

# FLORIDA HOUSE OF REPRESENTATIVES

## BILL ANALYSIS

*This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.*

**BILL #:** [CS/HB 517](#)

**TITLE:** Medicaid Provider Networks

**SPONSOR(S):** Tramont and Tendrich

**COMPANION BILL:** None

**LINKED BILLS:** None

**RELATED BILLS:** [SB 152](#) (Harrell)

### Committee References

[Health Care Facilities & Systems](#)

17 Y, 0 N, As CS

## SUMMARY

### Effect of the Bill:

The bill requires the Agency for Health Care Administration (AHCA) to establish network adequacy standards for Statewide Medicaid Managed Care prepaid dental plans. It also requires prepaid dental plans to identify certain information about dental providers on the plan's provider network database.

The bill requires each Medicaid managed care plan to indicate whether a provider is accepting new Medicaid patients on the plan's provider network database.

### Fiscal or Economic Impact:

The bill has an insignificant, negative fiscal impact on AHCA to establish new network adequacy standards. The bill also has an insignificant, negative fiscal impact on Managed care plans and dental plans to update provider network databases.

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## ANALYSIS

### **EFFECT OF THE BILL:**

The bill enhances the statutory requirements for [Medicaid managed care](#) plans related to prepaid [dental plan](#) network adequacy. Specifically, the bill requires the Agency for Health Care Administration (AHCA) to establish [network adequacy standard](#) for each provider type and specialty service covered by prepaid dental plans, with standards for travel time and distance to such providers. AHCA must also establish standards for [sedation dentistry](#) which must ensure sufficient capacity for enrollees who require medically necessary sedation dentistry to access at least two preventative treatments per year.

The bill requires each managed care plan to indicate whether a provider is accepting new Medicaid patients on the plan's provider network database. Prepaid dental plans must specifically list all specialty services offered by each provider on the plan's network directory and clearly indicate which providers provide sedation dentistry and list such providers separately from general dentists.

The bill is effective July 1, 2026.

### **FISCAL OR ECONOMIC IMPACT:**

### STATE GOVERNMENT:

The bill has an insignificant, negative fiscal impact on AHCA to establish new network adequacy standards, which can be absorbed within current resources.

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**PRIVATE SECTOR:**

The bill also has an insignificant, negative fiscal impact on Managed care plans and dental plans to update provider network databases, which is likely absorbable within current resources.

**RELEVANT INFORMATION****SUBJECT OVERVIEW:****Florida Medicaid**

Medicaid is the health care safety net for low-income Floridians. Medicaid is a partnership of the federal and state governments established to provide coverage for health services for eligible persons. The program is administered by the Agency for Health Care Administration (AHCA) and financed by federal and state funds. AHCA delegates certain functions to other state agencies, including the Department of Children and Families (DCF), the Department of Health, the Agency for Persons with Disabilities, and the Department of Elderly Affairs (DOEA).

The structure of each state's Medicaid program varies and what states must pay for is largely determined by the federal government, as a condition of receiving federal funds.<sup>1</sup> Federal law sets the amount, scope, and duration of services offered in the program, among other requirements. These federal requirements create an entitlement that comes with constitutional due process protections. The entitlement means that two parts of the Medicaid cost equation – people and utilization – are largely predetermined for the states. The federal government sets the minimum mandatory populations to be included in every state Medicaid program. The federal government also sets the minimum mandatory benefits to be covered in every state Medicaid program. These benefits include physician services, hospital services, home health services, and family planning.<sup>2</sup> States can add benefits, with federal approval. Florida has added many optional benefits, including prescription drugs, adult dental services, and dialysis.<sup>3</sup>

States have some flexibility in the provision of Medicaid services. Section 1915(b) of the Social Security Act provides authority for the Secretary of the U.S. Department of Health and Human Services (HHS) to waive requirements to the extent that he or she "finds it to be cost-effective and efficient and not inconsistent with the purposes of this title." Section 1115 of the Social Security Act allows states to implement demonstrations of innovative service delivery systems that improve care, increase efficiency, and reduce costs. These laws allow HHS to waive federal requirements to expand populations or services, or to try new ways of service delivery.

Florida operates under a Section 1115 waiver to use a comprehensive managed care delivery model for primary and acute care services, the Statewide Medicaid Managed Care (SMMC) Managed Medical Assistance (MMA) program.<sup>4</sup> Florida also has a waiver under Sections 1915(b) and (c) of the Social Security Act to operate the SMMC Long-Term Care (LTC) program.<sup>5</sup>

Florida Medicaid does not cover all low-income Floridians. Current eligibility prioritizes low-income children, disabled persons, and elders, and sets income eligibility by reference to the annual federal poverty level. Some clinical eligibility provisions apply, as well.

