

NAIFA

50th Legislature - 2nd Regular Session, 2012

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H2003: TECH CORRECTION; UNEMPLOYMENT INSURANCE	Minor change in Title 23 (labor) pertaining to unemployment insurance. Apparent striker bus.	First sponsor: Rep. Burges		
H2004: TECH CORRECTION; FINANCIAL RESPONSIBILITY; VERIFICATION	Minor change in Title 20 (insurance) pertaining to verification of financial responsibility. Apparent striker bus.	First sponsor: Rep. Burges		
H2007: ALTCS; ELIGIBILITY	The maximum income a person may have to be eligible for certain services under the Arizona Long Term Care System is lowered to 150 percent of the federal supplemental security income benefit rate, from 300 percent.	First sponsor: Rep. Fillmore		1/9 referred to House hel-hu ser.
H2013: ALTCS; RESPITE CARE; YEARLY LIMITATION	Respite care services provided under the Arizona Long Term Care System are limited to 360 hours per calendar year.	First sponsor: Rep. Fillmore		1/9 referred to House hel-hu ser.
H2016: STATE EMPLOYEES; HEALTH INSURANCE COST	State employees and officers are required to pay at least 18 percent of the cost of the total premium for health and accident insurance.	First sponsor: Rep. Fillmore		1/9 referred to House bank-ins, appro.
H2017: INSURANCE UNDERWRITING; PROHIBITIONS	The prohibition on insurers using an insurance score calculated using any of a specified list of factors is modified to eliminate the prohibition on scores calculated using the consumer's address or zip code.	First sponsor: Rep. Fillmore		1/9 referred to House bank-ins, gov.
H2031: VEHICLE IMPOUNDMENT; LACK OF INSURANCE	Peace officers are required to impound a vehicle if a person driving the vehicle is not in compliance with vehicle insurance requirements. Some exceptions.	First sponsor: Rep. Kavanagh		1/9 referred to House trans, bank-ins.
H2045: HEALTHCARE GROUP; SOLE PROPRIETORS	Sole proprietors are eligible to purchase health insurance through Healthcare Group.	First sponsor: Rep. Farley		1/9 referred to House hel-hu ser, appro.
H2047: HEALTHCARE GROUPL SMALL EMPLOYERS; ELIGIBILITY	If an employer group of two or more eligible employees is enrolled in Healthcare Group and subsequently becomes an employer group of one, the employer group may continue to be enrolled in Healthcare Group. Retroactive to September 26, 2008.	First sponsor: Rep. Farley		1/9 referred to House hel-hu ser, appro.
H2055: TECH CORRECTION; AHCCCS; CAPITATION RATES	Minor change in Title 36 (public health) pertaining to AHCCCS capitation rates. Apparent striker bus.	First sponsor: Rep. Ash		
H2056: TECH CORRECTION; AHCCCS; APPLICATION	Minor change in Title 36 (public health) pertaining to the AHCCCS application process. Apparent striker bus.	First sponsor: Rep. Ash		

PROCESS				
H2057: TECH CORRECTION; ALTCS INSURANCE; EXEMPTION	Minor change in Title 36 (public health) pertaining to ALTCS contractors. Apparent striker bus.	First sponsor: Rep. Ash		
H2063: TECH CORRECTION; HOME HEALTH AGENCIES	Minor change to Title 36 (public health) pertaining to home health agencies. Apparent striker bus.	First sponsor: Rep. Brophy McGee	Hearing: House Health & Human Services (Wednesday 02/08/12 at 9:00 AM, House Rm. 4)	
H2116: TECH CORRECTION; VEHICLE ACCIDENT REPORT	Minor change in Title 28 (transportation) relating to vehicle accident report forms. Apparent striker bus.	First sponsor: Rep. Seel		
H2125: TRAFFIC ACCIDENT REPORTS	The standard for whether a law enforcement officer must complete a traffic accident report or only a portion of the report is changed to whether the accident renders the motor vehicle inoperable or not, instead of whether there is property damage in excess of \$1,000 or not.	First sponsor: Rep. Urie Others: Rep. Chabin, Rep. Hale, Rep. Olson, Rep. Pratt		1/11 referred to House mil-pub.
