

By Senator Jones

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1 A bill to be entitled
2 An act relating to Medicaid coverage for dental
3 services; amending s. 409.906, F.S.; revising optional
4 adult dental services covered by the state Medicaid
5 program; beginning on a specified date, requiring the
6 Agency for Health Care Administration to reimburse
7 providers of Medicaid-covered adult dental services at
8 a specified rate; requiring the agency to implement
9 any state plan amendments and seek any federal waivers
10 necessary to implement these changes; amending s.
11 409.973, F.S.; revising dental services benefits
12 covered under Medicaid managed care plans; requiring
13 the agency to implement a statewide Medicaid prepaid
14 dental health program for children and adults;
15 specifying minimum benefits required under the
16 program; providing an effective date.

17
18 Be It Enacted by the Legislature of the State of Florida:

19
20 Section 1. Subsection (1) of section 409.906, Florida
21 Statutes, is amended to read:

22 409.906 Optional Medicaid services.—Subject 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
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
29 state and federal law. Optional services rendered by providers

34-01205-25

20251048__

30 in mobile units to Medicaid recipients may be restricted or
31 prohibited by the agency. Nothing in this section shall be
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
35 comply with the availability of moneys and any limitations or
36 directions provided for in the General Appropriations Act or
37 chapter 216. If necessary to safeguard the state's systems of
38 providing services to elderly and disabled persons and subject
39 to the notice and review provisions of s. 216.177, the Governor
40 may direct the Agency for Health Care Administration to amend
41 the Medicaid state plan to delete the optional Medicaid service
42 known as "Intermediate Care Facilities for the Developmentally
43 Disabled." Optional services may include:

44 (1) ADULT DENTAL SERVICES.—

45 (a) The agency may pay for services medically necessary to
46 prevent disease and promote oral health, restore oral structures
47 to health and function, and treat emergency conditions,
48 including routine diagnostic and preventive care, such as dental
49 cleanings, exams, and x-rays; basic dental services, such as
50 fillings and extractions; major dental services, such as root
51 canals, crowns, and dentures and other dental prostheses;
52 emergency dental care; and other necessary services related to
53 dental and oral health for recipients, ~~emergency dental~~
54 ~~procedures to alleviate pain or infection. Emergency dental care~~
55 ~~shall be limited to emergency oral examinations, necessary~~
56 ~~radiographs, extractions, and incision and drainage of abscess,~~
57 ~~for a recipient who is 21 years of age or older.~~

58 (b) Effective July 1, 2025, the agency shall reimburse

34-01205-25

20251048__

59 providers of Medicaid-covered adult dental services at a rate
60 equivalent to 80 percent of the 50th percentile of the 2024
61 Usual, Customary, and Reasonable fees, as determined by the
62 American Dental Association or a comparable benchmark approved
63 by the agency. The agency shall implement any necessary
64 amendments to the state Medicaid plan and seek any necessary
65 federal Medicaid waivers to implement this paragraph ~~may pay for~~
66 ~~full or partial dentures, the procedures required to seat full~~
67 ~~or partial dentures, and the repair and reline of full or~~
68 ~~partial dentures, provided by or under the direction of a~~
69 ~~licensed dentist, for a recipient who is 21 years of age or~~
70 ~~older.~~

71 (c) ~~However,~~ Medicaid may ~~will~~ not provide reimbursement
72 for dental services provided in a mobile dental unit, except for
73 a mobile dental unit:

74 1. Owned by, operated by, or having a contractual agreement
75 with the Department of Health and complying with Medicaid's
76 county health department clinic services program specifications
77 as a county health department clinic services provider.

78 2. Owned by, operated by, or having a contractual
79 arrangement with a federally qualified health center and
80 complying with Medicaid's federally qualified health center
81 specifications as a federally qualified health center provider.

82 3. Rendering dental services to Medicaid recipients, 21
83 years of age and older, at nursing facilities.

84 4. Owned by, operated by, or having a contractual agreement
85 with a state-approved dental educational institution.

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

34-01205-25

20251048__

88 409.973 Benefits.—

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

90 (a) The agency shall implement a statewide Medicaid prepaid
91 dental health program for children and adults with a choice of
92 at least two licensed dental managed care providers who meet
93 agency standards ~~The Legislature may use the findings of the~~
94 ~~Office of Program Policy Analysis and Government~~
95 ~~Accountability's report no. 16-07, December 2016, in setting the~~
96 ~~scope of minimum benefits set forth in this section for future~~
97 ~~procurements of eligible plans as described in s. 409.966.~~
98 ~~Specifically, the decision to include dental services as a~~
99 ~~minimum benefit under this section, or to provide Medicaid~~
100 ~~recipients with dental benefits separate from the Medicaid~~
101 ~~managed medical assistance program described in this part, may~~
102 ~~take into consideration the data and findings of the report.~~

103 (b) The minimum benefits provided under the Medicaid
104 prepaid dental health program to recipients younger than 21
105 years of age must include all dental benefits included within
106 the meaning of the term "early and periodic screening,
107 diagnosis, and treatment services" as defined in 42 U.S.C. s.
108 1396d(r) ~~In the event the Legislature takes no action before~~
109 ~~July 1, 2017, with respect to the report findings required under~~
110 ~~paragraph (a), the agency shall implement a statewide Medicaid~~
111 ~~prepaid dental health program for children and adults with a~~
112 ~~choice of at least two licensed dental managed care providers~~
113 ~~who must have substantial experience in providing dental care to~~
114 ~~Medicaid enrollees and children eligible for medical assistance~~
115 ~~under Title XXI of the Social Security Act and who meet all~~
116 ~~agency standards and requirements. To qualify as a provider~~

34-01205-25

20251048__

117 ~~under the prepaid dental health program, the entity must be~~
118 ~~licensed as a prepaid limited health service organization under~~
119 ~~part I of chapter 636 or as a health maintenance organization~~
120 ~~under part I of chapter 641. The contracts for program providers~~
121 ~~shall be awarded through a competitive procurement process.~~
122 ~~Beginning with the contract procurement process initiated during~~
123 ~~the 2023 calendar year, the contracts must be for 6 years and~~
124 ~~may not be renewed; however, the agency may extend the term of a~~
125 ~~plan contract to cover delays during a transition to a new plan~~
126 ~~provider. The agency shall include in the contracts a medical~~
127 ~~loss ratio provision consistent with s. 409.967(4). The agency~~
128 ~~is authorized to seek any necessary state plan amendment or~~
129 ~~federal waiver to commence enrollment in the Medicaid prepaid~~
130 ~~dental health program no later than March 1, 2019. The agency~~
131 ~~shall extend until December 31, 2024, the term of existing plan~~
132 ~~contracts awarded pursuant to the invitation to negotiate~~
133 ~~published in October 2017.~~

134 (c) The minimum benefits provided by the Medicaid prepaid
135 dental health program to recipients 21 years of age or older
136 must include services necessary to prevent disease and promote
137 oral health, restore oral structures to health and function, and
138 treat emergency conditions, including routine diagnostic and
139 preventive care, such as dental cleanings, exams, and X-rays;
140 basic dental services, such as fillings and extractions; major
141 dental services, such as root canals, crowns, and dentures and
142 other dental prostheses; emergency dental care; and other
143 necessary services related to dental and oral health.

144 Section 3. This act shall take effect July 1, 2025.