House Engrossed

health care; 2024-2025

State of Arizona House of Representatives Fifty-sixth Legislature Second Regular Session 2024

## **HOUSE BILL 2903**

## AN ACT

AMENDING SECTION 11-292, ARIZONA REVISED STATUTES; AMENDING LAWS 2023, CHAPTER 139, SECTION 4; APPROPRIATING MONIES; RELATING TO HEALTH CARE.

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Be it enacted by the Legislature of the State of Arizona: 2 Section 1. Section 11-292, Arizona Revised Statutes, is amended to 3 read: 4 11-292. Medical care; definition A. The board of supervisors, subject to the applicable provisions 5 6 of title 42, chapter 17, articles 2 and 3, shall include in its annual 7 budget an amount equal to fifty percent of the amount budgeted by the 8 county board of supervisors or the amount expended, whichever is less, for 9 the hospitalization and medical care of the indigent sick pursuant to this 10 article for fiscal year 1980-1981, except for Yuma and La Paz counties. 11 The contribution amounts of those counties shall be equal to the amount 12 Yuma county would have made pursuant to this subsection if a division had 13 not occurred apportioned between the counties. The office of the auditor 14 general shall determine the amount Yuma county would otherwise have included if a division had not occurred and shall then determine the 15 16 contribution amounts of Yuma and La Paz counties based on the 17 proportionate share of the estimated population in these counties as of 18 July 1, 1982. 19 B. For fiscal year 1994-1995, and for each fiscal year thereafter, 20 the state treasurer shall withhold an amount sufficient to meet the county 21 portion of the nonfederal costs of providing long-term care system 22 services, pursuant to title 36, chapter 29, article 2, excluding services to persons with developmental disabilities, from monies otherwise payable 23 24 to the county under section 42-5029, subsection D, paragraph 2. This 25 amount and the state portion of the nonfederal costs shall be specified in 26 the annual appropriation for the maintenance and operation of the Arizona 27 health care cost containment system. For fiscal years 1994-1995. 1995-1996 and 1996-1997, monies shall be withheld from each county based 28 29 on the following percentages derived from a state auditor general's certified audit of fiscal year 1987-1988 county long-term care and home 30 31 health care expenditures, except that amounts withheld shall be adjusted 32 to reflect amounts paid by counties pursuant to section 36-2952: 33 1. Apache: 0.22% 34 2. Cochise: 2.49% 35 0.66% 3. Coconino: 36 4. Gila: 2.56% 37 5. Graham: 0.64% 38 6. Greenlee: 0.34% 0.34% 39 7. La Paz: 40 8. Maricopa: 56.55% 41 9. Mohave: 2.73% 42 10. Navajo: 0.91% 43 11. Pima: 20.55% 44 12. Pinal: 5.09% 45 13. Santa Cruz: 1.05%

15.

1 14. Yavapai:

Yuma:

3 In each fiscal year, of the total amount that is specified in С. 4 the annual appropriation as the nonfederal portion of the cost of 5 providing long-term care services and that portion of the phased-down 6 medicare prescription drug state contribution attributable to the Arizona 7 long-term care system, excluding services and phased-down medicare 8 prescription drug state contribution costs associated with persons with 9 developmental disabilities, and that represents an increase from the amount that was specified in the annual appropriation for the prior fiscal 10 11 year, the state shall pay fifty percent of the increase. The remaining 12 nonfederal portion of the costs shall be apportioned among the counties 13 according to the proportion that each county's net nonfederal expenditures 14 long-term care services, excluding services for to persons with developmental disabilities, bears to the total nonfederal expenditure for 15 16 all counties two fiscal years earlier, with the following adjustments in 17 the following order:

18 1. If the resulting net county contribution when expressed as an 19 imputed property tax rate per one hundred dollars \$100 of net assessed 20 value exceeds ninety cents \$.90, the county's contribution shall be 21 reduced so that the imputed property tax rate equals ninety cents \$.90 and 22 the difference shall be paid by the state.