H2153: INSURANCE; FINANCIAL PROVISIONS	Various changes relating to financial provisions of insurers, including exempting financial documents obtained by the Department of Insurance from public records laws, making investments in securities in Canada separate from other foreign investments (which are subject to limitations) and placing a separate limit on Canadian investments. Also allows insurers to use derivative instruments to engage in hedging transactions, income generation transactions and replication transactions under specified circumstances.	First sponsor: Rep. McLain Others: Rep. Dial, Rep. Goodale, Sen. McComish	Hearing: House Rules (Monday 02/06/12 at 1:00 PM, House Rm. 4)	1/19 from House bank-ins with amend #4026.
H2275: TECH CORRECTION; MANDATORY VEHICLE INSURANCE	Minor change in Title 28 (transportation) relating to mandatory motor vehicle insurance. Apparent striker bus.	First sponsor: Rep. Williams		
H2302: INSURANCE; MENTAL HEALTH COVERAGE; PARITY	Health insurance plans or policies that cover mental health treatment must not impose any treatment limitations or financial requirements unless comparable limitations or requirements are imposed on services or benefits associated with coverage of non-mental health treatment.	First sponsor: Rep. Patterson		1/17 referred to House hel-hu ser, bank-ins.
H2480: AHCCCS; THIRD-PARTY COVERAGE; AUDIT	By July 1 each year, the AHCCCS Administration is required to conduct an audit of the primacy of its payments by matching the identities of AHCCCS members against the enrollment of all other health plans. Audit results must be filed with the Department of Insurance by September 1.	First sponsor: Rep. Seel		1/18 referred to House tech-inf, appro.
H2483: AHCCCS; THIRD-PARTY LIABILITY; REQUESTED PROPOSALS	The AHCCCS Administration is required to issue a request for proposals for a contract to provide for a cost avoidance methodology to determine third-party liability and coordination of benefits.	First sponsor: Rep. Seel Others: Rep. Fillmore, Rep. Olson		1/18 referred to House hel-hu ser, appro.
H2666: HEALTH INSURANCE;	Health and disability insurance policies or contracts are required to provide	First sponsor: Rep. Heinz		1/30 referred to

TELEMEDICINE	coverage for health care services provided through "telemedicine" (defined as the use of interactive audio, video or other electronic media for diagnosis, consultation or treatment) if the service would be covered were in provided through in-person consultation.			House hel-hu ser.
H2670: STATE EMPLOYEE HEALTH INSURANCE; INCENTIVES	The Department of Administration is authorized to offer wellness programs to state employees who participate in state employee health insurance coverage, and may design the programs using participation incentives (including financial incentives) based on appropriate biometrics. As session law, the Dept may implement the programs during the open enrollment period in FY2013-14.	First sponsor: Rep. Heinz Others: Sen. Lopez		1/30 referred to House employ-reg affairs.
H2673: TECH CORRECTION; CERTIFICATE OF TITLE	Minor change in Title 28 (transportation) relating to certificate of title. Apparent striker bus.	First sponsor: Rep. R. Gray		
H2677: VEHICLE INSURANCE; PROOF SHOWN ELECTRONICALLY	Proof of mandatory automobile liability insurance may be displayed on a wireless communication device.	First sponsor: Rep. Dial Others: Rep. Robson, Rep. Stevens, Rep. Williams	Hearing: House Transportation (Thursday 02/09/12 at 9:00 AM, House Rm. 3)	1/30 referred to House trans.
