

Senate Engrossed House Bill

children's health insurance program; redetermination

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

## CHAPTER 338

# 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. SUBJECT TO THE APPROVAL OF THE  
23 CENTERS FOR MEDICARE AND MEDICAID SERVICES AND PURSUANT TO 42 UNITED  
24 STATES CODE SECTION 1396a(e)(12) AND 42 CODE OF FEDERAL REGULATIONS  
25 SECTIONS 435.926 AND 457.342, THE ADMINISTRATION SHALL ALLOW A MEMBER WHO  
26 IS DETERMINED ELIGIBLE PURSUANT TO THIS SECTION TO REMAIN ELIGIBLE FOR  
27 BENEFITS UNDER THIS ARTICLE FOR A PERIOD OF TWELVE MONTHS, UNLESS THE  
28 MEMBER EXCEEDS THE AGE OF ELIGIBILITY DURING THAT TWELVE-MONTH PERIOD.

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

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

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

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

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

APPROVED BY THE GOVERNOR JULY 5, 2022.

FILED IN THE OFFICE OF THE SECRETARY OF STATE JULY 5, 2022.