

State of Arizona  
House of Representatives  
Fifty-second Legislature  
First Regular Session  
2015

**CHAPTER 266**  
**HOUSE BILL 2417**

AN ACT

AMENDING SECTIONS 32-3216 AND 36-437, ARIZONA REVISED STATUTES; REPEALING LAWS 2013, CHAPTER 202, SECTION 7; RELATING TO DIRECT PAYMENTS TO HEALTH CARE PROVIDERS AND FACILITIES.

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Be it enacted by the Legislature of the State of Arizona:

2 Section 1. Section 32-3216, Arizona Revised Statutes, is amended to  
3 read:

4 32-3216. Health care providers; charges; public availability;  
5 direct payment; notice; definitions

6 A. A health care provider must make available on request or online the  
7 direct pay price for at least the twenty-five most commonly provided  
8 services, if applicable, for the health care provider. The services may be  
9 identified by a common procedural terminology code or by a plain-English  
10 description. The direct pay prices must be updated at least annually and  
11 must be based on the services from a twelve-month period that occurred within  
12 the eighteen-month period preceding the annual update. The direct pay price  
13 must be for the standard treatment provided for the service and may include  
14 the cost of treatment for complications or exceptional treatment. Health  
15 care providers who are owners or employees of a legal entity with fewer than  
16 three licensed health care providers are exempt from the requirements of this  
17 subsection.

18 B. Subsection A of this section does not apply to emergency services.

19 C. The health care services provided by health care providers in  
20 veterans administration facilities, health facilities on military bases,  
21 Indian health services hospitals and other Indian health service facilities,  
22 tribal owned clinics, the Arizona state hospital and any health care facility  
23 determined to be exempt pursuant to section 36-437, subsection D, are exempt  
24 from the requirements ~~and provisions~~ of this section.

25 D. Subsection A of this section does not prevent a health care  
26 provider from offering either additional discounts or additional lawful  
27 health care services for an additional cost to a person or an employer paying  
28 directly.

29 E. A health care provider is not required to report the direct pay  
30 prices to a government agency or department or to a government-authorized or  
31 government-created entity for review or filing. A government agency or  
32 department or government-authorized or government-created entity may not  
33 approve, disapprove or limit a health care provider's direct pay price for  
34 services. A government agency or department or government-authorized or  
35 government-created entity may not approve, disapprove or limit a health care  
36 provider's ability to change the published or posted direct pay price for  
37 services.

38 F. A health care system may not punish a person or employer for paying  
39 directly for lawful health care services or a health care provider for  
40 accepting direct payment from a person or employer for lawful health care  
41 services.

42 G. Except as provided in subsection ~~J~~ N of this section, a health  
43 care provider who receives direct payment from a person or employer for a  
44 lawful health care service is deemed paid in full if the entire fee for the  
45 service is paid and shall not submit a claim for payment or reimbursement for  
46 the service to any health care system. This subsection does not prevent a

1 health care provider from pursuing a health care lien for customary charges  
2 pursuant to title 33. This subsection does not affect the ability of a  
3 health care provider to submit claims for the same service provided on other  
4 occasions to the same or a different person if no direct payment occurs.  
5 This subsection does not require a health care provider to refund or adjust  
6 any capitated payment, bundled payment or other form of prepayment or global  
7 payment made by a health care system to the health care provider for lawful  
8 health care services to be provided by the health care provider for the  
9 person who makes, or on whose behalf an employer makes, direct payment to the  
10 health care provider.

11 H. Before a health care provider who is contracted as a network  
12 provider for a health care system accepts direct payment from a person or an  
13 employer, and the person is an enrollee of the same health care system, the  
14 health care provider shall obtain the person's or employer's signature on a  
15 notice in a form that is substantially similar to the following:

16 Important notice about direct payment  
17 for your health care services

18 The Arizona Constitution permits you to pay a health care  
19 provider directly for health care services. Before you make any  
20 agreement to do so, please read the following important  
21 information:

22 If you are an enrollee of a health care system (more  
23 commonly referred to as a health insurance plan) and your health  
24 care provider is contracted with the health insurance plan, the  
25 following apply:

26 1. You may not be required to pay the health care  
27 provider directly for the services covered by your plan, except  
28 for cost share amounts that you are obligated to pay under your  
29 plan, such as copayments, coinsurance and deductible amounts.