23 2. Any county with a Native American population that represents at 24 least twenty percent of the county's total population according to the 25 most recent United States decennial census shall contribute an amount 26 equal to the prior fiscal year's contribution plus fifty percent of the 27 difference between the prior year's contribution were it calculated using 28 the percentage in subsection B of this section and the current year's 29 contribution as if its share of the total nonfederal portion of the 30 long-term care costs had been calculated using the percentage prescribed 31 in subsection B of this section, and the state shall pay any difference 32 from the amount otherwise required by this subsection.

33 3. If, after making the adjustments in this subsection, a county 34 would contribute more than if its contribution were calculated using the 35 percentage prescribed in subsection B of this section multiplied by the 36 total nonfederal costs of long-term care services, excluding services to 37 persons with developmental disabilities, the county's contribution shall be reduced to the sum of its prior year's contribution plus fifty percent 38 39 of the difference between the prior year's contribution were it calculated 40 using the percentage in subsection B of this section and the current 41 year's contribution as if its share of the total nonfederal portion of 42 long-term care costs had been calculated using the percentage prescribed 43 in subsection B of this section, and the state shall pay any difference 44 from the amount otherwise required by this subsection.

1 4. After making all of the adjustments in this subsection, a 2 statewide per capita county contribution shall be calculated by summing the contributions for all counties and then dividing the resulting total 3 4 by the total state population. If an individual county's contribution 5 when expressed as a per capita contribution exceeds the statewide per 6 capita county contribution, the county's contribution shall be reduced so 7 the county's contribution equals the statewide per that capita 8 contribution, and the difference shall be paid by the state. For the 9 purposes of this paragraph, "population" means the population estimate approved by the office of economic opportunity for the most recent fiscal 10 11 year.

D. The director of the Arizona health care cost containment system administration shall notify each county of the amount determined pursuant to subsection A of this section to be included in its annual budget no NOT later than May 1 of each year.

16 E. If a county does not provide funding as specified in subsection 17 A of this section, the state treasurer shall subtract the amount owed to 18 the Arizona health care cost containment system fund by the county from any payments required to be made by the state treasurer to that county 19 20 pursuant to section 42-5029, subsection D, paragraph 2, plus interest on 21 that amount pursuant to section 44-1201 retroactive to the first day the 22 funding was due. If the monies the state treasurer withholds are 23 insufficient to meet that county's funding requirement as specified in 24 subsection A of this section, the state treasurer shall withhold from any 25 other monies payable to that county from whatever state funding source is 26 available an amount necessary to fulfill that county's requirement. The 27 state treasurer shall not withhold distributions from the highway user 28 revenue fund pursuant to title 28, chapter 18, article 2.

F. Each month payment of an amount equal to one-twelfth of the total amount determined pursuant to subsection A of this section shall be made to the state treasurer. Payment of this amount shall be made to the state treasurer on or before the fifth day of each month. Upon ON request from the director of the Arizona health care cost containment system administration, the state treasurer shall require that up to three months' payments be made in advance, if necessary.

36 G. The state treasurer shall deposit the amounts paid pursuant to 37 subsection F of this section and amounts withheld pursuant to subsection E 38 of this section in the Arizona health care cost containment system fund 39 established by section 36-2913.

40 H. If payments made pursuant to subsection F of this section exceed 41 the amount required to meet the costs incurred by the Arizona health care 42 cost containment system for the hospitalization and medical care of a 43 person who is defined as an eligible person pursuant to section 36-2901, 44 paragraph 6, subdivision (a), the director of the Arizona health care cost 1 containment system administration may instruct the state treasurer TO 2 either: to

3 1. Reduce remaining payments to be paid pursuant to this section by 4 a specified amount. or to

5

2. Provide to the counties specified amounts from the Arizona 6 health care cost containment system fund.

7 I. The amount of the county contribution to the Arizona health care 8 cost containment system fund established by section 36-2913 shall not 9 exceed thirty-three percent of the amount that the system administration expended in the county for fiscal year 1983-1984. For the purposes of 10 11 this subsection, system administration expenditures in a county for fiscal 12 year 1983-1984 are the total capitation and fee for service amounts paid 13 by the system administration to providers in a county before February 1, 14 1986 for services rendered during fiscal year 1983-1984 to persons 15 eligible for the system.

16 J. The state treasurer shall deposit the monies withheld from the 17 counties and contributed by the state pursuant to subsection B of this 18 section in the long-term care system fund established by section 36-2913, in twelve equal monthly installments. The monthly installments shall be 19 20 deposited in the fund by the state treasurer by the fourth working day of 21 each month.

