

REFERENCE TITLE: medicare supplement insurance; ALS; ESRD.

State of Arizona
Senate
Fifty-seventh Legislature
Second Regular Session
2026

SB 1191

Introduced by
Senator Shope

AN ACT

AMENDING SECTION 20-1133, ARIZONA REVISED STATUTES; RELATING TO MEDICARE
SUPPLEMENT INSURANCE.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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

2 Section 1. Section 20-1133, Arizona Revised Statutes, is amended to
3 read:

4 20-1133. Medicare supplement insurance; early enrollment
5 discounts; eligibility for additional conditions;
6 applicability

7 A. The director shall adopt rules necessary to comply with the
8 requirements of the social security disability amendments of 1980
9 (P.L. 96-265; 42 United States Code section 1395ss) and any federal laws
10 or regulations pertaining to that section, so that this state may retain
11 its full authority to regulate minimum standards for medicare supplement
12 insurance.

13 B. For the purposes of this section, an insurer may file for
14 medicare supplement **INSURANCE** rates that include an early enrollment
15 discount that will not be considered an attained age rating structure. An
16 early enrollment discount shall diminish over a period of time and is only
17 available to enrollees who purchase the plan within the early enrollment
18 period designated by the insurer. Insurers shall disclose to all
19 applicants how the early enrollment discount will diminish over time.

20 C. Subject to the other limitations provided in this subsection, a
21 benefit mandated in this title for health insurance policies does not
22 apply to medicare supplement insurance policies unless the mandated policy
23 benefit is set forth in rules adopted pursuant to this section or unless
24 the statute mandating the policy benefit expressly states that it is made
25 specifically applicable to medicare supplement insurance policies. A
26 medicare supplement insurance policy may not contain any exclusion for
27 services provided by any type of properly licensed health care provider if
28 the provider's services are eligible for medicare reimbursement and if the
29 specific services in question would be covered by medicare. The scope of
30 benefits of a medicare supplement policy may not be less than the minimum
31 level of benefits established by federal law.

32 D. **AN INSURER THAT OFFERS MEDICARE SUPPLEMENT INSURANCE POLICIES IN**
33 **THIS STATE TO PERSONS WHO ARE AT LEAST SIXTY-FIVE YEARS OF AGE SHALL ALSO**
34 **OFFER MEDICARE SUPPLEMENT INSURANCE POLICIES TO PERSONS WHO ARE ELIGIBLE**
35 **FOR AND ENROLLED IN MEDICARE DUE TO END-STAGE RENAL DISEASE OR AMYOTROPHIC**
36 **LATERAL SCLEROSIS. ALL BENEFITS AND COVERAGES THAT ARE AVAILABLE TO**
37 **MEDICARE ENROLLEES WHO ARE AT LEAST SIXTY-FIVE YEARS OF AGE MUST ALSO BE**
38 **AVAILABLE TO MEDICARE ENROLLEES WHO ARE UNDER SIXTY-FIVE YEARS OF AGE AND**
39 **WHO ARE ENROLLED DUE TO END-STAGE RENAL DISEASE OR AMYOTROPHIC LATERAL**
40 **SCLEROSIS.**

41 E. **A MEDICARE ENROLLEE MAY ENROLL IN A MEDICARE SUPPLEMENT**
42 **INSURANCE POLICY AT ANY TIME ALLOWED OR REQUIRED BY FEDERAL LAW OR WITHIN**
43 **SIX MONTHS AFTER ANY OF THE FOLLOWING:**

44 1. **ENROLLING IN MEDICARE PART B OR JANUARY 1, 2027 FOR AN ENROLLEE**
45 **WHO IS UNDER SIXTY-FIVE YEARS OF AGE AND WHO IS ELIGIBLE FOR MEDICARE DUE**

1 TO END-STAGE RENAL DISEASE OR AMYOTROPHIC LATERAL SCLEROSIS, WHICHEVER IS
2 LATER.

3 2. RECEIVING NOTICE THAT THE ENROLLEE HAS BEEN RETROACTIVELY
4 ENROLLED IN MEDICARE PART B DUE TO A RETROACTIVE ELIGIBILITY DECISION MADE
5 BY THE SOCIAL SECURITY ADMINISTRATION.

6 3. TERMINATION OF COVERAGE UNDER A GROUP HEALTH INSURANCE PLAN.

7 F. IN ADDITION TO OTHER ENROLLMENT PERIODS PROVIDED BY LAW, A
8 PERSON WHO IS UNDER SIXTY-FIVE YEARS OF AGE AND WHO IS ENROLLED IN
9 MEDICARE PART B DUE TO END-STAGE RENAL DISEASE OR AMYOTROPHIC LATERAL
10 SCLEROSIS ON THE EFFECTIVE DATE OF THIS AMENDMENT TO THIS SECTION MAY
11 APPLY FOR COVERAGE UNDER A MEDICARE SUPPLEMENT INSURANCE POLICY ON OR
12 AFTER DECEMBER 2, 2025 AND BEFORE JUNE 1, 2027. IF THE PERSON IS UNABLE
13 TO SUBMIT AN APPLICATION FOR COVERAGE ON OR AFTER DECEMBER 2, 2025 AND
14 BEFORE JUNE 1, 2027 BECAUSE THE APPLICATION WAS NOT AVAILABLE AND THE
15 PERSON REQUESTED THE APPLICATION DURING THAT TIME PERIOD, THE PERSON MAY
16 APPLY FOR COVERAGE WITHIN SIX MONTHS AFTER THE DATE THE APPLICATION
17 INITIALLY BECOMES AVAILABLE.

18 G. AN INSURER MAY NOT CHARGE AN ENROLLEE WHO QUALIFIES FOR MEDICARE
19 DUE TO END-STAGE RENAL DISEASE OR AMYOTROPHIC LATERAL SCLEROSIS AND WHO IS
20 UNDER SIXTY-FIVE YEARS OF AGE A PREMIUM RATE FOR A MEDICAL SUPPLEMENTAL
21 INSURANCE BENEFIT PLAN OFFERED BY THE INSURER THAT EXCEEDS THE INSURER'S
22 RATE SCHEDULE THAT IS FILED WITH THE DEPARTMENT FOR THAT PLAN AND THAT IS
23 CHARGED TO ENROLLEES WHO ARE SIXTY-FIVE YEARS OF AGE.

24 ~~H.~~ H. Notwithstanding any other provision of this title, rules
25 adopted pursuant to this section apply to insurance provided under
26 disability insurance policies, under subscription contracts of hospital,
27 medical, dental or optometric service corporations, under certificates of
28 fraternal benefit societies, under evidences of coverage of health care
29 services organizations and under coverages issued by any other insurer,
30 which policies, contracts, certificates, membership coverages, evidences
31 of coverage and coverages are delivered or issued for delivery in this
32 state on or after the effective date of rules adopted pursuant to
33 subsection A of this section. In adopting the rules required by
34 subsection A of this section, the director shall prescribe an effective
35 date of the rules that will allow insurers sufficient time to bring their
36 forms and practices into compliance with the requirements of the rule.