30 2. Your provider's agreement with the health insurance  
31 plan may prevent the health care provider from billing you for  
32 the difference between the provider's billed charges and the  
33 amount allowed by your health insurance plan for covered  
34 services.

35 3. If you pay directly for a health care service, your  
36 health care provider will not be responsible for submitting  
37 claim documentation to your health insurance plan for that  
38 claim. Before paying your claim, your health insurance plan may  
39 require you to provide information and submit documentation  
40 necessary to determine whether the services are covered under  
41 your plan.

42 4. If you do not pay directly for a health care service,  
43 your health care provider may be responsible for submitting  
44 claim documentation to your health insurance plan for the health  
45 care service.

1           Your signature below acknowledges that you received this  
2           notice before paying directly for a health care service.

3           I. A health care provider who receives direct payment for a lawful  
4 health care service and who complies with subsection H of this section is not  
5 responsible for submitting documentation of any kind for purposes of  
6 reimbursement to any health care system for that claim if the failure to  
7 submit such documentation does not conflict with the terms of any federal or  
8 state contracts to which the health care system is a party and the health  
9 care provider has agreed to serve patients under or with applicable state or  
10 federal programs in which a health care provider and health care system  
11 participate.

12           J. A HEALTH CARE PROVIDER WHO RECEIVES DIRECT PAYMENT PURSUANT TO THIS  
13 SECTION SHALL PROVIDE THE PERSON MAKING THE DIRECT PAYMENT WITH A RECEIPT  
14 THAT INCLUDES THE FOLLOWING INFORMATION:

15           1. THE AMOUNT OF THE DIRECT PAYMENT.

16           2. THE APPLICABLE PROCEDURE AND DIAGNOSIS CODES FOR THE SERVICES  
17 RENDERED.

18           3. A CLEAR NOTATION THAT THE SERVICES WERE SUBJECT TO DIRECT PAYMENT  
19 UNDER THIS SECTION.

20           K. IF AN ENROLLEE PAYS TO A HEALTH CARE PROVIDER WHO IS AN  
21 OUT-OF-NETWORK PROVIDER THE DIRECT PAY PRICE FOR A LAWFUL HEALTH CARE SERVICE  
22 THAT IS COVERED UNDER THE ENROLLEE'S HEALTH CARE PLAN, PURSUANT TO THE  
23 REQUIREMENTS OF THIS SECTION, THE AMOUNT PAID BY THE ENROLLEE SHALL BE  
24 APPLIED FIRST TO THE ENROLLEE'S IN-NETWORK DEDUCTIBLE WITH ANY REMAINING  
25 MONIES BEING APPLIED TO THE ENROLLEE'S OUT-OF-NETWORK DEDUCTIBLE, IF  
26 APPLICABLE. THE AMOUNT APPLIED TO THE IN-NETWORK DEDUCTIBLE SHALL BE THE  
27 AMOUNT PAID DIRECTLY OR THE INSURER'S PREVAILING CONTRACTED COMMERCIAL RATE  
28 FOR THE ENROLLEE'S HEALTH CARE PLAN IN THIS STATE FOR THE SERVICE OR  
29 SERVICES. IF THE SERVICE OR SERVICES DO NOT MATCH STANDARD CODES OR BUNDLED  
30 PAYMENT PROGRAMS IN USE IN THIS STATE BY THE INSURER, THE AMOUNT APPLIED TO  
31 THE IN-NETWORK DEDUCTIBLE SHALL BE THE AMOUNT PAID DIRECTLY. FOR THE  
32 PURPOSES OF THIS SUBSECTION, "PREVAILING CONTRACTED COMMERCIAL RATE" MEANS  
33 THE MOST USUAL AND CUSTOMARY RATE THAT AN INSURER OFFERS AS PAYMENT FOR A  
34 SPECIFIC SERVICE UNDER A SPECIFIC HEALTH CARE PLAN, NOT INCLUDING A PLAN  
35 OFFERED UNDER MEDICARE OR MEDICAID OR ON A HEALTH INSURANCE EXCHANGE.

