take into consideration the data and findings of the report.

78 (a) (b) In the event the Legislature takes no action before 79 July 1, 2017, with respect to the report findings required under 80 paragraph (a), The agency shall implement a statewide Medicaid prepaid dental health program for children and adults with a 81 82 choice of at least two licensed dental managed care providers 83 who must have substantial experience in providing dental care to 84 Medicaid enrollees and children eligible for medical assistance 85 under Title XXI of the Social Security Act and who meet all 86 agency standards and requirements. To qualify as a provider under the prepaid dental health program, the entity must be 87 licensed as a prepaid limited health service organization under 88 89 part I of chapter 636 or as a health maintenance organization 90 under part I of chapter 641. The contracts for program providers 91 shall be awarded through a competitive procurement process. 92 Beginning with the contract procurement process initiated during 93 the 2023 calendar year, the contracts must be for 6 years and 94 may not be renewed; however, the agency may extend the term of a 95 plan contract to cover delays during a transition to a new plan 96 provider. The agency shall include in the contracts a medical 97 loss ratio provision consistent with s. 409.967(4). The agency 98 is authorized to seek any necessary state plan amendment or 99 federal waiver to commence enrollment in the Medicaid prepaid dental health program no later than March 1, 2024 2019. The 100

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101 agency shall extend until December 31, 2025 2024, the term of 102 existing plan contracts awarded pursuant to the invitation to 103 negotiate published in October 2017. 104 (b) The minimum benefits provided by the Medicaid prepaid 105 dental health program for children under age 21 must include all 106 dental benefits required under the early and periodic screening, 107 diagnostic, and treatment services in accordance with Title 42, 108 U.S.C. s. 1396d(r)(3) and (r)(5). 109 (c) The minimum benefits provided by the Medicaid prepaid dental health program for enrollees aged 21 years or older must 110 111 cover services necessary to prevent disease and promote oral 112 health, restore oral structures to health and function, and 113 treat emergency conditions. Such services include, but are not 114 limited to, routine diagnostic and preventive care such as 115 dental cleanings, examinations, and X-rays; basic dental 116 services such as fillings and extractions; major dental services 117 such as root canals, crowns, and dentures and other dental 118 protheses; emergency dental care; and other necessary services 119 related to dental and oral health. 120 Section 3. This act shall take effect July 1, 2023.

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