

REFERENCE TITLE: behavioral health services; insurance coverage

State of Arizona
House of Representatives
Fifty-seventh Legislature
First Regular Session
2025

HB 2348

Introduced by
Representatives Contreras P: Abeytia, Austin, Connolly, Contreras L,
Crews, De Los Santos, Gutierrez, Luna-Nájera, Mathis, Peshlakai, Sandoval,
Stahl Hamilton

AN ACT

AMENDING TITLE 20, CHAPTER 4, ARTICLE 3, ARIZONA REVISED STATUTES, BY
ADDING SECTION 20-841.14; AMENDING TITLE 20, CHAPTER 4, ARTICLE 9, ARIZONA
REVISED STATUTES, BY ADDING SECTION 20-1057.20; AMENDING TITLE 20, CHAPTER
6, ARTICLE 4, ARIZONA REVISED STATUTES, BY ADDING SECTION 20-1376.11;
AMENDING TITLE 20, CHAPTER 6, ARTICLE 5, ARIZONA REVISED STATUTES, BY
ADDING SECTION 20-1406.11; RELATING TO HEALTH INSURANCE.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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

2 Section 1. Title 20, chapter 4, article 3, Arizona Revised
3 Statutes, is amended by adding section 20-841.14, to read:

4 20-841.14. Behavioral health services; coverage; definitions

5 A. A HOSPITAL SERVICE CORPORATION OR MEDICAL SERVICE CORPORATION
6 THAT ISSUES, AMENDS, DELIVERS OR RENEWS A SUBSCRIPTION CONTRACT ON OR
7 AFTER JANUARY 1, 2026 SHALL PROVIDE COVERAGE FOR BEHAVIORAL HEALTH
8 SERVICES.

9 B. A HOSPITAL SERVICE CORPORATION OR MEDICAL SERVICE CORPORATION
10 SHALL ESTABLISH A DOCUMENTED PROCEDURE TO ASSIST A SUBSCRIBER WITH
11 ACCESSING AN OUT-OF-NETWORK BEHAVIORAL HEALTH CARE PROVIDER WHEN AN
12 IN-NETWORK BEHAVIORAL HEALTH CARE PROVIDER IS NOT AVAILABLE WITHIN A
13 TIMELY MANNER.

14 C. IF A SUBSCRIBER IS UNABLE TO OBTAIN COVERED BEHAVIORAL HEALTH
15 SERVICES FROM AN IN-NETWORK PROVIDER IN A TIMELY MANNER, INCLUDING THROUGH
16 MEDICALLY APPROPRIATE TELEHEALTH SERVICES, THE SUBSCRIPTION CONTRACT MUST
17 ENSURE COVERAGE FOR BEHAVIORAL HEALTH SERVICES FROM AN OUT-OF-NETWORK
18 PROVIDER AND ARRANGE A NETWORK EXCEPTION WITH A NEGOTIATED RATE FROM AN
19 OUT-OF-NETWORK PROVIDER. THE ARRANGEMENT BETWEEN THE SUBSCRIPTION
20 CONTRACT AND THE OUT-OF-NETWORK PROVIDER SHALL HOLD THE SUBSCRIBER
21 HARMLESS FOR ANY AMOUNT GREATER THAN THE IN-NETWORK COST SHARING AMOUNT,
22 INCLUDING A COPAYMENT, COINSURANCE AND DEDUCTIBLE, THAT THE SUBSCRIBER
23 WOULD HAVE PAID FOR THE SAME BEHAVIORAL HEALTH SERVICE PROVIDED BY AN
24 IN-NETWORK PROVIDER. THE SUBSCRIPTION CONTRACT SHALL ACCEPT AS PAYMENT IN
25 FULL THE NEGOTIATED RATE FOR THE NETWORK EXCEPTION AND THE SUBSCRIBER'S
26 IN-NETWORK COST SHARING AMOUNT. A SUBSCRIBER MAY NOT PAY MORE THAN THE
27 IN-NETWORK COST SHARING AMOUNT FOR BEHAVIORAL HEALTH SERVICES.

