

COMMITTEE ON FINANCE  
SENATE AMENDMENTS TO H.B. 2175  
(Reference to House engrossed bill)

1 Strike everything after the enacting clause and insert:

2 "Section 1. Title 20, chapter 15, article 1, Arizona Revised  
3 Statutes, is amended by adding section 20-2512, to read:

4 20-2512. Denial of claims; provider review of claims

5 BEFORE A HEALTH CARE INSURER MAY DENY A CLAIM THAT WAS  
6 SUBMITTED BY A PROVIDER ON THE BASIS OF MEDICAL NECESSITY OR  
7 EXPERIMENTAL STATUS OR THAT REQUIRES THE USE OF MEDICAL JUDGMENT,  
8 THE MEDICAL DIRECTOR OR PROVIDER SHALL INDIVIDUALLY REVIEW THE  
9 DENIAL. DURING EACH INDIVIDUAL REVIEW, THE MEDICAL DIRECTOR OR  
10 PROVIDER SHALL EXERCISE INDEPENDENT MEDICAL JUDGMENT AND MAY NOT  
11 RELY SOLELY ON RECOMMENDATIONS FROM ANY OTHER SOURCE.

12 Sec. 2. Title 20, chapter 26, article 1, Arizona Revised  
13 Statutes, is amended by adding section 20-3407, to read:

14 20-3407. Denial of prior authorization; provider review of  
15 prior authorization

16 BEFORE A HEALTH CARE INSURER MAY ISSUE A DIRECT DENIAL OF A  
17 PRIOR AUTHORIZATION OF A SERVICE THAT WAS REQUESTED BY A PROVIDER  
18 AND THAT INVOLVES MEDICAL NECESSITY OR EXPERIMENTAL STATUS OR THAT  
19 REQUIRES THE USE OF MEDICAL JUDGMENT, THE MEDICAL DIRECTOR OR  
20 PROVIDER SHALL INDIVIDUALLY REVIEW THE DENIAL. DURING EACH  
21 INDIVIDUAL REVIEW, THE MEDICAL DIRECTOR OR PROVIDER SHALL EXERCISE  
22 INDEPENDENT MEDICAL JUDGMENT AND MAY NOT RELY SOLELY ON  
23 RECOMMENDATIONS FROM ANY OTHER SOURCE.

24 Sec. 3. Effective date

25 This act is effective from and after June 30, 2026."

26 Amend title to conform