

REFERENCE TITLE: children's health insurance program; eligibility.

State of Arizona
Senate
Fifty-sixth Legislature
Second Regular Session
2024

SB 1478

Introduced by
Senators Fernandez: Alston, Diaz, Gabaldón, Marsh, Sundareshan;
Representative Terech

AN ACT

AMENDING SECTION 36-2981, ARIZONA REVISED STATUTES; RELATING TO THE
CHILDREN'S HEALTH INSURANCE PROGRAM.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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

2 Section 1. Section 36-2981, Arizona Revised Statutes, is amended to
3 read:

4 36-2981. Definitions

5 In this article, unless the context otherwise requires:

6 1. "Administration" means the Arizona health care cost containment
7 system administration.

8 2. "Contractor" means a health plan that contracts with the
9 administration to provide hospitalization and medical care to members
10 according to this article or a qualifying plan.

11 3. "Director" means the director of the administration.

12 4. "Federal poverty level" means the federal poverty level
13 guidelines published annually by the United States department of health
14 and human services.

15 5. "Health plan" means an entity that contracts with the
16 administration for services provided pursuant to article 1 of this
17 chapter.

18 6. "Member" means a person who is eligible for and enrolled in the
19 program, who is under nineteen years of age and whose gross household
20 income meets the following requirements:

21 ~~(a) Beginning on October 1, 1999 through September 30, 2023, has~~
22 ~~income at or below two hundred percent of the federal poverty level.~~

23 ~~(b) (a) Beginning on October 1, 2023 and for each fiscal year~~
24 ~~thereafter~~ THROUGH SEPTEMBER 30, 2024, subject to the approval of the
25 centers for medicare and medicaid services, has income at or below two
26 hundred twenty-five percent of the federal poverty level.

27 (b) BEGINNING ON OCTOBER 1, 2024 AND FOR EACH FISCAL YEAR
28 THEREAFTER, HAS AN INCOME AT OR BELOW TWO HUNDRED FIFTY PERCENT OF THE
29 FEDERAL POVERTY LEVEL.

30 7. "Noncontracting provider" means an entity that provides hospital
31 or medical care but does not have a contract or subcontract with the
32 administration.

33 8. "Physician" means a person who is licensed pursuant to title 32,
34 chapter 13 or 17.

35 9. "Prepaid capitated" means a method of payment by which a
36 contractor delivers health care services for the duration of a contract to
37 a specified number of members based on a fixed rate per member, per month
38 without regard to the number of members who receive care or the amount of
39 health care services provided to a member.

40 10. "Primary care physician" means a physician who is a family
41 practitioner, general practitioner, pediatrician, general internist,
42 obstetrician or gynecologist.

43 11. "Primary care practitioner" means a nurse practitioner who is
44 certified pursuant to title 32, chapter 15 or a physician assistant who is

1 licensed pursuant to title 32, chapter 25 and who is acting within the
2 respective scope of practice of those chapters.

3 12. "Program" means the children's health insurance program.

4 13. "Qualifying plan" means a contractor that contracts with the
5 state pursuant to section 38-651 to provide health and accident insurance
6 for state employees and that provides services to members pursuant to
7 section 36-2989, subsection A.

8 14. "Special health care district" means a special health care
9 district organized pursuant to title 48, chapter 31.

10 15. "Tribal facility" means a facility that is operated by an
11 Indian tribe and that is authorized to provide services pursuant to Public
12 Law 93-638, as amended.