22 Κ. By July 1 or within sixty days after enactment of the annual appropriation for the maintenance and operation of the Arizona health care 23 24 cost containment system, whichever is later, and after consulting with the 25 joint legislative budget committee and the governor's office of strategic 26 planning and budgeting, the state treasurer shall notify each county of the amount to be withheld pursuant to subsection B of this section. 27

If the monies deposited in the long-term care system fund 28 L. 29 pursuant to subsection J of this section are insufficient to meet the funding requirement as specified in the annual appropriation for the 30 31 maintenance and operation of the Arizona health care cost containment system pursuant to subsection B of this section, the state treasurer shall 32 33 withhold from any other monies payable to that county from any available 34 state funding source, other than the highway user revenue fund, the amount 35 required to fulfill fifty percent of the funding requirement and shall 36 deposit the monies in the long-term care system fund. The state shall pay 37 the remaining fifty percent of the funding requirement.

38 M. If any monies in the funds for the purpose of title 36, chapter 39 29, article 2 remain unexpended at the end of the fiscal year, the 40 director of the Arizona health care cost containment system administration 41 shall specify REPORT to the state treasurer, THE JOINT LEGISLATIVE BUDGET COMMITTEE AND THE GOVERNOR'S OFFICE OF STRATEGIC PLANNING AND BUDGETING ON 42 43 OR BEFORE DECEMBER 1 the amount to be withdrawn from the long-term care system fund. Of the amount specified REPORTED, the state treasurer shall 44 45 distribute fifty percent to the counties pursuant to subsection B or C of

1 this section. The remaining fifty percent shall be distributed to the 2 THIS state. THE REPORT SHALL INCLUDE THE CALCULATIONS THE ADMINISTRATION 3 USED TO COMPUTE THE TOTAL AMOUNT OF THE SURPLUS AND THE APPORTIONMENT OF 4 THE SURPLUS BETWEEN EACH COUNTY AND THIS STATE.

N. The board of supervisors of a county that is a program contractor pursuant to section 36-2940 shall include in its annual budget, subject to title 42, chapter 17, articles 2 and 3, monies received from the Arizona health care cost containment system fund and long-term care system fund for the purposes of title 36, chapter 29, article 2.

10 0. Notwithstanding any law to the contrary, beginning in fiscal 11 year 2005-2006 and in each fiscal year thereafter, the state treasurer 12 shall withhold a total of two million three hundred ninety-five thousand 13 four hundred dollars \$2,395,400 for the county contribution for the administrative costs of implementing sections 36-2901.01 and 36-2901.04 14 beginning with the second monthly distribution of transaction privilege 15 16 tax revenues otherwise distributable after subtracting any amounts 17 withheld for the county long-term care contribution. Beginning in fiscal 18 year 2006-2007, The state treasurer shall adjust the amount withheld 19 according to the annual changes in the GDP price deflator and as 20 calculated by the joint legislative budget committee staff. Beginning in 21 fiscal year 2006-2007, The joint legislative budget committee shall 22 calculate an additional adjustment of the allocation required by this subsection based on changes in the population as reported by the office of 23 24 economic opportunity. For the purposes of this subsection, "GDP price 25 deflator" has the same meaning prescribed in section 41-563. Each 26 county's annual contribution is as follows:

- 1. Apache, 3.296 percent.
- 28 2. Cochise, 6.148 percent.

27

- 29 3. Coconino, 6.065 percent.
- 30 4. Gila, 2.491 percent.
- 31 5. Graham, 1.7710 percent.
- 32 6. Greenlee, 0.455 percent.
- 33 7. La Paz, 0.9430 percent.
- 34 8. Mohave, 7.079 percent.
- 35 9. Navajo, 4.640 percent.
- 36 10. Pima, 42.168 percent.
- 37 11. Pinal, 8.251 percent.
- 3812. Santa Cruz, 1.950 percent.
- 3913. Yavapai, 7.794 percent.
- 40 14. Yuma, 6.949 percent.