H2713: ARIZONA LONG-TERM CARE TRUST	Adds a new chapter to Title 35 (public finances) establishing the AZ Long-Term Care Trust. The State Treasurer is required to establish the AZ Long-Term Care Trust Fund, consisting of individual savings accounts for qualified long-term care expenses not covered by an insurance policy. Withdrawals from the Fund require a physician's certification that the designated beneficiary is in need of services. Interest earned on contributions to the Trust are added to the list of income subtracted from Arizona gross income for tax purposes. Also establishes an advisory committee to the trust and powers and duties of the State Treasurer as trustee.	First sponsor: Rep. Farley Others: Rep. Ash, Rep. R. Gray, Rep. Yee		2/2 referred to House hel-hu ser, appro.
H2739: HEALTH INSURANCE; VACCINES	After January 1, 2013, health insurers cannot require providers to assume financial risk for the acquisition costs of vaccines, and must include reimbursement to the provider for acquisition costs and total costs of administering child and adolescent vaccines. Health insurers cannot impose any deductible, copayment or other cost sharing in relation to child and adolescent vaccines.	First sponsor: Rep. McLain Others: Rep. Alston, Rep. Ash, Rep. Brophy McGee, Rep. Carter, Rep. Goodale, Rep. Heinz, Rep. Jones, Rep. McCune Davis, Rep. Meyer, Rep. Seel, Rep. Williams	Hearing: House Health & Human Services (Wednesday 02/08/12 at 9:00 AM, House Rm. 4)	2/1 referred to House hel-hu ser, bank-ins.
S1016: WORKERS' COMP; METHODS OF COMPENSATION	An employee receiving workers' compensation may choose to receive compensation money through various commonly accepted payment methods, if offered by the employer or insurance carrier. Marketing representatives of the State Compensation Fund are no longer prohibited from being licensed to sell any other type of insurance. AS PASSED SENATE.	First sponsor: Sen. McComish Others: Rep. McLain, Rep. Robson		1/19 passed Senate <u>28-0</u> ; ready for House.
S1023: TECH CORRECTION; MORTGAGE GUARANTY INSURANCE	Minor change in Title 20 (insurance) pertaining to mortgage guaranty insurance. Apparent striker bus.	First sponsor: Sen. S. Pierce Others: Sen. Antenori, Sen. Biggs		1/9 referred to Senate rules only.

S1032: HEALTH CARE COMPACT; FUNDING	The governor is authorized and directed to enter into an interstate compact pledging that the member states will take joint and separate action to secure the consent of the U.S. Congress to return the authority to regulate health care to the member states. The compact also establishes a formula to be used for federal monies appropriated to member states as mandatory spending. The compact is effective on its adoption by at least two member states and consent of the U.S. Congress.	First sponsor: Sen. Barto		1/31 stricken from Senate consent calendar by Lopez.
S1123: SURPLUS LINES INSURANCE; BROKERS	The notarized statement of all surplus lines insurance business that surplus lines brokers are required to file quarterly may be submitted in facsimile form. The broker must maintain the original statement for six years. If insurance coverage is not a "recognized surplus line" (defined elsewhere in statute), a surplus lines broker is required to maintain evidence of compliance with surplus lines regulations, instead of an affidavit attesting to compliance.	First sponsor: Sen. McComish Others: Rep. McLain		2/2 passed Senate <u>29-0</u> ; ready for House.
S1134: AUTOMOBILE INSURANCE; NOTICE TO INSURED	Automobile insurers must mail the notice of nonrenewal, cancellation or reduction in coverage for reasons other than nonpayment of premium to a policyholder and any refund of unearned premium at least 10 days before the effective date. AS PASSED SENATE.	First sponsor: Sen. McComish Others: Rep. McLain		2/2 passed Senate <u>29-0</u> ; ready for House.
S1167: TECH CORRECTION; MANDATORY VEHICLE INSURANCE	Minor change in Title 28 (transportation) relating to mandatory motor vehicle insurance. Apparent striker bus.	First sponsor: Sen. Murphy		1/18 referred to Senate rules only.
