

FLORIDA HOUSE OF REPRESENTATIVES BILL ANALYSIS

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

TITLE: Medicaid Provider Networks

SPONSOR(S): Tramont and Tendrich

COMPANION BILL: [SB 152](#) (Harrell)

LINKED BILLS: None

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

Committee References

[Health Care Facilities & Systems](#)

17 Y, 0 N, As CS



[Health & Human Services](#)

24 Y, 0 N

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 separately list specialty providers and the specific specialty services offered by each specialty provider, and identify sedation dentistry providers, on the plan's provider network database.

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

Fiscal or Economic Impact:

The bill may have a negative fiscal impact on the Medicaid dental plans, to contract with sufficient sedation dentistry providers to meet the bill's network adequacy standards.

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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 a [network adequacy standard](#), to include travel time and distance standards, for each provider type and specialty service covered by prepaid dental plans. AHCA must also establish a network adequacy standard for [sedation dentistry](#), to include travel time and distance standards, which must ensure that enrollees who require medically necessary sedation dentistry can access at least two preventative or treatment appointments per year. The travel time and distance standards for sedation dentistry must be no more than that for general dentistry, which are a maximum of 50 minutes and 35 miles in an urban county or 65 minutes and 45 miles in a rural county. (Section [1](#))

The bill requires all managed care plans to indicate whether a provider is accepting new Medicaid patients on their online [provider network database](#). The bill also requires prepaid dental plans to identify sedation dentistry providers, separately list specialty providers, and identify the specific specialty services offered by each provider in the dental plan's provider database. (Section [1](#))

The bill is effective July 1, 2026. (Section [2](#))

FISCAL OR ECONOMIC IMPACT:

STORAGE NAME: h0517c.HHS

DATE: 2/18/2026

STATE GOVERNMENT:

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

PRIVATE SECTOR:

The bill may have a negative fiscal impact on the Medicaid dental plans, to contract with sufficient sedation dentistry providers to meet the bill's network adequacy standards.

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.¹ 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.² States can add benefits, with federal approval. Florida has added many optional benefits, including prescription drugs, adult dental services, and dialysis.³

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.⁴ 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.⁵

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.

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

² [S. 409.905, F.S.](#)

³ [S. 409.906, F.S.](#)

⁴ [S. 409.964, F.S.](#)

⁵ *Id.*

The Florida Medicaid program covers approximately 4 million low-income individuals, including approximately 2 million, or 44%, of the children in Florida.⁶ 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.⁷

Statewide Medicaid Managed Care (SMMC)

Florida delivers medical assistance to most Medicaid recipients using a comprehensive managed care model, the SMMC program.⁸ 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. 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.](#)

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) program⁹ that provides long-term care services, including nursing facility and home and community-based services; and the dental component.

Dental Plans

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.¹⁰

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

⁶ 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 (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).

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

⁸ Agency for Health Care Administration, *A Snapshot of the Florida Statewide Medicaid Managed Care Program*, available at https://ahca.myflorida.com/content/download/9126/file/SMMC_Snapshot.pdf?version=1 (last visited Feb. 10, 2026).

⁹ 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.](#)

¹⁰ Agency for Health Care Administration, *Florida Medicaid Dental*, available at [Florida Medicaid Dental | Florida Agency for Health Care Administration](#) (last visited Feb. 10, 2026).

Florida Medicaid Dental Benefits		
Children		Adults
Oral Health Instructions	Teeth Cleanings	

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. 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.¹¹ The stand-alone dental plans began operations in late 2018, phasing into different regions of the state.

In the initial contract term, all MMA plans covered comprehensive dental services for children; in addition, they offered full adult dental benefits as an enhanced benefit, at no cost to the state. The stand-alone dental plans provide the same services to children, the mandatory adult dental benefits, and some expanded benefits to adults.

In 2025, AHCA entered into new contracts with dental plans.¹² Presently, two dental plans are contracted; both operate statewide.

Dental Program Enrollment by Plan, as of December 31, 2025 ¹³		
DentaQuest	1,608,441	Regions: All
Liberty	1,359,596	Regions: All

Sedation Dentistry

Sedation dentistry utilizes 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.¹⁴

Developmental disabilities, such as autism, cerebral palsy, and Down syndrome, among others, create challenges in accomplishing daily activities, including self-care and oral health habits.¹⁵ People with developmental disabilities face numerous barriers to dental care, including oral sensitivity, mobility limitations, and inadequate access to dental care, which leads to higher rates of untreated cavities and periodontal disease. Dental visits often cause anxiety or discomfort for those individuals with developmental disabilities. For people with neuromuscular problems or uncontrolled body movements, personal safety and the ability to deliver oral care can be jeopardized.¹⁶ Sedation dentistry is often medically necessary for these patients.

¹¹ Ch. 2016-109, L.O.F.

¹² Agency for Health Care Administration, Statewide Medicaid Managed Care, available at <https://ahca.myflorida.com/medicaid/statewide-medicare-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-medicare-managed-care/2025-2030-smmc-plans/model-dental-plan-contract> (last visited Feb. 10, 2026).

¹³ *Supra*, note 6.

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

¹⁵ National Institute of Dental and Craniofacial Research, *Developmental Disabilities & Oral Health*, available at <https://www.nidcr.nih.gov/health-info/developmental-disabilities> (last visited Feb. 10, 2026).