41 P. The state treasurer shall deposit the amounts paid pursuant to 42 subsection 0 of this section in the budget neutrality compliance fund 43 established by section 36-2928. 1 Beginning in fiscal year 2006-2007 for a county that is subject 0. 2 to section 12-269, the county's contributions pursuant to this section 3 shall be reduced by the amount of state aid for probation services that 4 the county would have received in the first fiscal year in which the 5 county does not receive state aid for probation services. Any increase in 6 the county's contributions in subsequent years shall be reduced according 7 to its proportionate share of the base contribution. County contributions 8 shall be reduced in the following priority:

9 1. First as applied to the contribution provided for in subsection 10 0 of this section.

11 2. Second as applied to the contribution provided for in subsection 12 A of this section or any other contribution for acute care or for the 13 provision of hospitalization and medical care that would otherwise be 14 required.

Third as applied to the contribution provided for in subsection
 C of this section.

17 R. Beginning in fiscal year 2007-2008 for a county that is subject 18 to section 22-117, subsection D, the county's contributions pursuant to this section shall be reduced by the amount of the state reimbursement 19 20 that the county would have received in fiscal year 2007-2008 for the 21 salaries of justices of the peace pursuant to section 22-117, 22 subsection B. Any increase in the county's contributions in subsequent years shall be reduced according to its proportionate share of the base 23 24 contribution. County contributions shall be reduced in the following 25 priority:

First as applied to the contribution provided for in subsection
 0 of this section.

28 2. Second as applied to the contribution provided for in subsection 29 A of this section or any other contribution for acute care or for the 30 provision of hospitalization and medical care that would otherwise be 31 required.

32 S. For the purposes of this section, "net assessed value" includes 33 the values used to determine voluntary contributions collected pursuant to 34 title 9, chapter 4, article 3 and title 48, chapter 1, article 8.

35 36

- 37
- 38 39

Sec. 2. Laws 2023, chapter 139, section 4 is amended to read: Sec. 4. <u>Department of health services: collaborative care</u> <u>uptake fund; exemption; technical assistance</u> <u>grants; delayed repeal; transfer of monies;</u> <u>definitions</u>

40 A. The collaborative care uptake fund is established in the 41 department. The fund consists of monies appropriated by the legislature. 42 Monies in the fund are continuously appropriated AND ARE EXEMPT FROM THE 43 PROVISIONS OF SECTION 35-190, ARIZONA REVISED STATUTES, RELATING TO 44 LAPSING OF APPROPRIATIONS. The department may not use more than three 45 percent of the monies deposited in the fund to administer the fund. B. The department shall use the collaborative care uptake fund monies in fiscal year 2023-2024 to award grants to primary care physicians who are in a medical practice with not more than fifty employees to meet the initial costs of establishing and delivering behavioral health integration services through the collaborative care model and for technical assistance grants pursuant to subsection D of this section.

7 C. A primary care physician who receives a grant under this section 8 may use the grant monies:

9

1. To hire staff.

2. To identify and formalize contractual relationships with other health care practitioners, including health care practitioners who will function as psychiatric consultants and behavioral health care managers in providing behavioral health integration services through the collaborative care model.

3. To purchase or upgrade software and other resources needed to appropriately provide behavioral health integration services through the collaborative care model, including resources needed to establish a patient registry and implement measurement-based care.

For any other purposes the department prescribes as necessary to
 support the collaborative care model.

21 D. The department shall solicit proposals from and enter into grant 22 agreements for fiscal year 2023-2024 with eligible collaborative care 23 technical assistance center applicants to provide technical assistance to 24 primary care physicians on providing behavioral health integration 25 services through the collaborative care model. Each collaborative care 26 technical assistance center applicant must provide in the grant application information on how the collaborative care technical assistance 27 28 center will meet the assistance requirements prescribed in subsection E of 29 this section in order to be eligible for a grant.

E. A collaborative care technical assistance center that receives a grant under subsection D of this section shall provide technical assistance to primary care physicians and shall assist the primary care physicians with the following:

Developing financial models and budgets for program launch and
 sustainability based on practice size.

2. Developing staffing models for essential staff roles, including
 care managers and consulting psychiatrists.

38 3. Providing information technology expertise to assist with 39 building the model requirements into electronic health records, including 40 assistance with care manager tools, patient registry, ongoing patient 41 monitoring and patient records.

