By Senator Harrell

31-00890-26 2026568__

A bill to be entitled

An act relating to managed care plans; amending s. 409.967, F.S.; revising Medicaid managed care contract requirements to prohibit managed care plans from reviewing certain prior authorization claims for medical necessity; requiring that managed care plans provide coverage for durable medical equipment and complex rehabilitation technology from a qualified provider, from within the provider network, of the enrollee's choosing; requiring the Agency for Health Care Administration to adopt certain rules; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraphs (p) and (q) are added to subsection (2) of section 409.967, Florida Statutes, to read:

409.967 Managed care plan accountability.—

(2) The agency shall establish such contract requirements as are necessary for the operation of the statewide managed care program. In addition to any other provisions the agency may deem necessary, the contract must require:

(p) *Prior authorization reviews.*—For any claims in which a Medicaid managed care plan has given prior authorization, prepayment or postpayment review may not include review for medical necessity for the previously approved equipment, supplies, or services.

(q) *Durable medical equipment.*—Managed care plans, or their subcontractors, shall provide coverage for durable medical

equipment or complex rehabilitation technology from any qualified durable medical equipment or complex rehabilitation technology provider within the provider network which the enrollee chooses. The agency shall adopt rules to implement this paragraph, including, but not limited to:

1. Authorizing enrollees to choose the provider, within the provider network, from which they can receive eligible durable medical equipment or complex rehabilitation technology.

2. Providing a procedure within the grievance resolution process adopted under paragraph (h) for enrollees to file a complaint if they believe they were not granted authority to choose their provider from within the provider network, as authorized under this paragraph.

Section 2. This act shall take effect July 1, 2026.