S1224: HEALTH INSURANCE; EYE CARE SERVICES	Specifies that statute requiring disability insurers that offer eye care services to give subscribers freedom of choice to select a certain type of provider does not require that any specific optometrist or physician be included on the insurer's provider panel, and does not mandate that an insurer provide eye care coverage. Insurers are prohibited from requiring an optometrist or physician to join a plan to provide materials, lenses or eyeglasses.	First sponsor: Sen. L. Gray Others: Sen. Gallardo, Rep. Lesko, Sen. Lopez, Sen. Lujan, Rep. McLain, Sen. Melvin, Rep. R. Miranda, Sen. Murphy, Sen. Reagan, Sen. Schapira, Rep. Seel, Sen. Shooter, Rep. D. Smith, Sen. S. Smith, Sen. Yarbrough	Hearing: Senate Banking & Insurance (Tuesday 02/07/12 at 2:00 PM, Senate Rm. 3)	1/24 referred to Senate bank-ins.
S1242: SEPARATE SEGREGATED FUND; SOLICITATIONS	Eliminates the maximum of two solicitations that an insurer or separate segregated fund established by an insurer may make during the calendar year, and allows solicitations for contributions from licensed insurance producers' families.	First sponsor: Sen. McComish Others: Rep. McLain		1/24 referred to Senate jud.
S1249: HEALTH CARE INSURERS; PROVIDER CONTRACTS	Health care insurers or other third party payors are prohibited from requiring health care providers to participate in any medicare or medicaid program or health care plan or a health benefit exchange established under federal law as a condition of network participation, discounted service contract or coverage contract.	First sponsor: Sen. Barto Others: Sen. Allen, Sen. Antenori, Sen. Biggs, Rep. Brophy McGee, Sen. Burges, Sen. Crandall, Rep. Crandell, Rep. Dial, Sen. Driggs, Rep. Fann, Sen. Gould, Rep. Gowan, Sen. L. Gray, Sen. Griffin, Sen. Klein, Sen.	Hearing: Senate Banking & Insurance (Tuesday 02/07/12 at 2:00 PM, Senate Rm. 3)	1/24 referred to Senate bank-ins.

		Lewis, Sen. Melvin, Rep. Montenegro, Sen. Murphy, Sen. Nelson, Rep. Olson, Sen. S. Pierce, Rep. Proud, Sen. Reagan, Rep. Robson, Sen. Shooter, Rep. D. Smith, Sen. S. Smith, Rep. Stevens, Rep. Williams, Sen. Yarbrough		
S1250: HEALTH INSURANCE; INTERSTATE PURCHASE	Health insurers of the same type as those regulated in Arizona that are regulated in another state are authorized to issue health or sickness insurance in Arizona to individuals and small businesses, if the insurer is required to maintain financial reserves of at least the amount required in Arizona and the insurer registers with the AZ Department of Insurance. Policies issued under this authorization are subject only to the benefit requirements of the insurer's state. Allows the Dept to revoke a registration under specified circumstances. Severability clause.	First sponsor: Sen. Barto Others: Sen. Allen, Sen. Antenori, Sen. Biggs, Rep. Brophy McGee, Sen. Burges, Rep. Crandell, Rep. Dial, Sen. Driggs, Rep. Fann, Sen. Gould, Rep. Gowan, Sen. L. Gray, Sen. Griffin, Sen. Klein, Sen. Lewis, Sen. Melvin, Rep. Mesnard, Rep. Montenegro, Sen. Murphy, Sen. Nelson, Rep. Olson, Sen. S. Pierce, Rep. Proud, Sen. Reagan, Rep. Robson, Rep. Seel, Sen. Shooter, Rep. D. Smith, Sen. S. Smith, Rep. Stevens, Rep. Williams, Sen. Yarbrough	Hearing: Senate Banking & Insurance (Tuesday 02/07/12 at 2:00 PM, Senate Rm. 3)	1/24 referred to Senate bank-ins.