42 4. Providing training support for all key staff and operational 43 consultation to develop practice workflows. 1 5. Establishing methods to ensure the sharing of best practices and 2 operational knowledge among primary care physicians who provide behavioral 3 health integration services through the collaborative care model.

4

6. For any other purposes the department prescribes as necessary to 5 support the collaborative care model.

F. FROM AND AFTER JUNE 30, 2025, THIS SECTION IS REPEALED AND ANY 6 7 UNEXPENDED AND UNENCUMBERED MONIES REMAINING IN THE COLLABORATIVE CARE 8 UPTAKE FUND ESTABLISHED BY THIS SECTION ARE TRANSFERRED TO THE STATE 9 GENERAL FUND.

10

F. G. For the purposes of this section:

11 1. "Collaborative care model" means the evidence-based, integrated 12 behavioral health service delivery method that is described as the 13 psychiatric collaborative care model in 81 Federal Register 80230, that includes a formal collaborative arrangement among a primary care team 14 consisting of a primary care physician, a care manager and a psychiatric 15 16 consultant and that includes the following elements:

17 18 (a) Care directed by the primary care team.

(b) Structured care management.

19 (c) Regular assessments of clinical status using developmentally 20 appropriate, validated tools.

21 22 (d) Modification of treatment as appropriate.

2. "Collaborative care technical assistance center":

(a) Means a health care organization that can provide educational 23 24 support and technical assistance related to the collaborative care model. (b) Includes an academic medical center.

25

26 3. "Department" means the department of health services. 27 4. "Primary care physician" has the same meaning prescribed in

section 36-2901, Arizona Revised Statutes. 28 29

Sec. 3. ALTCS; county contributions; fiscal year 2024-2025

30 A. Notwithstanding section 11-292, Arizona Revised Statutes, as 31 amended by this act, county contributions for the Arizona long-term care system for fiscal year 2024-2025 are as follows: 32

33	1. Apache	\$ 975,500
34	2. Cochise	\$ 973,400
35	3. Coconino	\$ 2,928,200
36	4. Gila	\$ 3,161,900
37	5. Graham	\$ 1,596,200
38	6. Greenlee	\$ 43,400
39	7. La Paz	\$ 990,200
40	8. Maricopa	\$269,359,200
41	9. Mohave	\$ 11,389,600
42	10. Navajo	\$ 4,037,000
43	11. Pima	\$ 62,975,600
44	12. Pinal	\$ 16,370,500
45	13. Santa Cruz	\$ 2,880,000

1	14.	Ya	Yavapai						\$ 9,862,900			
2	15.	Yu	ma						\$ 12,328,50	00		
3	В.	If	the	overall	cost	for	the	Arizona	long-term	ca		

are system exceeds the amount specified in the general appropriations act for fiscal 4 5 year 2024-2025, the state treasurer shall collect from the counties the 6 difference between the amount specified in subsection A of this section 7 and the counties' share of the state's actual contribution. The counties' 8 share of the state's contribution must comply with any federal maintenance 9 of effort requirements. The director of the Arizona health care cost 10 containment system administration shall notify the state treasurer of the 11 counties' share of the state's contribution and report the amount to the 12 director of the joint legislative budget committee. The state treasurer 13 shall withhold from any other monies payable to a county from whatever 14 state funding source is available an amount necessary to fulfill that county's requirement specified in this subsection. The state treasurer 15 16 may not withhold distributions from the Arizona highway user revenue fund 17 pursuant to title 28, chapter 18, article 2, Arizona Revised Statutes. 18 The state treasurer shall deposit the amounts withheld pursuant to this 19 subsection and amounts paid pursuant to subsection A of this section in 20 the long-term care system fund established by section 36-2913, Arizona 21 Revised Statutes.

