

By Senator Bernard

24-01110A-26

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

22 Section 1. Section 409.9206, Florida Statutes, is created
23 to read:

24 409.9206 De-risking disease behavioral health intervention
25 services pilot program.-

26 (1) LEGISLATIVE FINDING; PURPOSE.—

27 (a) The Legislature finds that under federal Medicaid

28 managed care regulations 42 C.F.R. s. 438.3(e)(2) and 42 C.F.R.
29 s. 438.16, the Agency for Health Care Administration may approve

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30 de-risking disease behavioral health intervention services.

31 (b) The purpose of this section is to authorize the state
32 Medicaid plan to fund a demonstration pilot program that shall
33 provide a de-risking disease behavioral health intervention
34 services management plan to recipients of the state Medicaid
35 plan in Region G, which consists of Indian River, Martin,
36 Okeechobee, Palm Beach, and St. Lucie Counties.

37 (2) DEFINITIONS.—As used in this section, the term:

38 (a) “De-risking disease behavioral health intervention
39 services” means the following set of five concurrent self-
40 management services and medical nutrition supports demonstrated
41 in scientific research to improve behavioral health and chronic
42 disease outcomes:

43 1. Behavioral health counseling provided by a licensed
44 clinical social worker for lifestyle modifications for patients
45 diagnosed with depression and uncontrolled diabetes mellitus.

46 2. Medical nutrition therapy provided by a registered
47 dietitian nutritionist for diet and lifestyle modifications for
48 patients diagnosed with depression and uncontrolled diabetes
49 mellitus.

50 3. Biomarker health tracking, nudging, and reporting using
51 devices approved by the Florida Medicaid Diabetic Supply
52 Services Coverage Policy to monitor HbA1C, blood sugar glucose,
53 oxygen, heart rate, lipids, weight, body mass index, blood
54 pressure, and other biomarkers.

55 4. Medical disease nutrition education designed for
56 depression and uncontrolled diabetes mellitus which is evidence-
57 based.

58 5. Medical nutrition supports that are evidence-based

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59 lifestyle modification services for patients diagnosed with
60 depression and uncontrolled diabetes mellitus, including, but
61 not limited to, clinical nutrition groceries, home-delivered
62 medically tailored meals, produce prescriptions, or other
63 evidence-based, medically necessary nutrition interventions
64 demonstrated to be cost effective by scientific research
65 studies.

66 (b) "Participant" means a Medicaid recipient and his or her
67 family participating in the pilot program.

68 (c) "Pilot program" means the demonstration pilot program
69 established under this section.

70 (3) PILOT PROGRAM.—Contingent upon an appropriation, the
71 state Medicaid plan may fund a demonstration pilot program to
72 provide de-risking disease behavioral health intervention
73 services to eligible Medicaid recipients in Region G, which
74 consists of Indian River, Martin, Okeechobee, Palm Beach, and
75 St. Lucie Counties.

76 (a) Under the pilot program, Medicaid managed assistance
77 providers may offer de-risking disease behavioral health
78 intervention services:

79 1. In lieu of services specified in the state Medicaid plan
80 to a Medicaid recipient who is diagnosed with both:

- 81 a. Depression or anxiety; and
- 82 b. Diabetes mellitus, obesity, or coronary heart disease.

83 2. As a disease management plan to 1,000 participants in
84 Region G.

85 (b) The design, evaluation, and outcome measures of the
86 pilot program must be developed from a research evaluation
87 conducted by nutrition scientists at the Tufts University

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88 Friedman School of Nutrition Science and Policy, a qualified and
89 accredited academic institution specializing in nutrition, and
90 program implementation experts at the Florida Health and
91 Nutrition Coalition.

92 (c) The pilot program shall:

93 1. Be designed to provide de-risking disease behavioral
94 health intervention services, diabetic supply services, chronic
95 disease self-management and education services, and medical
96 nutrition supports coverage in lieu of services specified in the
97 state Medicaid plan.

98 2. Collect data, including, but not limited to, the rate by
99 which pilot program participants, and their families, comply
100 with de-risking disease behavioral health intervention services;
101 health outcomes and biomarkers associated with the participants
102 and their families; and overall impact of the pilot program on
103 participant diagnosis, chronic health condition, and disease
104 symptoms.

105 3. Include measures to review and assess data, including
106 health outcomes and biomarkers, and the impact on participants
107 and their families to evaluate the overall impact of the pilot
108 program on disease management.

109 (4) ANNUAL REPORT.—The state Medicaid plan shall:

110 (a) As soon as practicable after the expiration of the
111 pilot program, prepare and submit to the President of the Senate
112 and the Speaker of the House of Representatives a report on the
113 number of times during the preceding year the de-risking disease
114 behavioral health intervention services were used in Indian
115 River, Martin, Okeechobee, Palm Beach, and St. Lucie Counties, a
116 summary of the data the state Medicaid plan collected, and

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117 recommendations for any legislative action.

118 (b) Consider the actual cost, measurable goals and health
119 outcomes met, and participant adherence to the de-risking
120 disease behavioral health intervention services when paying the
121 capitation rates for that managed care organization under the
122 contract.

123 (5) EXPIRATION.—

124 (a) The pilot program shall expire August 31, 2030.

125 (b) This section expires September 1, 2031.

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