28 D. A HOSPITAL SERVICE CORPORATION OR MEDICAL SERVICE CORPORATION IS
29 NOT RESPONSIBLE IF BEHAVIORAL HEALTH SERVICES ARE AVAILABLE WITHIN A
30 TIMELY MANNER AND THE SUBSCRIBER CHOOSES TO SCHEDULE BEHAVIORAL HEALTH
31 SERVICES OUTSIDE OF THE TIMELY MANNER REQUIREMENTS.

32 E. A SUBSCRIPTION CONTRACT THAT MAKES A PAYMENT TO AN
33 OUT-OF-NETWORK PROVIDER SHALL DOCUMENT THE DETAILS OF THE PAYMENT AND MAKE
34 THAT INFORMATION AVAILABLE TO THE DEPARTMENT NOT LATER THAN TWENTY DAYS
35 FROM THE DATE OF REQUEST.

36 F. FOR THE PURPOSES OF THIS SECTION:

37 1. "BEHAVIORAL HEALTH SERVICES" INCLUDES:

38 (a) MENTAL HEALTH SERVICES.

39 (b) SUBSTANCE USE DISORDER SERVICES.

40 2. "TIMELY MANNER" MEANS:

41 (a) WITHIN THIRTY DAYS FROM THE DATE A SUBSCRIBER REQUESTS AN
42 APPOINTMENT, SERVICE OR RELATED BEHAVIORAL HEALTH SERVICE, IF THE REQUEST
43 IS:

44 (i) FOR A ROUTINE APPOINTMENT.

45 (ii) BASED ON A HEALTH CARE PROVIDER'S REFERRAL.

1 (iii) FOR A NEW TREATMENT OR MEDICATION.

2 (iv) FOR OTHER RELATED SERVICES AS DETERMINED BY THE DEPARTMENT.

3 (b) WITHIN SEVEN DAYS FROM THE DATE A SUBSCRIBER FIRST ATTEMPTS TO
4 RECEIVE BEHAVIORAL HEALTH RESIDENTIAL CARE OR HOSPITALIZATION.

5 (c) WITHIN TWENTY-FOUR HOURS FROM THE DATE AND TIME THE SUBSCRIBER
6 FIRST ATTEMPTS TO RECEIVE URGENT, EMERGENT OR CRISIS BEHAVIORAL HEALTH
7 SERVICES.

8 Sec. 2. Title 20, chapter 4, article 9, Arizona Revised Statutes,
9 is amended by adding section 20-1057.20, to read:

10 20-1057.20. Behavioral health services: coverage: definitions

11 A. A HEALTH CARE SERVICES ORGANIZATION THAT ISSUES, AMENDS,
12 DELIVERS OR RENEWS AN EVIDENCE OF COVERAGE ON OR AFTER JANUARY 1, 2026
13 SHALL PROVIDE COVERAGE FOR BEHAVIORAL HEALTH SERVICES.

14 B. A HEALTH CARE SERVICES ORGANIZATION SHALL ESTABLISH A DOCUMENTED
15 PROCEDURE TO ASSIST AN ENROLLEE WITH ACCESSING AN OUT-OF-NETWORK
16 BEHAVIORAL HEALTH CARE PROVIDER WHEN AN IN-NETWORK BEHAVIORAL HEALTH CARE
17 PROVIDER IS NOT AVAILABLE WITHIN A TIMELY MANNER.

