

REFERENCE TITLE: cost sharing; health coverage; report

State of Arizona  
House of Representatives  
Fifty-sixth Legislature  
First Regular Session  
2023

## **HB 2622**

Introduced by  
Representative Hendrix

AN ACT

AMENDING SECTIONS 20-181 AND 20-182, ARIZONA REVISED STATUTES; RELATING TO  
MANDATED HEALTH COVERAGE.

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Be it enacted by the Legislature of the State of Arizona:  
2 Section 1. Section 20-181, Arizona Revised Statutes, is amended to  
3 read:

4       20-181. Mandated health coverage; cost sharing restriction;  
5                   report

6       An organization or individual advocating a legislative proposal that  
7 would mandate a health coverage or offering of a health coverage **OR THAT**  
**WOULD PLACE A RESTRICTION ON THE FORM OR AMOUNT OF COST SHARING APPLIED TO**  
**A HEALTH PLAN BENEFIT ISSUED** by an insurer, hospital, medical, dental or  
10 optometric service corporation, health care services organization or any  
11 other health care service contractor as a component of individual or group  
12 policies shall submit a report pursuant to section 20-183. The report  
13 shall assess both the social and financial impacts of such  
14 coverage, ~~including the effectiveness of the treatment or service~~ **OR COST**  
15 **SHARING RESTRICTION** proposed, according to the factors prescribed in  
16 section 20-182.

17 Sec. 2. Section 20-182, Arizona Revised Statutes, is amended to  
18 read:

19       20-182. Factors for assessing impact: certification of report

20       A. To the extent that information is available, the report  
21 prescribed by section 20-181 shall include, ~~but not be limited to,~~ the  
22 following, **AS APPLICABLE**:

23       1. The social impact:

24       (a) The extent to which the treatment or service is generally  
25 ~~utilized~~ **USED** by a significant portion of the population.

26       (b) **THE EFFECTIVENESS OF THE TREATMENT OR SERVICE PROPOSED.**

27       ~~(c)~~ (c) The extent to which the insurance coverage is already  
28 generally available.

29       ~~(d)~~ (d) If coverage is not generally available, the extent to  
30 which the lack of coverage results in persons avoiding necessary health  
31 care treatments.

32       ~~(e)~~ (e) If the coverage is not generally available, the extent to  
33 which the lack of coverage results in unreasonable financial hardship to a  
34 patient.

35       ~~(f)~~ (f) The level of public demand for the treatment or service **OR**  
36 **THE COST SHARING RESTRICTION.**

37       ~~(g)~~ (g) The level of public demand for insurance coverage of the  
38 treatment or service.

39       ~~(h)~~ (h) The level of interest of collective bargaining agents in  
40 negotiating privately for inclusion of this coverage **OR COST SHARING**  
41 **RESTRICTION** in group contracts.

42       2. The financial impact:

43       (a) The extent to which the coverage **OR COST SHARING RESTRICTION**  
44 will increase or decrease the cost of the treatment or service.

1                 (b) The extent to which the coverage OR COST SHARING RESTRICTION  
2 will increase the appropriate use of the treatment or service.

3                 (c) The extent to which the mandated treatment or service OR THE  
4 COST SHARING RESTRICTION will be a substitute for a more expensive  
5 treatment or service.

6                 (d) The extent to which the coverage OR COST SHARING RESTRICTION  
7 will increase or decrease the administrative expenses of insurers and the  
8 premium and administrative expenses of policyholders.

9                 (e) The impact of this coverage OR COST SHARING RESTRICTION on the  
10 total cost of health care.

11                 (f) THE IMPACT OF THIS COVERAGE OR COST SHARING RESTRICTION ON  
12 OTHER POLICYHOLDERS THAT DO NOT USE THE TREATMENT OR SERVICE SUBJECT TO  
13 THE MANDATED COVERAGE OR COST SHARING RESTRICTION.

14                 (g) AN ANALYSIS OF WHETHER THIS STATE WILL BE REQUIRED TO DEFRAY  
15 THE COSTS THAT A TREATMENT OR SERVICE MAY ADD TO THE FEDERAL MARKETPLACE  
16 SUBSIDIES PURSUANT TO 42 UNITED STATES CODE SECTION 18031(d)(3)(B).

17                 B. An actuary who is a member of the American academy of actuaries  
18 shall prepare the financial impact analysis required by subsection A,  
19 paragraph 2 of this section and certify that the analysis is consistent  
20 with accepted actuarial techniques.

21                 C. The report required by section 20-181 shall address the specific  
22 language of the proposed mandate OR COST SHARING RESTRICTION. A report on  
23 a similar proposal in a different jurisdiction is insufficient and does  
24 not meet the requirements of section 20-181.

25                 D. An organization, individual or legislator that does not submit a  
26 report required by section 20-181 is not subject to any civil sanction or  
27 criminal penalty.