S1251: PORTABLE ELECTRONICS INSURANCE	Adds a new article to Title 20 (insurance) regulating portable electronics insurance policies. Vendors intended to sell portable electronics insurance are required to be licensed by the Department of Insurance and specified written information must be made available to prospective insurance customers. Also establishes requirements for termination of insurance policies.	First sponsor: Sen. McComish	Hearing: Senate Rules (Monday 02/06/12 at 1:00 PM, Senate Caucus Rm.)	2/1 from Senate bank-ins with amend #4114 .
S1325: TECH CORRECTION; INSURANCE; EXISTING ACTIONS	Minor change in Title 20 (insurance) relating to existing actions or violations. Apparent striker bus.	First sponsor: Sen. Antenori		1/26 referred to Senate rules only.
S1327: TECH CORRECTION; INSURANCE; UNIFORM PLANS	Minor change in Title 20 (insurance) relating to uniform plans. Apparent striker bus.	First sponsor: Sen. Antenori		1/26 referred to Senate rules only.
S1345: HEALTH INSURANCE; EXEMPTION	For the purpose of health insurance regulations, contracts entered into by an employer or group with health care professionals or medical facilities to provide pricing for health care services are not insurance unless the employer or group guarantees payment or directly pays a portion of the costs.	First sponsor: Sen. Melvin		1/26 referred to Senate bank-ins.
S1346: INSURANCE; HEALTH CARE; DISCLOSURES; INFO	Health care insurers are required to provide a summary of an insured's coverage with respect to a specific medical service or course of treatment within three business days after receiving a request. The summary must include specified information and must be provided in writing, orally or	First sponsor: Sen. Melvin		1/26 referred to Senate bank-ins.

	electronically as directed by the insured. Upon request of a patient, health professionals must provide an estimate of charges for recommended health care services within three business days. Estimates must include specified information and are not a binding or implied contract.			
S1413: PROPERTY INSURANCE; PROXIMATE CAUSE	For property insurance purposes, if the proximate cause of a loss is a covered peril, all damages that result from that loss are covered under the policy even if an excluded peril also may have been a factor in the cause of the loss.	First sponsor: Sen. Griffin Others: Rep. Chabin, Sen. Melvin, Rep. Stevens	Hearing: Senate Banking & Insurance (Tuesday 02/07/12 at 2:00 PM, Senate Rm. 3)	1/30 referred to Senate bank-ins.
S1414: HEALTH INSURANCE; TELEMEDICINE; REIMBURSEMENT	An accountable health plan that offers coverage for health care services provided through telemedicine must pay a health care provider who furnishes a service through telemedicine an amount equal to what the provider would have been paid for the service without the use of telemedicine.	First sponsor: Sen. Griffin Others: Sen. Antenori, Sen. Barto, Rep. Barton, Rep. Chabin, Rep. Crandell, Rep. Fann, Rep. Gowan, Rep. Jones, Sen. Lewis, Sen. Melvin, Sen. S. Pierce, Rep. Seel, Sen. Shooter, Rep. Stevens		1/30 referred to Senate bank-ins.
S1421: UNINSURABLE INDIVIDUALS; HEALTH INSURANCE PLAN	Repeals statutes requiring health insurers to guarantee availability of individual health insurance coverage and prohibiting preexisting condition exclusions for that coverage, effective July 1, 2013. After consultation with health care plans, the Department of Insurance is required to approve a reasonable plan for the equitable apportionment among the health care plans of eligible "uninsurable individuals" and "federally qualified eligible individuals" (both defined), and all health care plans in the state are required to participate in the plan. Beginning July 1, 2013, uninsurable individuals and federally qualified eligible individuals are eligible for program coverage, and premiums charged to them may not exceed 150 percent of the premium for the applicable standard risk rate. Premiums received for insurance issued under the plan are exempt from premium taxes. The program terminates on January 1, 2014. Appropriates an unspecified amount (blank in original) from the general fund in FY2012-13 to the Dept for costs of establishing and administering the program.	First sponsor: Sen. Shooter		1/30 referred to Senate bank-ins, appro.