36           L. IF AN ENROLLEE IS ENROLLED IN A HIGH DEDUCTIBLE PLAN THAT QUALIFIES  
37 THE ENROLLEE FOR A HEALTH SAVINGS ACCOUNT AS DEFINED IN 26 UNITED STATES CODE  
38 SECTION 223, THE HEALTH CARE SYSTEM IS NOT LIABLE IF THE ENROLLEE SUBMITS A  
39 CLAIM FOR DEDUCTIBLE APPLICATION OF A DIRECT PAY AMOUNT PURSUANT TO  
40 SUBSECTION K OF THIS SECTION THAT JEOPARDIZES THE ENROLLEE'S STATUS AS AN  
41 INDIVIDUAL ELIGIBLE FOR FAVORABLE TAX TREATMENT OF THE HEALTH SAVINGS  
42 ACCOUNT.

43           M. THIS SECTION DOES NOT CREATE ANY PRIVATE RIGHT OR CAUSE OF ACTION  
44 FOR OR ON BEHALF OF ANY PERSON AGAINST THE HEALTH INSURER. THIS SECTION  
45 PROVIDES SOLELY AN ADMINISTRATIVE REMEDY FOR ANY VIOLATION OF THIS SECTION OR  
46 ANY RELATED RULE.

1           ~~J.~~ N. This section does not impair the provisions of a health care  
2 system's private health care network provider contract, except that a health  
3 care provider may accept direct payment from a person or employer or may  
4 decline to bill the health care system directly for services paid directly by  
5 a person or employer if the health care provider has complied with subsection  
6 H of this section and the health care provider's receipt of direct payment  
7 and the declination to bill the health care system do not conflict with the  
8 terms of any federal or state contract to which the health care system is a  
9 party and the health care provider has agreed to serve patients under or with  
10 applicable state or federal programs in which both a health care provider and  
11 health care system participate.

12           ~~K.~~ O. A health care provider who does not comply with the  
13 requirements of this section commits unprofessional conduct. Any  
14 disciplinary action taken by the health professional's licensing board may  
15 not include revocation of the health care provider's license.

16           ~~L.~~ P. For the purposes of this section:

17           1. "Direct pay price" means the price that will be charged by a health  
18 care provider for a lawful health care service, regardless of the health  
19 insurance status of the person, if the entire fee for the service is paid in  
20 full directly to a health care provider by the person, including the person's  
21 health savings account, or by the person's employer and that does not  
22 prohibit a provider from establishing a payment plan with the person paying  
23 directly for services.

24           2. "Emergency services" means lawful health care services needed to  
25 evaluate and stabilize an emergency medical condition as defined in 42 United  
26 States Code section 1396u-2(b)(2)(C).

27           3. "Enrollee" means a person who is enrolled in a health care plan  
28 provided by a health insurer.

29           4. "Health care plan" means a policy, contract or evidence of coverage  
30 issued to an enrollee. Health care plan does not include limited benefit  
31 coverage as defined in section 20-1137.

32           5. "Health care provider" means a person who is licensed pursuant to  
33 chapter 7, 8, 13, 16, 17, 19 or 34 of this title.

34           6. "Health care system" means a public or private entity whose  
35 function or purpose is the management, processing or enrollment of  
36 individuals or the payment, in full or in part, of health care services.

37           7. "Health insurer":

38           (a) Means a disability insurer, group disability insurer, blanket  
39 disability insurer, health care services organization, hospital service  
40 corporation, medical service corporation or hospital and medical service  
41 corporation as defined in title 20.

42           (b) DOES NOT INCLUDE A GOVERNMENTAL PLAN AS DEFINED IN THE EMPLOYEE  
43 RETIREMENT INCOME SECURITY ACT OF 1974 (P.L. 93-406; 88 STAT. 829; 29 UNITED  
44 STATES CODE SECTION 1002).

45           8. "Lawful health care services" means any health-related service or  
46 treatment, to the extent that the service or treatment is permitted or not

1 prohibited by law or regulation, that may be provided by persons or  
2 businesses otherwise permitted to offer the services or treatments.

3 9. "Punish" means to impose any penalty, surcharge or named fee with a  
4 similar effect that is used to discourage the exercise of rights under this  
5 section.

6 Sec. 2. Section 36-437, Arizona Revised Statutes, is amended to read:  
7 36-437. Health care facilities; charges; public availability;  
8 direct payment; notice; definitions

9 A. A health care facility with more than fifty inpatient beds must  
10 make available on request or online the direct pay price for at least the  
11 fifty most used diagnosis-related group codes, if applicable, for the  
12 facility and at least the fifty most used outpatient service codes, if  
13 applicable, for the facility. The services may be identified by a common  
14 procedural terminology code or by a plain-English description. The health  
15 care facility must update the direct pay prices at least annually based on  
16 the services from a twelve-month period that occurred within the  
17 eighteen-month period preceding the annual update. The direct pay price must  
18 be for the standard treatment provided for the service and may include the  
19 cost of treatment for complications or exceptional treatment.

