

By Senator Osgood

32-01809-23

2023984__

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. Paragraphs (a) and (b) of subsection (1) of
19 section 409.906, Florida Statutes, are amended to read:

20 409.906 Optional Medicaid services.—Subject to specific
21 appropriations, the agency may make payments for services which
22 are optional to the state under Title XIX of the Social Security
23 Act and are furnished by Medicaid providers to recipients who
24 are determined to be eligible on the dates on which the services
25 were provided. Any optional service that is provided shall be
26 provided only when medically necessary and in accordance with
27 state and federal law. Optional services rendered by providers
28 in mobile units to Medicaid recipients may be restricted or
29 prohibited by the agency. Nothing in this section shall be

32-01809-23

2023984__

30 construed to prevent or limit the agency from adjusting fees,
31 reimbursement rates, lengths of stay, number of visits, or
32 number of services, or making any other adjustments necessary to
33 comply with the availability of moneys and any limitations or
34 directions provided for in the General Appropriations Act or
35 chapter 216. If necessary to safeguard the state's systems of
36 providing services to elderly and disabled persons and subject
37 to the notice and review provisions of s. 216.177, the Governor
38 may direct the Agency for Health Care Administration to amend
39 the Medicaid state plan to delete the optional Medicaid service
40 known as "Intermediate Care Facilities for the Developmentally
41 Disabled." Optional services may include:

42 (1) ADULT DENTAL SERVICES.—

43 (a) The agency may pay for services medically necessary to
44 prevent disease and promote oral health, restore oral structures
45 to health and function, and treat emergency conditions,
46 ~~emergency dental procedures to alleviate pain or infection.~~
47 ~~Emergency dental care shall be limited to emergency oral~~
48 ~~examinations, necessary radiographs, extractions, and incision~~
49 ~~and drainage of abscess,~~ for a recipient who is 21 years of age
50 or older. Such services include, but are not limited to, routine
51 diagnostic and preventive care, such as dental cleanings,
52 examinations, and X-rays; basic dental services, such as
53 fillings and extractions; major dental services, such as root
54 canals, crowns, and dentures and other dental prostheses;
55 emergency dental care; and other necessary services related to
56 dental and oral health.

57 ~~(b) The agency may pay for full or partial dentures, the~~
58 ~~procedures required to seat full or partial dentures, and the~~

32-01809-23

2023984__

59 ~~repair and relines of full or partial dentures, provided by or~~
60 ~~under the direction of a licensed dentist, for a recipient who~~
61 ~~is 21 years of age or older.~~

62 Section 2. Subsection (5) of section 409.973, Florida
63 Statutes, is amended to read:

64 409.973 Benefits.—

65 (5) ~~PROVISION OF DENTAL SERVICES.—~~

66 ~~(a) The Legislature may use the findings of the Office of~~
67 ~~Program Policy Analysis and Government Accountability's report~~
68 ~~no. 16-07, December 2016, in setting the scope of minimum~~
69 ~~benefits set forth in this section for future procurements of~~
70 ~~eligible plans as described in s. 409.966. Specifically, the~~
71 ~~decision to include dental services as a minimum benefit under~~
72 ~~this section, or to provide Medicaid recipients with dental~~
73 ~~benefits separate from the Medicaid managed medical assistance~~
74 ~~program described in this part, may take into consideration the~~
75 ~~data and findings of the report.~~

76 (a)(b) ~~In the event the Legislature takes no action before~~
77 ~~July 1, 2017, with respect to the report findings required under~~
78 ~~paragraph (a),~~ The agency shall implement a statewide Medicaid
79 prepaid dental health program for children and adults with a
80 choice of at least two licensed dental managed care providers
81 who must have substantial experience in providing dental care to
82 Medicaid enrollees and children eligible for medical assistance
83 under Title XXI of the Social Security Act and who meet all
84 agency standards and requirements. To qualify as a provider
85 under the prepaid dental health program, the entity must be
86 licensed as a prepaid limited health service organization under
87 part I of chapter 636 or as a health maintenance organization

32-01809-23

2023984__

88 under part I of chapter 641. The contracts for program providers
89 shall be awarded through a competitive procurement process.
90 Beginning with the contract procurement process initiated during
91 the 2023 calendar year, the contracts must be for 6 years and
92 may not be renewed; however, the agency may extend the term of a
93 plan contract to cover delays during a transition to a new plan
94 provider. The agency shall include in the contracts a medical
95 loss ratio provision consistent with s. 409.967(4). The agency
96 is authorized to seek any necessary state plan amendment or
97 federal waiver to commence enrollment in the Medicaid prepaid
98 dental health program no later than March 1, 2024 ~~2019~~. The
99 agency shall extend until December 31, 2025 ~~2024~~, the term of
100 existing plan contracts awarded pursuant to the invitation to
101 negotiate published in October 2017.

102 (b) The minimum benefits provided by the Medicaid prepaid
103 dental health program for children younger than 21 years of age
104 must include all dental benefits required under the early and
105 periodic screening, diagnostic, and treatment services in
106 accordance with 42 U.S.C. s. 1396d(r)(3) and (5).

107 (c) The minimum benefits provided by the Medicaid prepaid
108 dental health program for enrollees aged 21 years of age or
109 older must cover services necessary to prevent disease and
110 promote oral health, restore oral structures to health and
111 function, and treat emergency conditions. Such services include,
112 but are not limited to, routine diagnostic and preventive care,
113 such as dental cleanings, examinations, and X-rays; basic dental
114 services, such as fillings and extractions; major dental
115 services, such as root canals, crowns, and dentures and other
116 dental prostheses; emergency dental care; and other necessary

32-01809-23

2023984__

117 services related to dental and oral health.

118 Section 3. This act shall take effect July 1, 2023.