22

23

Sec. 4. <u>AHCCCS; disproportionate share payments; fiscal year</u> 2024-2025

A. Disproportionate share payments for fiscal year 2024-2025 made pursuant to section 36-2903.01, subsection 0, Arizona Revised Statutes, include:

27 \$113,818,500 for a qualifying nonstate operated public hospital. 1. 28 The Maricopa county special health care district shall provide a certified 29 public expense form for the amount of qualifying disproportionate share 30 hospital expenditures made on behalf of this state to the Arizona health 31 care cost containment system administration on or before May 1, 2025 for 32 all state plan years as required by the Arizona health care cost 33 containment system state plan. The administration shall assist the 34 district in determining the amount of qualifying disproportionate share 35 hospital expenditures. Once the administration files a claim with the 36 federal government and receives federal financial participation based on 37 the amount certified by the Maricopa county special health care district, if the certification is equal to or less than \$113,818,500 and the 38 39 administration determines that the revised amount is correct pursuant to 40 the methodology used by the administration pursuant to section 36-2903.01, 41 Arizona Revised Statutes, the administration shall notify the governor, president of the senate and the speaker of the house of 42 the 43 representatives, shall distribute \$4,202,300 to the Maricopa county 44 special health care district and shall deposit the balance of the federal 45 financial participation in the state general fund. If the certification

1 provided is for an amount less than \$113,818,500 and the administration 2 determines that the revised amount is not correct pursuant to the 3 methodology used by the administration pursuant to section 36-2903.01, 4 Arizona Revised Statutes, the administration shall notify the governor, 5 the senate and the speaker of the house of the president of 6 representatives and shall deposit the total amount of the federal 7 financial participation in the state general fund. If the certification 8 provided is for an amount greater than \$113,818,500, the administration 9 shall distribute \$4,202,300 to the Maricopa county special health care 10 deposit \$69,654,500 of the federal district and shall financial participation in the state general fund. The administration may make 11 12 additional disproportionate share hospital payments to the Maricopa county 13 special health care district pursuant to section 36-2903.01, subsection P, 14 Arizona Revised Statutes, and subsection B of this section.

15 2. \$28,474,900 for the Arizona state hospital. The Arizona state 16 hospital shall provide a certified public expense form for the amount of 17 qualifying disproportionate share hospital expenditures made on behalf of 18 this state to the administration on or before March 31, 2025. The 19 administration shall assist the Arizona state hospital in determining the 20 amount of qualifying disproportionate share hospital expenditures. Once 21 the administration files a claim with the federal government and receives 22 federal financial participation based on the amount certified by the 23 Arizona state hospital, the administration shall deposit the entire amount 24 of federal financial participation in the state general fund. If the 25 certification provided is for an amount less than \$28,474,900, the 26 administration shall notify the governor, the president of the senate and 27 the speaker of the house of representatives and shall deposit the entire amount of federal financial participation in the state general fund. The 28 29 certified public expense form provided by the Arizona state hospital must 30 contain both the total amount of qualifying disproportionate share hospital expenditures and the amount limited by section 1923(g) of the 31 32 social security act.

33 3. \$884,800 for private qualifying disproportionate share 34 hospitals. The Arizona health care cost containment system administration 35 shall make payments to hospitals consistent with this appropriation and 36 the terms of the state plan, but payments are limited to those hospitals 37 that either:

38 (a) Meet the mandatory definition of disproportionate share
 39 qualifying hospitals under section 1923 of the social security act.

40 (b) Are located in Yuma county and contain at least three hundred 41 beds.

B. After the distributions made pursuant to subsection A of this
section, the allocations of disproportionate share hospital payments made
pursuant to section 36-2903.01, subsection P, Arizona Revised Statutes,

