By Senator Garcia

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A bill to be entitled

An act relating to access to applied behavior analysis services; creating s. 409.9775, F.S.; defining terms; requiring the Agency for Health Care Administration to consider certain factors when evaluating network adequacy for applied behavior analysis services under the Medicaid program; requiring Medicaid managed care plans to take reasonable steps to support workforce retention and recruitment; requiring managed care plans to use a standardized, consolidated credentialing process; prohibiting managed care plans from requiring duplicative submission of identical documents to multiple portals or entities; requiring managed care plans to notify providers of credentialing deficiencies in a specified manner and timeframe; requiring that initial credentialing and activation be completed within a specified timeframe; prohibiting managed care plans from requiring a provider to undergo the full credentialing process to recredential under certain circumstances; prohibiting managed care plans from imposing a moratorium on applied behavior analysis services providers unless such providers can demonstrate specified criteria to the agency; if the agency approves a moratorium, requiring managed care plans to provide certain notice to providers and recipients and provide an exception process for underserved or rural areas; prohibiting the use of a moratorium to delay or deny continuity of care for existing recipients; requiring managed care

plans to provide a specified continuity-of-care period for certain recipients; providing requirements for such period; requiring that coverage and utilization decisions for applied behavior analysis services be based on individualized medical necessity; prohibiting the use of age-based hour targets or incentive benchmarks for certain purposes; specifying requirements for authorization and utilization review decisions for applied behavior analysis services; requiring managed care plans to pay clean claims for applied behavior analysis services in accordance with prompt payment requirements; requiring managed care plans to provide an explanation of benefits in a specified manner for any denial or partial payment; prohibiting managed care plans from issuing recoupment or overpayment demands based solely on certain factors; requiring managed care plans to maintain stable electronic portals capable of certain functions; requiring that providers have access to a defined escalation pathway for issues of credentialing, utilization management, and claims resolution; requiring that notices sent by managed care plans be written in plain language and clearly describe certain information; requiring managed care plans to implement certain safeguards and maintain certain procedures and transmission methods; requiring the agency to amend managed care plan contracts as needed to enforce specified provisions; authorizing the agency to adopt rules; providing an effective

date.

WHEREAS, the Legislature finds that applied behavior analysis services are a medically necessary benefit for Medicaid recipients with autism spectrum disorder and other qualifying conditions, and

WHEREAS, access to such services depends on adequate provider networks, timely credentialing, clinically appropriate utilization management, and prompt payment, and

WHEREAS, administrative barriers, including roster freezes, duplicative credentialing requirements, inconsistent authorization practices, and payment delays, can result in gaps in care, regression, and harm to recipients and families, and

WHEREAS, it is the intent of the Legislature to ensure continuity of care, workforce stability, administrative transparency, and individualized, clinically driven decisionmaking for applied behavior analysis services delivered under the Medicaid program, NOW, THEREFORE,

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

Section 1. Section 409.9775, Florida Statutes, is created to read:

409.9775 Applied behavior analysis services.—

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

(a) "Applied behavior analysis" means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvements in human behavior, including, but not

limited to, the use of direct observation, measurement, and functional analysis of the relations between environment and behavior.

(b) "Continuity of care" means the uninterrupted provision of authorized medically necessary services during transitions in coverage, provider status, or plan enrollment.

(c) "Moratorium" means any temporary or indefinite suspension of the enrollment or activation of new or existing applied behavior analysis service providers by a managed care plan.

(d) "Provider" means an individual or entity enrolled or seeking enrollment to provide applied behavior analysis services, including board-certified behavior analysts, assistant behavior analysts, registered behavior technicians, and supervising entities.

(2) NETWORK ADEQUACY AND WORKFORCE STABILITY.—

(a) The agency shall consider the impact of credentialing delays, administrative bottlenecks, and moratoria on providers when evaluating network adequacy for applied behavior analysis services.

(b) Managed care plans shall take reasonable steps to support workforce retention and recruitment, particularly in rural and underserved areas.

