

1 A bill to be entitled
2 An act relating to managed care plans; amending s.
3 409.967, F.S.; revising Medicaid managed care contract
4 requirements to prohibit managed care plans from
5 reviewing certain prior authorization claims for
6 medical necessity; requiring that managed care plans
7 provide coverage for durable medical equipment and
8 complex rehabilitation technology from a qualified
9 provider, from within the provider network, of the
10 enrollee's choosing; requiring the Agency for Health
11 Care Administration to adopt certain rules; providing
12 an effective date.

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

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16 **Section 1. Paragraphs (p) and (q) are added to subsection**
17 **(2) of section 409.967, Florida Statutes, to read:**

18 409.967 Managed care plan accountability.—

19 (2) The agency shall establish such contract requirements
20 as are necessary for the operation of the statewide managed care
21 program. In addition to any other provisions the agency may deem
22 necessary, the contract must require:

23 (p) Prior authorization reviews.—For any claims in which a
24 Medicaid managed care plan has given prior authorization,
25 prepayment or postpayment review may not include review for

26 medical necessity for the previously approved equipment,
27 supplies, or services.

28 (q) Durable medical equipment.—Managed care plans, or
29 their subcontractors, shall provide coverage for durable medical
30 equipment or complex rehabilitation technology from any
31 qualified durable medical equipment or complex rehabilitation
32 technology provider within the provider network which the
33 enrollee chooses. The agency shall adopt rules to implement this
34 paragraph, including, but not limited to:

35 1. Authorizing enrollees to choose the provider, within
36 the provider network, from which they can receive eligible
37 durable medical equipment or complex rehabilitation technology.

38 2. Providing a procedure within the grievance resolution
39 process adopted under paragraph (h) for enrollees to file a
40 complaint if they believe they were not granted authority to
41 choose their provider from within the provider network, as
42 authorized under this paragraph.

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