20 B. A health care facility with fifty or fewer inpatient beds must make  
21 available on request or online the direct pay price for at least the  
22 thirty-five most used diagnosis-related group codes, if applicable, for the  
23 facility and at least the thirty-five most used outpatient service codes if  
24 applicable, for the facility. The services may be identified by a common  
25 procedural terminology code or by a plain-English description. The health  
26 care facility must update the direct pay prices at least annually based on  
27 the services from a twelve-month period that occurred within the  
28 eighteen-month period preceding the annual update. The direct pay price must  
29 be for the standard treatment provided for the service and may include the  
30 cost of treatment for complications or exceptional treatment.

31 C. Subsections A and B of this section do not apply if a discussion of  
32 the direct pay price would be a violation of the federal emergency medical  
33 treatment and labor act.

34 D. Veterans administration facilities, health facilities on military  
35 bases, Indian health services hospitals and other Indian health services  
36 facilities, tribal owned clinics and the Arizona state hospital are exempt  
37 from the requirements ~~and provisions~~ of this section. If the director of the  
38 Arizona department of health services determines that a health care facility  
39 does not serve the general public, the health care facility shall be exempt  
40 from the requirements ~~and provisions~~ of this section if the facility does not  
41 serve the general public.

42 E. Subsections A and B of this section do not prevent a health care  
43 facility from offering either additional discounts or additional lawful  
44 health care services for an additional cost to a person or an employer paying  
45 directly.

1 F. A health care facility is not required to report the direct pay  
2 prices to a government agency or department or to a government-authorized or  
3 government-created entity for review. A government agency or department or  
4 government-authorized or government-created entity may not approve,  
5 disapprove or limit a health care facility's direct pay price for services.  
6 A government agency or department or government-authorized or  
7 government-created entity may not approve, disapprove or limit a health care  
8 facility's ability to change the published or posted direct pay price for  
9 services.

10 G. A health care system may not punish a person or employer for paying  
11 directly for lawful health care services or a health care facility for  
12 accepting direct payment from a person or employer for lawful health care  
13 services.

14 H. Except as provided in subsection ~~K~~ 0 of this section, a health  
15 care facility that receives direct payment from a person or employer for a  
16 lawful health care service is deemed paid in full if the entire fee for the  
17 service is paid and shall not submit a claim for payment or reimbursement for  
18 the service to any health care system. This subsection does not prevent a  
19 health care facility from pursuing a health care lien for customary charges  
20 pursuant to title 33. This subsection does not affect the ability of a  
21 health care facility to submit claims for the same service provided on other  
22 occasions to the same or a different person if no direct payment occurs.  
23 This subsection does not require a health care facility to refund or adjust  
24 any capitated payment, bundled payment or ~~any~~ other form of prepayment or  
25 global payment made by a health care system to the health care facility for  
26 lawful health care services to be provided by the health care facility for  
27 the person who makes, or on whose behalf an employer makes, direct payment to  
28 the health care facility.

29 I. Before a health care facility that is contracted as a network  
30 provider for a health care system accepts direct payment from a person or an  
31 employer, and the person is an enrollee of the same health care system, the  
32 health care facility shall obtain the person's or employer's signature on a  
33 notice in a form that is substantially similar to the following:

34 Important notice about direct payment  
35 for your health care services

36 The Arizona Constitution permits you to pay a health care  
37 facility directly for health care services. Before you make any  
38 agreement to do so, please read the following important  
39 information:

40 If you are an enrollee of a health care system (more  
41 commonly referred to as a health insurance plan) and your health  
42 care facility is contracted with the health insurance plan, the  
43 following apply:

44 1. You may not be required to pay the health care  
45 facility directly for the services covered by your plan, except

1 for cost share amounts that you are obligated to pay under your  
2 plan, such as copayments, coinsurance and deductible amounts.

3 2. Your provider's agreement with the health insurance  
4 plan may prevent the health care facility from billing you for  
5 the difference between the facility's billed charges and the  
6 amount allowed by your health insurance plan for covered  
7 services.