(3) CREDENTIALING AND RECREDENTIALING.—

(a) Managed care plans shall use a standardized, consolidated credentialing process for applied behavior analysis providers and may not require duplicative submissions of identical documents to multiple portals or entities.

(b) Managed care plans shall notify a provider of all

credentialing deficiencies in a single, comprehensive notice within 15 calendar days after receipt of an application.

(c) Initial credentialing and activation must be completed within 60 calendar days after receipt of a clean application.

(d) Managed care plans may not require a provider to undergo the full credentialing process to recredential solely due to a gap in enrollment if the provider's licensure and national certification remained continuously active during such gap.

(4) PROVIDER ROSTERS AND MORATORIA.—

(a) A managed care plan may not impose a moratorium on applied behavior analysis service providers unless the plan demonstrates to the agency, in writing, that:

1. Network adequacy standards are fully met in all affected geographic areas; and

2. The moratorium is narrowly tailored, time-limited, and necessary to address a documented administrative or compliance issue.

(b) If the agency approves a moratorium, the managed care plan must provide written notice to the providers and recipients, specifying a definite end date for the moratorium, and provide an exception process for underserved or rural areas.

(c) A managed care plan may not use a moratorium to delay or deny continuity of care for existing recipients.

(5) CONTINUITY OF CARE.—

(a) A managed care plan shall provide a continuity-of-care period of no less than 120 days for applied behavior analysis services for a recipient newly enrolled in the plan or transitioning providers.

(b) During the continuity-of-care period, prior authorizations must be honored and backdated as necessary and may not be terminated or reduced due to credentialing, rostering, or other administrative delays.

(c) Services rendered during and immediately after the continuity-of-care period must be reimbursed in accordance with prompt payment requirements.

(6) INDIVIDUALIZED MEDICAL NECESSITY; AGE-BASED BENCHMARKS.—

(a) Any determinations involving coverage and utilization review for applied behavior analysis services must be based on individualized medical necessity of the recipient.

(b) Age-based hour targets or incentive benchmarks may not be used as fixed caps, minimums, or substitutes for individualized clinical determinations.

(7) UTILIZATION MANAGEMENT.—

(a) Authorization and utilization review decisions for applied behavior analysis services must be conducted by reviewers with demonstrated training and experience in applied behavior analysis.

(b) A managed care plan may not require a reauthorization cycle of less than 90 days absent a documented material change in the recipient’s clinical condition.

(c) Requests for updated diagnostic evaluations or assessments may not be imposed more frequently than clinically indicated.

(d) Peer-to-peer reviews must be scheduled and conducted within required timeframes, and a failure attributable to the managed care plan may not reset or delay the timeframe for

authorization.

(8) CLAIMS PAYMENT.—

(a) Managed care plans shall pay clean claims for applied behavior analysis services in accordance with prompt payment requirements.

(b) For any denial or partial payment, managed care plans shall provide an explanation of benefits, including clear, code-specific, and unit-level reasons for the denial or partial payment.

(c) Managed care plans may not issue recoupment or overpayment demands based solely on administrative or system errors without documented provider fault.

(9) ADMINISTRATIVE COMMUNICATIONS.—

(a) Managed care plans shall maintain stable electronic portals capable of providing confirmation of receipt of documentation submitted by providers.

(b) Managed care plans shall give providers access to a defined escalation pathway with decisionmaking authority for issues involving credentialing, utilization management, and claims resolution.

(c) Any notice a managed care plan sends to a provider or recipient must be written in plain language and clearly describe applicable timelines, next steps, and appeal rights.

(10) PRIVACY AND SECURITY.—Managed care plans shall implement safeguards to prevent the misdirection of protected health information and shall maintain clear breach-response procedures and approved secure transmission methods.

(11) ENFORCEMENT.—The agency shall amend existing managed care plan contracts as needed to provide for enforcement of this

section, including through existing contract remedies, such as corrective action plans, liquidated damages, or sanctions.

(12) RULES.—The agency may adopt rules to implement this section.

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