1 shall be made available in the following order to qualifying private 2 hospitals that are: 3 1. Located in a county with a population of fewer than four hundred 4 thousand persons. 5 2. Located in a county with a population of at least four hundred 6 thousand persons but fewer than nine hundred thousand persons. 7 3. Located in a county with a population of at least nine hundred 8 thousand persons. 9 Sec. 5. AHCCCS transfer; counties; federal monies; fiscal 10 year 2024-2025 11 On or before December 31, 2025, notwithstanding any other law, for 12 fiscal year 2024-2025 the Arizona health care cost containment system 13 administration shall transfer to the counties the portion, if any, as may 14 be necessary to comply with section 10201(c)(6) of the patient protection affordable care act (P.L. 111-148), regarding the counties' 15 and 16 proportional share of this state's contribution. 17 Sec. 6. AHCCCS; hospital assessment; behavioral health costs; 18 delayed repeal 19 A. Notwithstanding section 36-2901.08, Arizona Revised Statutes, in 20 fiscal years 2024-2025 and 2025-2026, the Arizona health care cost 21 containment system administration may use the hospital assessment established by section 36-2901.08, Arizona Revised Statutes, to fund a 22 portion of the nonfederal share of the costs of the services described in 23 24 section 36-2907, subsection F, Arizona Revised Statutes, that are not covered by the proposition 204 protection account established by section 25 26 36-778, Arizona Revised Statutes, and the Arizona tobacco litigation 27 settlement fund established by section 36-2901.02, Arizona Revised Statutes, or any other monies appropriated to cover these costs, for all 28 29 of the following individuals: 30 1. Persons who are defined as eligible pursuant to section 31 36-2901.07, Arizona Revised Statutes. 2. Persons who do not meet the eligibility standards described in 32 the state plan or the section 1115 waiver that was in effect immediately 33 before November 27, 2000, but who meet the eligibility standards described 34 35 in the state plan effective as of October 1, 2001. 36 3. Persons who are defined as eligible pursuant to section 37 36-2901.01, Arizona Revised Statutes, but who do not meet the eligibility criteria in either section 36-2934, Arizona Revised Statutes, or the state 38 39 plan in effect as of January 1, 2013. 40 B. This section is repealed from and after June 30, 2026. 41 Sec. 7. AHCCCS: rulemaking exemption: hospital assessment: 42 retroactivity A. Notwithstanding any other law, for the purposes of implementing 43 the hospital assessment pursuant to section 36-2999.72, Arizona Revised 44 45 Statutes, the Arizona health care cost containment system administration

1 is exempt from the rulemaking requirements in title 41, chapter 6, Arizona 2 Revised Statutes, for two years after the effective date of this section, 3 except that the administration must provide notice and an opportunity for 4 public comment at least thirty days before establishing or implementing 5 the administration of the hospital assessment.

6 B. This section applies retroactively to from and after June 30, 7 2024.

8 9

Sec. 8.	<u>County</u>	<u>acute care</u>		contributions;	fiscal	year
	2024-2	2025: in	tent			

10 A. Notwithstanding section 11-292, Arizona Revised Statutes, as 11 amended by this act, for fiscal year 2024-2025 for the provision of 12 hospitalization and medical care, the counties shall contribute the 13 following amounts:

14	1. Apache	\$ 268,800
15	2. Cochise	\$ 2,214,800
16	3. Coconino	\$ 742,900
17	4. Gila	\$ 1,413,200
18	5. Graham	\$ 536,200
19	6. Greenlee	\$ 190,700
20	7. La Paz	\$ 212,100
21	8. Maricopa	\$15,145,900
22	9. Mohave	\$ 1,237,700
23	10. Navajo	\$ 310,800
24	11. Pima	\$14,951,800
25	12. Pinal	\$ 2,715,600
26	13. Santa Cruz	\$ 482,800
27	14. Yavapai	\$ 1,427,800
28	15. Yuma	\$ 1,325,100

29 B. If a county does not provide funding as specified in subsection A of this section, the state treasurer shall subtract the amount owed by 30 31 the county to the Arizona health care cost containment system fund and the long-term care system fund established by section 36-2913, Arizona Revised 32 33 Statutes, from any payments required to be made by the state treasurer to that county pursuant to section 42-5029, subsection D, paragraph 2, 34 Arizona Revised Statutes, plus interest on that amount pursuant to section 35 36 44-1201, Arizona Revised Statutes, retroactive to the first day the funding was due. If the monies the state treasurer withholds are 37 insufficient to meet that county's funding requirements as specified in 38 subsection A of this section, the state treasurer shall withhold from any 39 40 other monies payable to that county from whatever state funding source is 41 available an amount necessary to fulfill that county's requirement. The state treasurer may not withhold distributions from the Arizona highway 42 43 user revenue fund pursuant to title 28, chapter 18, article 2, Arizona 44 Revised Statutes.

1 C. Payment of an amount equal to one-twelfth of the total amount 2 determined pursuant to subsection A of this section shall be made to the 3 state treasurer on or before the fifth day of each month. On request from 4 the director of the Arizona health care cost containment system 5 administration, the state treasurer shall require that up to three months' 6 payments be made in advance, if necessary.

