

REFERENCE TITLE: **insurance; preexisting conditions; essential benefits**

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

HB 2209

Introduced by
Representatives Butler: Andrade, Blackwater-Nygren, Cano, Fernandez B,
Powers Hannley, Solorio

AN ACT

**AMENDING TITLE 20, CHAPTER 1, ARTICLE 1, ARIZONA REVISED STATUTES, BY
ADDING SECTION 20-110; RELATING TO HEALTH CARE 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 1, article 1, Arizona Revised
3 Statutes, is amended by adding section 20-110, to read:

4 20-110. Essential benefits; preexisting condition exclusions
5 or limitations prohibition; health care insurer
6 prohibitions; definitions

7 A. NOTWITHSTANDING ANY OTHER LAW, EVERY HEALTH CARE INSURER THAT
8 OFFERS AN INDIVIDUAL OR SMALL EMPLOYER GROUP HEALTH PLAN IN THIS STATE:

9 1. SHALL PROVIDE COVERAGE FOR AT LEAST THE FOLLOWING TEN ESSENTIAL
10 BENEFITS:

- 11 (a) AMBULATORY SERVICES.
- 12 (b) EMERGENCY SERVICES.
- 13 (c) HOSPITALIZATION.
- 14 (d) MATERNITY AND NEWBORN CARE.
- 15 (e) MENTAL HEALTH AND SUBSTANCE ABUSE DISORDER SERVICES.
- 16 (f) PRESCRIPTION DRUGS.
- 17 (g) REHABILITATIVE AND HABILITATIVE SERVICES AND DEVICES.
- 18 (h) LABORATORY SERVICES.
- 19 (i) PREVENTIVE AND WELLNESS SERVICES.
- 20 (j) PEDIATRIC SERVICES, INCLUDING ORAL AND VISION CARE.

21 2. MAY NOT:

22 (a) PROHIBIT OR DENY A HEALTH PLAN FOR AN INDIVIDUAL UNDER AN
23 INDIVIDUAL OR SMALL EMPLOYER GROUP PLAN BASED SOLELY ON THE INDIVIDUAL'S
24 HEALTH STATUS.

25 (b) INCLUDE PREEXISTING CONDITION EXCLUSIONS OR LIMITATIONS IN ANY
26 HEALTH PLAN.

27 (c) CANCEL OR REFUSE TO RENEW A HEALTH PLAN BASED SOLELY ON AN
28 INDIVIDUAL'S PREEXISTING CONDITION.

29 (d) USE AN INDIVIDUAL'S OR SMALL EMPLOYER GROUP'S HEALTH STATUS TO
30 ESTABLISH PREMIUMS.

31 (e) REFUSE TO COVER SERVICES THAT ARE NECESSARY TO TREAT A
32 PREEXISTING CONDITION.

33 (f) IMPOSE ANNUAL OR LIFETIME DOLLAR LIMITS ON THE ESSENTIAL
34 BENEFITS LISTED IN PARAGRAPH 1 OF THIS SUBSECTION.

35 (g) APPLY ANY ADDITIONAL DEDUCTIBLE, COPAYMENT OR COINSURANCE BASED
36 SOLELY ON AN INDIVIDUAL'S PREEXISTING CONDITION.

37 (h) UNFAIRLY DISCRIMINATE AGAINST AN INDIVIDUAL IN ESTABLISHING OR
38 ADJUSTING PREMIUM RATES BASED ON THE INDIVIDUAL'S AGE OR SEX.

39 B. FOR THE PURPOSES OF THIS SECTION:

40 1. "HEALTH CARE INSURER" MEANS A DISABILITY INSURER, GROUP
41 DISABILITY INSURER, BLANKET DISABILITY INSURER, HEALTH CARE SERVICES
42 ORGANIZATION, HOSPITAL SERVICE CORPORATION, MEDICAL SERVICE CORPORATION OR
43 HOSPITAL AND MEDICAL SERVICE CORPORATION.

44 2. "HEALTH PLAN" MEANS A POLICY, EVIDENCE OF COVERAGE OR CONTRACT
45 ISSUE BY A HEALTH CARE INSURER.

1 3. "PREEXISTING CONDITION EXCLUSION OR LIMITATION" MEANS AN
2 EXCLUSION OR LIMITATION OF BENEFITS, INCLUDING A DENIAL OF COVERAGE, BASED
3 ON THE FACT THAT THE CONDITION WAS PRESENT BEFORE THE EFFECTIVE DATE OF
4 COVERAGE, OR IF COVERAGE IS DENIED, THE DATE OF THE DENIAL, UNDER AN
5 INDIVIDUAL, GROUP OR SMALL EMPLOYER HEALTH PLAN.
6 4. "SMALL EMPLOYER GROUP" MEANS AN EMPLOYER WHO EMPLOYS AT LEAST
7 TWO BUT NOT MORE THAN FIFTY ELIGIBLE EMPLOYEES ON A TYPICAL BUSINESS DAY
8 DURING ANY ONE CALENDAR YEAR.