The Florida Medicaid program covers approximately 4 million low-income individuals, including approximately 2 million, or 44%, of the children in Florida.<sup>6</sup> Medicaid is the second largest single program in the state, behind public education, representing approximately one-third of the total FY 2025-2026 state budget.<sup>7</sup>

<sup>1</sup> Title 42 U.S.C. §§ 1396-1396w-5; Title 42 C.F.R. Part 430-456 (§§ 430.0-456.725) (2016).

<sup>2</sup> [S. 409.905, F.S.](#)

<sup>3</sup> [S. 409.906, F.S.](#)

<sup>4</sup> [S. 409.964, F.S.](#)

<sup>5</sup> *Id.*

<sup>6</sup> Agency for Health Care Administration, *Florida Statewide Medicaid Monthly Enrollment Report*, December 2025, available at [https://ahca.myflorida.com/medicaid/Finance/data\\_analytics/enrollment\\_report/index.shtml](https://ahca.myflorida.com/medicaid/Finance/data_analytics/enrollment_report/index.shtml) (last visited Feb. 10, 2026). United States Census Bureau, *QuickFacts, Florida*, <https://www.census.gov/quickfacts/fact/table/FL/PST045221> (last visited Feb. 10, 2026).

## Statewide Medicaid Managed Care (SMMC)

Florida delivers medical assistance to most Medicaid recipients – approximately 72.6% - using a comprehensive managed care model, the SMMC program.<sup>8</sup> The SMMC program was intended to provide comprehensive, coordinated benefits coverage to the Medicaid population, leveraging economic incentives to ensure provider participation and quality performance impossible under the former, federally prescribed, fee-for-service delivery model.

The SMMC program has three components: the integrated Managed Medical Assistance (MMA) program that provides primary care, acute care and behavioral health care services; Long-Term Care (LTC) program<sup>9</sup> that provides long-term care services, including nursing facility and home and community-based services; and the dental component.

Florida's SMMC benefits are authorized through federal waivers and are specifically required by law in [s. 409.973, F.S.](#), and [409.98, F.S.](#)

### Dental Plans

Dental benefits have been available since the inception of the Medicaid program. From 2014 through 2018, dental coverage was integrated into the MMA health plans as part of the comprehensive, integrated approach to managed care created by the SMMC program.

Medicaid covers full dental services for children. However, adult dental benefits are limited to emergency treatment and dentures, and do not include preventive services. The chart below indicates the covered dental benefits.

Children		Adults
Ambulatory Surgical Center or Hospital-based Dental Services	Orthodontics	Dental Exams (emergencies and dentures only)
Dental Exams	Periodontics	Dental X-rays (limited)
Dental Screenings	Prosthodontics (dentures)	Prosthodontics (dentures)
Dental X-rays	Root Canals	Extractions
Extractions	Sealants	Sedation
Fillings and Crowns	Sedation	Ambulatory Surgical Center or Hospital-based Dental Services
Fluoride	Space Maintainers	
Oral Health Instructions	Teeth Cleanings	

In the initial contract term, all MMA plans incorporated full adult dental benefits as an enhanced benefit, at no cost to the state.

<sup>7</sup> Ch. 2025-198, L.O.F. See also *Fiscal Analysis in Brief: 2025 Legislative Session*, available at [FiscalAnalysisinBrief2025.pdf](#) (last visited Feb. 10, 2026).

<sup>8</sup> Supra, note 6.

<sup>9</sup> The LTC program provides services in two settings: nursing facilities or home and community-based services (HCBS) provided in a recipient's home, an assisted living facility, or an adult family care home. Enrollment in the LTC program is based on a clinical priority system and includes a wait list. The state is approved for 62,000 recipients in the HCBS portion of LTC. In order to be eligible for the program, a recipient must be both clinically eligible under [s. 409.979, F.S.](#), and financially eligible for Medicaid under [s. 409.904, F.S.](#)

In 2016, the Legislature directed AHCA to separate the dental benefit into a stand-alone managed care program, rather than being integrated with the MMA coverage for all other forms of health care.<sup>10</sup> The stand-alone dental plans began operations between December 1, 2018 and February 1, 2019 in different regions of the state. In 2025, AHCA entered into new contracts with dental plans.<sup>11</sup>

Presently, two dental plans are contracted; both operate statewide. The dental plans provide comprehensive dental services to children, required adult dental benefits, and expanded benefits to adults.