7 D. The state treasurer shall deposit the amounts paid pursuant to 8 subsection C of this section and amounts withheld pursuant to subsection B 9 of this section in the Arizona health care cost containment system fund 10 and the long-term care system fund established by section 36-2913, Arizona 11 Revised Statutes.

12 E. If payments made pursuant to subsection C of this section exceed 13 the amount required to meet the costs incurred by the Arizona health care cost containment system for the hospitalization and medical care of those 14 15 persons defined as an eligible person pursuant to section 36-2901, 16 paragraph 6, subdivisions (a), (b) and (c), Arizona Revised Statutes, the 17 director of the Arizona health care cost containment system administration 18 may instruct the state treasurer either to reduce remaining payments to be paid pursuant to this section by a specified amount or to provide to the 19 20 counties specified amounts from the Arizona health care cost containment 21 system fund and the long-term care system fund established by section 22 36-2913. Arizona Revised Statutes.

F. The legislature intends that the Maricopa county contribution pursuant to subsection A of this section be reduced in each subsequent year according to the changes in the GDP price deflator. For the purposes of this subsection, "GDP price deflator" has the same meaning prescribed in section 41-563, Arizona Revised Statutes.

28 29 Sec. 9. <u>Proposition 204 administration: exclusion: county</u> <u>expenditure limitations</u>

30 County contributions for the administrative costs of implementing 31 sections 36-2901.01 and 36-2901.04, Arizona Revised Statutes, that are 32 made pursuant to section 11-292, subsection 0, Arizona Revised Statutes, 33 as amended by this act, are excluded from the county expenditure 34 limitations.

35 36

## Sec. 10. <u>Competency restoration; exclusion; county</u> <u>expenditure limitations</u>

County contributions made pursuant to section 13-4512, Arizona
 Revised Statutes, are excluded from the county expenditure limitations.

39

Sec. 11. AHCCCS; risk contingency rate setting

40 Notwithstanding any other law, for the contract year beginning 41 October 1, 2024 and ending September 30, 2025, the Arizona health care 42 cost containment system administration may continue the risk contingency 43 rate setting for all managed care organizations and the funding for all 44 managed care organizations administrative funding levels that were imposed

1 for the contract year beginning October 1, 2010 and ending 2 September 30, 2011. 3 Sec. 12. AHCCCS; mental health medication utilization; 4 report; definition 5 Not later than January 31, 2025, the Arizona health care cost Α. 6 containment system administration shall prepare and issue a report to the 7 governor, the chairpersons of the house of representatives and senate 8 health and human services committees, or their successor committees, the 9 director of the joint legislative budget committee and the director of the 10 governor's office of strategic planning and budgeting that includes 11 information about the costs and aggregate spending on and aggregate 12 utilization of mental health medications during contract years 2020-2023. 13 The administration shall provide a copy of the report to the secretary of 14 state. 15 B. The report required by subsection A of this section shall 16 include the annual aggregate gross amount spent for each mental health 17 medication class and the annual aggregate net amount spent by this state 18 for each mental health medication class after rebates without disclosing 19 manufacturer-negotiated information about supplemental rebate any 20 agreements for any specific drug. The report shall also include the 21 average annual cost by class for generic and nongeneric mental health 22 medications. Without disclosing any information about 23 manufacturer-negotiated supplemental rebate agreements that could 24 compromise the competitive or proprietary nature of these agreements, for 25 antipsychotic and antidepressant medications, the report shall include the 26 total number of prior authorizations submitted for nonpreferred 27 antipsychotic and nonpreferred antidepressant medications, the percentage of prior authorization approvals and denials, the generic antipsychotic 28 29 and generic antidepressant medication utilization percentages and the 30 total amount of antipsychotic and antidepressant medication claims.

31 C. For purposes of this section, "mental health medication" means 32 the following medications:

- 33 1. Antipsychotics.
- 34 2. Antidepressants.
- 35 3. Anxiolytics.
- 36 4. Stimulants.

38

- 37 5. Sedative hypnotics.
  - Sec. 13. Legislative intent; implementation of program

39 The legislature intends that for fiscal year 2024-2025 the Arizona 40 health care cost containment system administration implement a program 41 within the available appropriation.