

House Engrossed

children's health insurance program; redetermination

State of Arizona
House of Representatives
Fifty-fifth Legislature
Second Regular Session
2022

HOUSE BILL 2551

AN ACT

AMENDING SECTION 36-2982, ARIZONA REVISED STATUTES; RELATING TO THE
CHILDREN'S HEALTH INSURANCE PROGRAM.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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

2 Section 1. Section 36-2982, Arizona Revised Statutes, is amended to
3 read:

4 36-2982. Children's health insurance program; administration;
5 nonentitlement; enrollment; eligibility

6 A. The children's health insurance program is established for
7 children who are eligible pursuant to section 36-2981, paragraph 6. The
8 administration shall administer the program. All covered services shall
9 be provided by health plans that have contracts with the administration
10 pursuant to section 36-2906, by a qualifying plan or by either tribal
11 facilities or the Indian health service for Native Americans who are
12 eligible for the program and who elect to receive services through the
13 Indian health service or a tribal facility.

14 B. This article does not create a legal entitlement for any
15 applicant or member who is eligible for the program.

16 C. The director shall take all steps necessary to implement the
17 administrative structure for the program and to begin delivering services
18 to persons within sixty days after approval of the state plan by the
19 United States department of health and human services.

20 D. The administration shall perform eligibility determinations for
21 persons applying for eligibility and annual redeterminations for continued
22 eligibility pursuant to this article. PURSUANT TO 42 UNITED STATES CODE
23 SECTION 1396a(e)(12) AND 42 CODE OF FEDERAL REGULATIONS SECTIONS 435.926
24 AND 457.342, THE ADMINISTRATION SHALL ALLOW A MEMBER WHO IS DETERMINED
25 ELIGIBLE PURSUANT TO THIS SECTION TO REMAIN ELIGIBLE FOR BENEFITS UNDER
26 THIS ARTICLE FOR A PERIOD OF TWELVE MONTHS, UNLESS THE MEMBER EXCEEDS THE
27 AGE OF ELIGIBILITY DURING THAT TWELVE-MONTH PERIOD.

28 E. The administration shall adopt rules for the collection of
29 copayments from members whose income does not exceed one hundred fifty
30 percent of the federal poverty level and for the collection of copayments
31 and premiums from members whose income exceeds one hundred fifty percent
32 of the federal poverty level. The director shall adopt rules for
33 disenrolling a member if the member does not pay the premium required
34 pursuant to this section. The director shall adopt rules to prescribe the
35 circumstances under which the administration shall grant a hardship
36 exemption to the disenrollment requirements of this subsection for a
37 member who is no longer able to pay the premium.

38 F. Before enrollment, a member, or if the member is a minor, that
39 member's parent or legal guardian, shall select an available health plan
40 in the member's geographic service area or a qualifying health plan
41 offered in the county, and may select a primary care physician or primary
42 care practitioner from among the available physicians and practitioners
43 participating with the contractor in which the member is enrolled. The
44 contractors shall only reimburse costs of services or related services
45 provided by or under referral from a primary care physician or primary

1 care practitioner participating in the contract in which the member is
2 enrolled, except for emergency services that shall be reimbursed pursuant
3 to section 36-2987. The director shall establish requirements as to the
4 minimum time period that a member is assigned to specific contractors.

5 G. Eligibility for the program is creditable coverage as defined in
6 section 20-1379.

7 H. Notwithstanding section 36-2983, the administration may purchase
8 for a member employer-sponsored group health insurance with state and
9 federal monies available pursuant to this article, subject to any
10 restrictions imposed by the centers for medicare and medicaid
11 services. This subsection does not apply to members who are eligible for
12 health benefits coverage under a state health benefits plan based on a
13 family member's employment with a public agency in this state.