



ARIZONA STATE SENATE
Fifty-Second Legislature, Second Regular Session

FACT SHEET FOR S.B. 2306

healthcare providers; family members; coverage

Purpose

Requires coverage for health care services to be provided regardless of a subscriber, enrollee or insured's familiar relationship with the health care provider.

Background

Current law prohibits benefits under a subscription contract of a hospital and medical service corporation as well as any disability or group or blanket disability insurance contract from being denied for any medical or surgical service that is performed by a licensed health care provider within the lawful scope of that provider's license (A.R.S. §§§ 20-841, 20-1376 and 20-1406).

There is no anticipated fiscal impact to the state General Fund associated with this legislation.

Provisions

1. Requires any subscription contract of a hospital and medical service corporation, any evidence of coverage of a health care services organization and any disability or group or blanket disability insurance contract that is issued, delivered or renewed on or after July 1, 2017, to provide coverage for lawful health care services that are provided by a health care provider to a subscriber, enrollee or insured regardless of the familiar relationship of the health care provider to the subscriber, enrollee or insured if the health care service would be covered were it provided to a subscriber, enrollee or insured who was not related to the health care provider.
2. Specifies that the subscription contract, evidence of coverage and disability or group or blanket disability policy may limit the coverage to those health care providers who are members of the hospital or medical service corporation, health care services organization or disability insurer's provider network.
3. Becomes effective on the general effective date.

House Action

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Prepared by Senate Research

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