

REFERENCE TITLE: children's health insurance program; eligibility

State of Arizona
Senate
Fifty-fifth Legislature
Second Regular Session
2022

SB 1621

Introduced by
Senators Rios: Contreras, Gabaldon, Otondo, Quezada, Steele;
Representatives Dalessandro, Jermaine

AN ACT

AMENDING SECTION 36-2981, 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 36-2981, Arizona Revised Statutes, is amended to
3 read:

4 36-2981. Definitions

5 In this article, unless the context otherwise requires:

6 1. "Administration" means the Arizona health care cost containment
7 system administration.

8 2. "Contractor" means a health plan that contracts with the
9 administration ~~for the provision of~~ TO PROVIDE hospitalization and medical
10 care to members according to ~~the provisions of~~ this article or a
11 qualifying plan.

12 3. "Director" means the director of the administration.

13 4. "Federal poverty level" means the federal poverty level
14 guidelines published annually by the United States department of health
15 and human services.

16 5. "Health plan" means an entity that contracts with the
17 administration for services provided pursuant to article 1 of this
18 chapter.

19 6. "Member" means a person who is eligible for and enrolled in the
20 program, who is under nineteen years of age and whose gross household
21 income meets the following requirements:

22 ~~(a) Beginning on November 1, 1998 through September 30, 1999, has~~
23 ~~income at or below one hundred fifty per cent of the federal poverty~~
24 ~~level.~~

25 ~~(b)~~ (a) Beginning on October 1, 1999 ~~and for each fiscal year~~
26 ~~thereafter~~ THROUGH SEPTEMBER 30, 2022, has income at or below two hundred
27 ~~per cent~~ PERCENT of the federal poverty level.

28 (b) BEGINNING ON OCTOBER 1, 2022 AND FOR EACH FISCAL YEAR
29 THEREAFTER, HAS INCOME AT OR BELOW TWO HUNDRED FIFTY PERCENT OF THE
30 FEDERAL POVERTY LEVEL.

31 7. "Noncontracting provider" means an entity that provides hospital
32 or medical care but does not have a contract or subcontract with the
33 administration.

34 8. "Physician" means a person WHO IS licensed pursuant to title 32,
35 chapter 13 or 17.

36 9. "Prepaid capitated" means a method of payment by which a
37 contractor delivers health care services for the duration of a contract to
38 a specified number of members based on a fixed rate per member, per month
39 without regard to the number of members who receive care or the amount of
40 health care services provided to a member.

41 10. "Primary care physician" means a physician who is a family
42 practitioner, general practitioner, pediatrician, general internist,
43 obstetrician or gynecologist.

1 11. "Primary care practitioner" means a nurse practitioner who is
2 certified pursuant to title 32, chapter 15 or a physician assistant who is
3 licensed pursuant to title 32, chapter 25 and who is acting within the
4 respective scope of practice of those chapters.

5 12. "Program" means the children's health insurance program.

6 13. "Qualifying plan" means a contractor that contracts with the
7 state pursuant to section 38-651 to provide health and accident insurance
8 for state employees and that provides services to members pursuant to
9 section 36-2989, subsection A.

10 14. "Special health care district" means a special health care
11 district organized pursuant to title 48, chapter 31.

12 15. "Tribal facility" means a facility that is operated by an
13 Indian tribe and that is authorized to provide services pursuant to Public
14 Law 93-638, as amended.