18 C. IF AN ENROLLEE IS UNABLE TO OBTAIN COVERED BEHAVIORAL HEALTH
19 SERVICES FROM AN IN-NETWORK PROVIDER IN A TIMELY MANNER, INCLUDING THROUGH
20 MEDICALLY APPROPRIATE TELEHEALTH SERVICES, THE EVIDENCE OF COVERAGE MUST
21 ENSURE COVERAGE FOR BEHAVIORAL HEALTH SERVICES FROM AN OUT-OF-NETWORK
22 PROVIDER AND ARRANGE A NETWORK EXCEPTION WITH A NEGOTIATED RATE FROM AN
23 OUT-OF-NETWORK PROVIDER. THE ARRANGEMENT BETWEEN THE EVIDENCE OF COVERAGE
24 AND THE OUT-OF-NETWORK PROVIDER SHALL HOLD THE ENROLLEE HARMLESS FOR ANY
25 AMOUNT GREATER THAN THE IN-NETWORK COST SHARING AMOUNT, INCLUDING A
26 COPAYMENT, COINSURANCE AND DEDUCTIBLE, THAT THE ENROLLEE WOULD HAVE PAID
27 FOR THE SAME BEHAVIORAL HEALTH SERVICE PROVIDED BY AN IN-NETWORK PROVIDER.
28 THE EVIDENCE OF COVERAGE SHALL ACCEPT AS PAYMENT IN FULL THE NEGOTIATED
29 RATE FOR THE NETWORK EXCEPTION AND THE ENROLLEE'S IN-NETWORK COST SHARING
30 AMOUNT. AN ENROLLEE MAY NOT PAY MORE THAN THE IN-NETWORK COST SHARING
31 AMOUNT FOR BEHAVIORAL HEALTH SERVICES.

32 D. A HEALTH CARE SERVICES ORGANIZATION IS NOT RESPONSIBLE IF
33 BEHAVIORAL HEALTH SERVICES ARE AVAILABLE WITHIN A TIMELY MANNER AND THE
34 ENROLLEE CHOOSES TO SCHEDULE BEHAVIORAL HEALTH SERVICES OUTSIDE OF THE
35 TIMELY MANNER REQUIREMENTS.

36 E. AN EVIDENCE OF COVERAGE THAT MAKES A PAYMENT TO AN
37 OUT-OF-NETWORK PROVIDER SHALL DOCUMENT THE DETAILS OF THE PAYMENT AND MAKE
38 THAT INFORMATION AVAILABLE TO THE DEPARTMENT NOT LATER THAN TWENTY DAYS
39 FROM THE DATE OF REQUEST.

40 F. FOR THE PURPOSES OF THIS SECTION:

41 1. "BEHAVIORAL HEALTH SERVICES" INCLUDES:

42 (a) MENTAL HEALTH SERVICES.

43 (b) SUBSTANCE USE DISORDER SERVICES.

1 2. "TIMELY MANNER" MEANS:

2 (a) WITHIN THIRTY DAYS FROM THE DATE AN ENROLLEE REQUESTS AN
3 APPOINTMENT, SERVICE OR RELATED BEHAVIORAL HEALTH SERVICE, IF THE REQUEST
4 IS:

5 (i) FOR A ROUTINE APPOINTMENT.

6 (ii) BASED ON A HEALTH CARE PROVIDER'S REFERRAL.

7 (iii) FOR A NEW TREATMENT OR MEDICATION.

8 (iv) FOR OTHER RELATED SERVICES AS DETERMINED BY THE DEPARTMENT.

9 (b) WITHIN SEVEN DAYS FROM THE DATE AN ENROLLEE FIRST ATTEMPTS TO
10 RECEIVE BEHAVIORAL HEALTH RESIDENTIAL CARE OR HOSPITALIZATION.

11 (c) WITHIN TWENTY-FOUR HOURS FROM THE DATE AND TIME THE ENROLLEE
12 FIRST ATTEMPTS TO RECEIVE URGENT, EMERGENT OR CRISIS BEHAVIORAL HEALTH
13 SERVICES.

14 Sec. 3. Title 20, chapter 6, article 4, Arizona Revised Statutes,
15 is amended by adding section 20-1376.11, to read:

16 20-1376.11. Behavioral health services; coverage; definitions

17 A. A DISABILITY INSURER THAT ISSUES, AMENDS, DELIVERS OR RENEWS A
18 POLICY ON OR AFTER JANUARY 1, 2026 SHALL PROVIDE COVERAGE FOR BEHAVIORAL
19 HEALTH SERVICES.