8 3. If you pay directly for a health care service, your  
9 health care facility will not be responsible for submitting  
10 claim documentation to your health insurance plan for that  
11 claim. Before paying your claim, your health insurance plan may  
12 require you to provide information and submit documentation  
13 necessary to determine whether the services are covered under  
14 your plan.

15 4. If you do not pay directly for a health care service,  
16 your health care facility may be responsible for submitting  
17 claim documentation to your health insurance plan for the health  
18 care service.

19 Your signature below acknowledges that you received this  
20 notice before paying directly for a health care service.

21 J. A health care facility that receives direct payment for a lawful  
22 health care service and that complies with subsection I of this section is  
23 not responsible for submitting documentation of any kind for purposes of  
24 reimbursement to any health care system for that claim if the failure to  
25 submit such documentation does not conflict with the terms of any federal or  
26 state contracts to which the health care system is a party and the health  
27 care facility has agreed to serve patients under or with applicable state or  
28 federal programs in which a health care facility and health care system  
29 participate.

30 K. A HEALTH CARE FACILITY THAT RECEIVES DIRECT PAYMENT PURSUANT TO  
31 THIS SECTION SHALL PROVIDE THE PERSON MAKING THE DIRECT PAYMENT WITH A  
32 RECEIPT THAT INCLUDES THE FOLLOWING INFORMATION:

33 1. THE AMOUNT OF THE DIRECT PAYMENT.  
34 2. THE APPLICABLE PROCEDURE AND DIAGNOSIS CODES FOR THE SERVICES  
35 RENDERED.

36 3. A CLEAR NOTATION THAT THE SERVICES WERE SUBJECT TO DIRECT PAYMENT  
37 UNDER THIS SECTION.

38 L. IF AN ENROLLEE PAYS TO A HEALTH CARE FACILITY THAT IS AN  
39 OUT-OF-NETWORK PROVIDER THE DIRECT PAY PRICE FOR A LAWFUL HEALTH CARE SERVICE  
40 THAT IS COVERED UNDER THE ENROLLEE'S HEALTH CARE PLAN, PURSUANT TO THE  
41 REQUIREMENTS OF THIS SECTION, THE AMOUNT PAID BY THE ENROLLEE SHALL BE  
42 APPLIED FIRST TO THE ENROLLEE'S IN-NETWORK DEDUCTIBLE WITH ANY REMAINING  
43 MONIES BEING APPLIED TO THE ENROLLEE'S OUT-OF-NETWORK DEDUCTIBLE, IF  
44 APPLICABLE. THE AMOUNT APPLIED TO THE IN-NETWORK DEDUCTIBLE SHALL BE THE  
45 AMOUNT PAID DIRECTLY OR THE INSURER'S PREVAILING CONTRACTED COMMERCIAL RATE  
46 FOR THE ENROLLEE'S HEALTH CARE PLAN IN THIS STATE FOR THE SERVICE OR

1 SERVICES. IF THE SERVICE OR SERVICES DO NOT MATCH STANDARD CODES OR BUNDLED  
2 PAYMENT PROGRAMS IN USE IN THIS STATE BY THE INSURER, THE AMOUNT APPLIED TO  
3 THE IN-NETWORK DEDUCTIBLE SHALL BE THE AMOUNT PAID DIRECTLY. FOR THE  
4 PURPOSES OF THIS SUBSECTION, "PREVAILING CONTRACTED COMMERCIAL RATE" MEANS  
5 THE MOST USUAL AND CUSTOMARY RATE THAT AN INSURER OFFERS AS PAYMENT FOR A  
6 SPECIFIC SERVICE UNDER A SPECIFIC HEALTH CARE PLAN, NOT INCLUDING A PLAN  
7 OFFERED UNDER MEDICARE OR MEDICAID OR ON A HEALTH INSURANCE EXCHANGE.

8 M. IF AN ENROLLEE IS ENROLLED IN A HIGH DEDUCTIBLE PLAN THAT QUALIFIES  
9 THE ENROLLEE FOR A HEALTH SAVINGS ACCOUNT AS DEFINED IN 26 UNITED STATES CODE  
10 SECTION 223, THE HEALTH CARE SYSTEM IS NOT LIABLE IF THE ENROLLEE SUBMITS A  
11 CLAIM FOR DEDUCTIBLE APPLICATION OF A DIRECT PAY AMOUNT PURSUANT TO  
12 SUBSECTION L OF THIS SECTION THAT JEOPARDIZES THE ENROLLEE'S STATUS AS AN  
13 INDIVIDUAL ELIGIBLE FOR FAVORABLE TAX TREATMENT OF THE HEALTH SAVINGS  
14 ACCOUNT.