¹⁶ National Library of Medicine, *Optimizing Dental Care for Adults with Intellectual and Developmental Disabilities: Challenges, Strategies, and Preventative Approaches*, available at <https://pmc.ncbi.nlm.nih.gov/articles/PMC11610019/> (last visited Feb. 10, 2026).

Conscious sedation using nitrous oxide can be highly beneficial for patients with disabilities who experience anxiety or discomfort during dental care. For more extensive procedures or in complex cases, general anesthesia may be necessary, though the risks of deep sedation should be considered. Conscious sedation is often effective and for patients that require deeper sedation, or those who with difficulty tolerating nitrous oxide, oral benzodiazepines can help alleviate procedural anxiety, enabling comprehensive dental care.¹⁷

AHCA contracts require dental plans to cover medically necessary anesthesia 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.¹⁸ AHCA's MMA contracts also require non-dental managed care plans to cover non-emergency anesthesiology and sedation services performed in a hospital or ambulatory surgical center in conjunction with dental services.¹⁹

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,²⁰ and the plans must document to the state their ability to serve the anticipated enrollment before the contract begins and on an annual basis.²¹

The federal regulation requires states to develop network adequacy standards for the geographic location of network providers and Medicaid enrollees that considers distance and travel time ordinarily used by Medicaid enrollees. It also requires states to develop a network adequacy standard for pediatric dental services, if covered under state contract.²²

Florida Network Adequacy Standards

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.²³ However, there is no specific requirement for AHCA to establish a network adequacy standard, including travel time and distance standards, for each provider type and specialty service covered by prepaid dental plans, or for sedation dentistry.

AHCA's dental contract requires dental plans to develop and maintain a provider network that meets the needs of enrollees. It requires dental plans to meet network capacity and geographic standards by providing sufficient service locations and dental practitioners who can provide the services required under the contract. Dental plans must also have sufficient provider capacity to provide covered services to all enrollees, by region, and provide access to urgent care in each region from a dentist that offers extended hours (before 8:00 a.m. and after 5:00 p.m., and on Saturday or Sunday). The chart below shows the travel time and distance standards that dental plans are

¹⁷ *Id.*

¹⁸ 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](#) (last visited Feb. 10, 2026).

¹⁹ Agency for Health Care Administration, *Model Health Care Plan Contract – Exhibit II-A – Managed Medical Assistance Program*, available at <https://ahca.myflorida.com/medicaid/statewide-medicare-managed-care/2025-2030-smmc-plans/model-health-plan-contract> (last visited Feb. 10, 2026).

²⁰ 42 CFR 438.68

²¹ 42 CFR 438.66

²² 42 CFR Part 438.

²³ S. 490.967(2)(c)1., F.S

required to follow under the AHCA contract, pursuant to federal requirements²⁴ and including provider to client ratios:²⁵

Dental Plan Provider Network Standards					
Required Providers	Urban County		Rural County		Regional Provider Ratios
	Maximum Travel (minutes)	Maximum Distance (miles)	Maximum Travel (minutes)	Maximum Distance (miles)	Providers per Enrollee
Primary Dental Providers					
General Dentist	50	35	65	45	1:1,500
Dentistry Specialists					
Pediatric Dentist	50	35	65	45	1:3,000
Endodontist	60	50	90	75	1:5,000
Orthodontist	60	50	90	75	1:30,000
Oral Surgeon	60	50	90	75	1:20,600

While the AHCA dental contract provides standards for primary dental providers and specialists, it does not establish or require specific standards for sedation dentistry other than requiring dental plans to assure various levels of sedation dentistry (moderate sedation, general anesthesia, or pediatric moderate sedation) are available to all enrollees.²⁶

Provider Network Databases

Additionally, each managed care plan must establish a [provider network database](#) of contracted providers and publish the database online allowing Medicaid enrollees to compare provider availability to the network adequacy standards. Such databases must include information about provider licensure or registration, location and hours of operation, specialty credentials and certifications, specific performance indicators, and other information AHCA deems necessary.²⁷

Managed care plans are not specifically required to identify whether providers are accepting new Medicaid patients in their database, and dental plans are not required to identify sedation dentistry providers or list the specialty services offered by each provider.

²⁴ *Supra*, note 20.

²⁵ Agency for Health Care Administration, *2025-2030 Model Dental Plan Contract Attachment I – Scope of Services*, available at <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/2025-2030-smmc-plans/model-dental-plan-contract> (last visited Feb. 10, 2026).

²⁶ *Supra*, note 18.

²⁷ *Id.*

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Health Care Facilities & Systems Subcommittee	17 Y, 0 N, As CS	2/12/2026	Lloyd	Morris
THE CHANGES ADOPTED BY THE COMMITTEE:	<ul style="list-style-type: none"> • Removed requirements for managed care plans to pay dentists the same or more than the AHCA fee-for-service rate. • Removed requirements for the information that non-dental care plans must list on their network provider database. • Modified the information a dental plan must provide in its online provider database. • Required all managed care plans to indicate whether each provider is accepting new patients on their online provider databases. • Required AHCA to set network adequacy standards for: <ul style="list-style-type: none"> ○ Each type and specialty of dental provider; ○ Sedation dentistry sufficient to ensure access to needed preventative treatment; and ○ Time and distance policy parity for sedation dentistry and general dentistry. 			
Health & Human Services Committee	24 Y, 0 N	2/18/2026	Calamas	Morris

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