20 B. A DISABILITY INSURER SHALL ESTABLISH A DOCUMENTED PROCEDURE TO
21 ASSIST AN INSURED WITH ACCESSING AN OUT-OF-NETWORK BEHAVIORAL HEALTH CARE
22 PROVIDER WHEN AN IN-NETWORK BEHAVIORAL HEALTH CARE PROVIDER IS NOT
23 AVAILABLE WITHIN A TIMELY MANNER.

24 C. IF AN INSURED IS UNABLE TO OBTAIN COVERED BEHAVIORAL HEALTH
25 SERVICES FROM AN IN-NETWORK PROVIDER IN A TIMELY MANNER, INCLUDING THROUGH
26 MEDICALLY APPROPRIATE TELEHEALTH SERVICES, THE POLICY MUST ENSURE COVERAGE
27 FOR BEHAVIORAL HEALTH SERVICES FROM AN OUT-OF-NETWORK PROVIDER AND ARRANGE
28 A NETWORK EXCEPTION WITH A NEGOTIATED RATE FROM AN OUT-OF-NETWORK
29 PROVIDER. THE ARRANGEMENT BETWEEN THE POLICY AND THE OUT-OF-NETWORK
30 PROVIDER SHALL HOLD THE INSURED HARMLESS FOR ANY AMOUNT GREATER THAN THE
31 IN-NETWORK COST SHARING AMOUNT, INCLUDING A COPAYMENT, COINSURANCE AND
32 DEDUCTIBLE, THAT THE INSURED WOULD HAVE PAID FOR THE SAME BEHAVIORAL
33 HEALTH SERVICE PROVIDED BY AN IN-NETWORK PROVIDER. THE POLICY SHALL
34 ACCEPT AS PAYMENT IN FULL THE NEGOTIATED RATE FOR THE NETWORK EXCEPTION
35 AND THE INSURED'S IN-NETWORK COST SHARING AMOUNT. AN INSURED MAY NOT PAY
36 MORE THAN THE IN-NETWORK COST SHARING AMOUNT FOR BEHAVIORAL HEALTH
37 SERVICES.

38 D. A DISABILITY INSURER IS NOT RESPONSIBLE IF BEHAVIORAL HEALTH
39 SERVICES ARE AVAILABLE WITHIN A TIMELY MANNER AND THE INSURED CHOOSES TO
40 SCHEDULE BEHAVIORAL HEALTH SERVICES OUTSIDE OF THE TIMELY MANNER
41 REQUIREMENTS.

42 E. A POLICY THAT MAKES A PAYMENT TO AN OUT-OF-NETWORK PROVIDER
43 SHALL DOCUMENT THE DETAILS OF THE PAYMENT AND MAKE THAT INFORMATION
44 AVAILABLE TO THE DEPARTMENT NOT LATER THAN TWENTY DAYS FROM THE DATE OF
45 REQUEST.