15 N. THIS SECTION DOES NOT CREATE ANY PRIVATE RIGHT OR CAUSE OF ACTION  
16 FOR OR ON BEHALF OF ANY PERSON AGAINST THE HEALTH INSURER. THIS SECTION  
17 PROVIDES SOLELY AN ADMINISTRATIVE REMEDY FOR ANY VIOLATION OF THIS SECTION OR  
18 ANY RELATED RULE.

19 ~~K.~~ O. This section does not impair the provisions of a health care  
20 system's private health care network provider contract, except that a health  
21 care facility may accept direct payment from a person or employer or may  
22 decline to bill the health care system directly for services paid directly by  
23 a person or employer if the health care facility has complied with subsection  
24 I of this section and the health care facility's receipt of direct payment  
25 and the declination to bill the health care system do not conflict with the  
26 terms of any federal or state contract to which the health care system is a  
27 party and the health care facility has agreed to serve patients under or with  
28 applicable state or federal programs in which a health care facility and  
29 health care system participate.

30 ~~L.~~ P. This section may not prevent the ~~Arizona~~ department of health  
31 services from performing an investigation of a health care facility under the  
32 department's powers and duties as ~~defined~~ PRESCRIBED in THIS title ~~36~~. If a  
33 health care facility fails to comply with this section, the penalty shall not  
34 include the revocation of the license to deliver health care services.

35 ~~M.~~ Q. For the purposes of this section:

36 1. "Direct pay price" means the entire price that will be charged by a  
37 health care facility for a lawful health care service, regardless of the  
38 health insurance status of the person, if the entire fee for the service is  
39 paid in full directly to a health care facility by the person, including the  
40 person's health savings account, or by the person's employer and that does  
41 not prohibit a facility from establishing a payment plan with the person  
42 paying directly for services.

43 2. "Enrollee" means a person who is enrolled in a health care plan  
44 provided by a health insurer.

1           3. "Health care facility" means a hospital, outpatient surgical  
2 center, health care laboratory, diagnostic imaging center or urgent care  
3 center.

4           4. "Health care plan" means a policy, contract or evidence of coverage  
5 issued to an enrollee. Health care plan does not include limited benefit  
6 coverage as defined in section 20-1137.

7           5. "Health care provider" means a person who is licensed pursuant to  
8 [TITLE 32](#), chapter 7, 8, 13, 16, 17, 19 or 34 ~~of title 32~~.

9           6. "Health care system" means a public or private entity whose  
10 function or purpose is the management, processing or enrollment of  
11 individuals or the payment, in full or in part, of health care services.

12           7. "Health insurer":

13           (a) Means a disability insurer, group disability insurer, blanket  
14 disability insurer, health care services organization, hospital service  
15 corporation, medical service corporation or hospital and medical service  
16 corporation as defined in title 20.

17           (b) [DOES NOT INCLUDE A GOVERNMENTAL PLAN AS DEFINED IN THE EMPLOYEE  
18 RETIREMENT INCOME SECURITY ACT OF 1974 \(P.L. 93-406; 88 STAT. 829; 29 UNITED  
19 STATES CODE SECTION 1002\)](#).

20           8. "Lawful health care services" means any health-related service or  
21 treatment, to the extent that the service or treatment is permitted or not  
22 prohibited by law or regulation, that may be provided by persons or  
23 businesses otherwise permitted to offer the services or treatments.

24           9. "Punish" means to impose any penalty, surcharge or named fee with a  
25 similar effect that is used to discourage the exercise of rights under this  
26 section.

27           Sec. 3. [Repeal](#)

28           Laws 2013, chapter 202, section 7 is repealed.

29           Sec. 4. [Effective date](#)

30           Sections 32-3216 and 36-437, Arizona Revised Statutes, as amended by  
31 this act, are effective from and after December 31, 2016 and apply to  
32 policies, contracts and plans that are issued or renewed from and after  
33 December 31, 2016.

APPROVED BY THE GOVERNOR APRIL 10, 2015.

FILED IN THE OFFICE OF THE SECRETARY OF STATE APRIL 13, 2015.