Dental Program Enrollment by Plan, as of December 31, 2025 <sup>12</sup>		
DentaQuest	1,608,441	Regions: All
Liberty	1,359,596	Regions: All

### *Sedation Dentistry*

AHCA's dental contracts require dental plans to cover medically necessary anesthesiology services when delivered in a dental office setting by a qualified provider. Dental plans must also assure various levels of sedation dentistry (moderate sedation, general anesthesia, or pediatric moderate sedation) are available to all enrollees.<sup>13</sup>

Sedation dentistry is medication that helps a patient manage stress or anxiety during a dental procedure. Medication options include nitrous oxide, oral conscious sedation, and intravenous (IV) sedation. Sedation dentistry is recommended for patients who have fear of dental treatment, sensitive gag reflexes, sensitive teeth, claustrophobia, difficulty controlling movement, or physical, behavioral, or cognitive needs that make it difficult to relax.<sup>14</sup>

### *Medicaid Provider Network Adequacy Standards*

#### *Federal Network Adequacy Standards*

Federal Medicaid rules require state Medicaid programs that use managed care models to develop specific quantitative standards for network adequacy, and monitor plan compliance with those standards. The federal Centers for Medicare and Medicaid Services does not establish the specific standards for network adequacy; rather, it allows each state to develop its own guidelines and methods of measurement. However, the standards must ensure that beneficiaries have access to care,<sup>15</sup> and the plans must document to the state their ability to serve the anticipated enrollment before the contract begins and on an annual basis.<sup>16</sup>

The federal regulation does establish maximum wait times for routine appointments for primary care, obstetrics and gynecology, and outpatient mental health and substance use disorder care. Additionally, plan monitoring must include annual enrollee experience surveys for each Medicaid managed care plan, independent contractor calls to providers to verify access to appointments, and improvement plans when networks do not meet required levels.<sup>17</sup>

<sup>10</sup> Ch. 2016-109, L.O.F.

<sup>11</sup> Agency for Health Care Administration, Statewide Medicaid Managed Care, available at <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care> (last visited Feb. 10, 2026). *See also* Agency for Health Care Administration, Model Dental Plan Contract, available at <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/2025-2030-smmc-plans/model-dental-plan-contract> (last visited Feb. 10, 2026).

<sup>12</sup> *Supra*, note 6.

<sup>13</sup> Agency for Health Care Administration, *2025-2030 Model Dental Plan Contract Attachment II – Core Contract Provisions (October 2025)*, available at [Attachment II Core Contract Provisions October 2025.pdf](https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/2025-2030-smmc-plans/model-dental-plan-contract/attachment-ii-core-contract-provisions-october-2025.pdf) (last visited Feb. 10, 2026).

<sup>14</sup> Cleveland Clinic, *Sedation Dentistry*, available at <https://my.clevelandclinic.org/health/treatments/22275-sedation-dentistry> (last visited Feb. 10, 2026).

<sup>15</sup> 42 CFR 438.68

<sup>16</sup> 42 CFR 438.66.

<sup>17</sup> 42 CFR Part 438.

## Florida Network Adequacy

Current law requires AHCA to establish network adequacy requirements for the managed care plans to meet when contracting with providers. Specifically, AHCA must establish standards for how many providers, the type of providers, and the regional distribution of providers are necessary for each plan to ensure access to care for the Medicaid recipients in their enrollment cohort.<sup>18</sup> However, there is no specific requirement for AHCA to establish a network adequacy standard for each provider type and specialty service covered by prepaid dental plans or for sedation dentistry.

Additionally, each plan must establish a database of contracted providers and information about them, and publish the database online that allows Medicaid enrollees to compare provider availability to the network adequacy standards.<sup>19</sup> Plans are not required to identify whether providers are accepting new patients in their database and dental plans are not required to identify sedation dentistry providers or list specialty services offered by each provider.

## BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
<a href="#">Health Care Facilities &amp; Systems Subcommittee</a>	17 Y, 0 N, As CS	2/12/2026	Lloyd	Morris
THE CHANGES ADOPTED BY THE COMMITTEE:	<ul style="list-style-type: none"> <li>• Removed language:           <ul style="list-style-type: none"> <li>○ Requiring managed care plans and providers to negotiate mutually acceptable rates, methods, and terms of payment and requiring plans to pay dentists the same or more than the AHCA rate; and</li> <li>○ Specifying what information managed care plans must list on their network provider database.</li> </ul> </li> <li>• Modified what information a dental plan must provide in its online provider database to only include identification of sedation dentistry providers, separately listing specialty providers, and identifying each specialty service offered by each specialty provider.</li> <li>• Required all managed care plans to indicate whether each provider is accepting new patients on their online provider databases instead of requiring the providers themselves to do so.</li> <li>• Required AHCA to set network adequacy standards for:           <ul style="list-style-type: none"> <li>○ Each type and specialty of dental provider;</li> <li>○ Sedation dentistry sufficient to ensure access to needed preventative treatment; and</li> <li>○ Time and distance policy parity for sedation dentistry and general dentistry.</li> </ul> </li> </ul>			

THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.

<sup>18</sup> S. 490.967(2)(c)1., F.S.

<sup>19</sup> *Id.*