1 F. FOR THE PURPOSES OF THIS SECTION:
2 1. "BEHAVIORAL HEALTH SERVICES" INCLUDES:
3 (a) MENTAL HEALTH SERVICES.
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5 2. "TIMELY MANNER" MEANS:
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7 APPOINTMENT, SERVICE OR RELATED BEHAVIORAL HEALTH SERVICE, IF THE REQUEST
8 IS:
9 (i) FOR A ROUTINE APPOINTMENT.
10 (ii) BASED ON A HEALTH CARE PROVIDER'S REFERRAL.
11 (iii) FOR A NEW TREATMENT OR MEDICATION.
12 (iv) FOR OTHER RELATED SERVICES AS DETERMINED BY THE DEPARTMENT.
13 (b) WITHIN SEVEN DAYS FROM THE DATE AN INSURED FIRST ATTEMPTS TO
14 RECEIVE BEHAVIORAL HEALTH RESIDENTIAL CARE OR HOSPITALIZATION.
15 (c) WITHIN TWENTY-FOUR HOURS FROM THE DATE AND TIME THE INSURED
16 FIRST ATTEMPTS TO RECEIVE URGENT, EMERGENT OR CRISIS BEHAVIORAL HEALTH
17 SERVICES.
18 Sec. 4. Title 20, chapter 6, article 5, Arizona Revised Statutes,
19 is amended by adding section 20-1406.11, to read:
20 20-1406.11. Behavioral health services; coverage; definitions
21 A. A GROUP OR BLANKET DISABILITY INSURER THAT ISSUES, AMENDS,
22 DELIVERS OR RENEWS A POLICY ON OR AFTER JANUARY 1, 2026 SHALL PROVIDE
23 COVERAGE FOR BEHAVIORAL HEALTH SERVICES.
24 B. A GROUP OR BLANKET DISABILITY INSURER SHALL ESTABLISH A
25 DOCUMENTED PROCEDURE TO ASSIST AN INSURED WITH ACCESSING AN OUT-OF-NETWORK
26 BEHAVIORAL HEALTH CARE PROVIDER WHEN AN IN-NETWORK BEHAVIORAL HEALTH CARE
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29 SERVICES FROM AN IN-NETWORK PROVIDER IN A TIMELY MANNER, INCLUDING THROUGH
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32 A NETWORK EXCEPTION WITH A NEGOTIATED RATE FROM AN OUT-OF-NETWORK
33 PROVIDER. THE ARRANGEMENT BETWEEN THE POLICY AND THE OUT-OF-NETWORK
34 PROVIDER SHALL HOLD THE INSURED HARMLESS FOR ANY AMOUNT GREATER THAN THE
35 IN-NETWORK COST SHARING AMOUNT, INCLUDING A COPAYMENT, COINSURANCE AND
36 DEDUCTIBLE, THAT THE INSURED WOULD HAVE PAID FOR THE SAME BEHAVIORAL
37 HEALTH SERVICE PROVIDED BY AN IN-NETWORK PROVIDER. THE POLICY SHALL
38 ACCEPT AS PAYMENT IN FULL THE NEGOTIATED RATE FOR THE NETWORK EXCEPTION
39 AND THE INSURED'S IN-NETWORK COST SHARING AMOUNT. AN INSURED MAY NOT PAY
40 MORE THAN THE IN-NETWORK COST SHARING AMOUNT FOR BEHAVIORAL HEALTH
41 SERVICES.
42 D. A GROUP OR BLANKET DISABILITY INSURER IS NOT RESPONSIBLE IF
43 BEHAVIORAL HEALTH SERVICES ARE AVAILABLE WITHIN A TIMELY MANNER AND THE
44 INSURED CHOOSES TO SCHEDULE BEHAVIORAL HEALTH SERVICES OUTSIDE OF THE
45 TIMELY MANNER REQUIREMENTS.

1 E. A POLICY THAT MAKES A PAYMENT TO AN OUT-OF-NETWORK PROVIDER
2 SHALL DOCUMENT THE DETAILS OF THE PAYMENT AND MAKE THAT INFORMATION
3 AVAILABLE TO THE DEPARTMENT NOT LATER THAN TWENTY DAYS FROM THE DATE OF
4 REQUEST.

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16 (iv) FOR OTHER RELATED SERVICES AS DETERMINED BY THE DEPARTMENT.

17 (b) WITHIN SEVEN DAYS FROM THE DATE AN INSURED FIRST ATTEMPTS TO
18 RECEIVE BEHAVIORAL HEALTH RESIDENTIAL CARE OR HOSPITALIZATION.

19 (c) WITHIN TWENTY-FOUR HOURS FROM THE DATE AND TIME THE INSURED
20 FIRST ATTEMPTS TO RECEIVE URGENT, EMERGENT OR CRISIS BEHAVIORAL HEALTH
21 SERVICES.