

REFERENCE TITLE: **medical services purchase; premiums**

State of Arizona
House of Representatives
Fifty-third Legislature
Second Regular Session
2018

HB 2443

Introduced by
Representatives Butler: Alston, Andrade, Blanc, Bolding, Cardenas,
Clark, Engel, Espinoza, Fernandez, Friese, Gabaldón, Hernandez,
Navarrete, Peten, Powers Hannley, Rios, Saldate, Salman, Senator Farley

AN ACT

**AMENDING TITLE 36, CHAPTER 29, ARTICLE 1, ARIZONA REVISED STATUTES, BY
ADDING SECTION 36-2929.01; RELATING TO THE ARIZONA HEALTH CARE COST
CONTAINMENT SYSTEM ADMINISTRATION.**

(TEXT OF BILL BEGINS ON NEXT PAGE)

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

2 Section 1. Title 36, chapter 29, article 1, Arizona Revised
3 Statutes, is amended by adding section 36-2929.01, to read:

4 36-2929.01. Medical services purchase program; eligibility;
5 premiums; program termination

6 A. THE MEDICAL SERVICES PURCHASE PROGRAM IS ESTABLISHED IN THE
7 ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM. BEGINNING OCTOBER 1, 2019,
8 SUBJECT TO ANY NECESSARY AUTHORIZATION FROM THE CENTERS FOR MEDICARE AND
9 MEDICAID SERVICES, THE ADMINISTRATION SHALL ADMINISTER THE MEDICAL
10 SERVICES PURCHASE PROGRAM AND PROVIDE PERSONS WHO ARE ELIGIBLE PURSUANT TO
11 THIS SECTION WITH ACCESS TO A MEDICAL BENEFIT PLAN THAT INCLUDES ALL OF
12 THE MEDICAL SERVICES PROVIDED UNDER THIS ARTICLE, NOT INCLUDING
13 NONEMERGENCY TRANSPORTATION, FOR A MONTHLY PREMIUM TO PAY THE COST OF
14 COVERAGE UNDER THE MEDICAL BENEFIT PLAN. MEDICAL BENEFIT PLAN COVERAGE
15 MAY BE PURCHASED ONLY AS INDIVIDUAL COVERAGE FOR EACH MEMBER OF A FAMILY.

16 B. A PERSON IS ELIGIBLE TO PURCHASE MEDICAL BENEFIT PLAN COVERAGE
17 PURSUANT TO THIS SECTION IF THE PERSON EITHER:

18 1. HAS BEEN UNINSURED FOR AT LEAST SIX MONTHS IMMEDIATELY PRECEDING
19 THE APPLICATION FOR COVERAGE.

20 2. IS NO LONGER ELIGIBLE FOR SERVICES UNDER THIS ARTICLE BECAUSE
21 EITHER:

22 (a) THE INCOME ELIGIBILITY LIMIT HAS BEEN EXCEEDED.

23 (b) THE LIMIT ON THE LENGTH OF ELIGIBILITY HAS BEEN EXCEEDED.

24 C. A PERSON WHO MEETS THE REQUIREMENTS OF SUBSECTION B OF THIS
25 SECTION MAY NOT USE AN AVAILABLE PREMIUM TAX CREDIT TO PURCHASE THE
26 MEDICAL BENEFIT PLAN. THE PERSON SHALL PAY ANY REQUIRED COPAYMENT AND
27 ENROLL IN A MANAGED CARE PLAN UNDER THE MEDICAL SERVICES PURCHASE PROGRAM.

28 D. THE DIRECTOR SHALL:

29 1. ESTABLISH FEES FOR PARTICIPANTS OF THE MEDICAL SERVICES PURCHASE
30 PROGRAM. THE ADMINISTRATION MAY NOT USE STATE MONIES TO ADMINISTER THIS
31 PROGRAM.

32 2. DETERMINE HOW PREMIUMS FOR THE MEDICAL SERVICES PURCHASE PROGRAM
33 WILL BE SET AND PAID.

34 3. DETERMINE WHEN TO DISENROLL A MEDICAL SERVICES PURCHASE PROGRAM
35 PARTICIPANT FOR DELINQUENT PAYMENT OR NONPAYMENT OF PREMIUMS.

36 4. ESTABLISH COST-SHARING REQUIREMENTS FOR THE MEDICAL SERVICES
37 PURCHASE PROGRAM.

38 5. DETERMINE HOW MEDICAL SERVICES PURCHASE PROGRAM PARTICIPANTS
39 WILL BE ENROLLED WITH PARTICIPATING CONTRACTORS.

40 6. ADOPT ANY RULE NECESSARY TO ADMINISTER THE MEDICAL SERVICES
41 PURCHASE PROGRAM.

42 E. THE ADMINISTRATION SHALL SEEK ANY AUTHORIZATION FROM THE CENTERS
43 FOR MEDICARE AND MEDICAID SERVICES THAT IS NECESSARY TO IMPLEMENT AND
44 ADMINISTER THE PROGRAM UNDER THIS SECTION, INCLUDING THE AUTHORIZATION TO
45 POOL THE RISK OF LOSS OF MEDICAL SERVICES PURCHASE PROGRAM PARTICIPANTS

1 WITH THE RISK OF LOSS OF MEMBERS ENROLLED IN THIS STATE'S MEDICAID PROGRAM
2 PURSUANT TO THIS ARTICLE.

3 F. A CONTRACTOR MAY ANNUALLY ELECT TO PROVIDE SERVICES TO MEDICAL
4 SERVICES PURCHASE PROGRAM PARTICIPANTS.

5 G. THE MEDICAL SERVICES PURCHASE PROGRAM ESTABLISHED BY THIS
6 SECTION ENDS ON JULY 1, 2028 PURSUANT TO SECTION 41-3102.