

PROPOSED

HOUSE OF REPRESENTATIVES AMENDMENTS TO H.B. 2926

(Reference to printed bill)

1 Strike everything after the enacting clause and insert:

2 "Section 1. Section 36-2901.07, Arizona Revised Statutes, is amended
3 to read:

4 36-2901.07. Definition of eligible person; conditional
5 eligibility

6 A. Beginning January 1, 2014, for the purposes of section 36-2901,
7 "eligible person" includes a person who is eligible pursuant to 42 United
8 States Code section 1396a(a)(10)(A)(i)(VIII) and whose household's modified
9 adjusted gross income is more than one hundred ~~per cent~~ PERCENT but equal
10 to or less than one hundred thirty-three ~~per cent~~ PERCENT of the federal
11 poverty guidelines.

12 B. The administration shall discontinue eligibility for a person who
13 is eligible pursuant to subsection A of this section if the federal medical
14 assistance percentage established pursuant to 42 United States Code section
15 1396d(y) or 1396d(z) that is applicable to this state is less than ~~eighty~~
16 ~~per cent~~ NINETY PERCENT.

17 C. The administration shall discontinue eligibility for persons who
18 are eligible pursuant to subsection A of this section if the maximum amount
19 that can be assessed under section 36-2901.08 without causing a reduction
20 in federal financial participation, in combination with the monies
21 specified in section 36-2901.09 and any other monies appropriated for the
22 costs of this section and costs specified in section 36-2901.08, subsection
23 A, is insufficient to cover those costs.

1 D. THE ADMINISTRATION SHALL DISCONTINUE ELIGIBILITY FOR PERSONS WHO
2 ARE ELIGIBLE PURSUANT TO SUBSECTION A OF THIS SECTION IF ANY OF THE
3 FOLLOWING IS NOT MET:

4 1. THE ADMINISTRATION HAS IMPLEMENTED A WORK REQUIREMENT FOR
5 ABLE-BODIED ADULTS WHO ARE ENROLLED IN THE SYSTEM PURSUANT TO SECTION
6 36-2903.09 IN WHICH A PERSON IS NOT ELIGIBLE TO PARTICIPATE IN THE SYSTEM
7 UNLESS THE PERSON:

8 (a) IS WORKING AT LEAST TWENTY HOURS PER WEEK, AVERAGED MONTHLY.

9 (b) IS PARTICIPATING IN AND COMPLYING WITH THE REQUIREMENTS OF A
10 WORK PROGRAM THAT IS AT LEAST TWENTY HOURS PER WEEK, AS DETERMINED BY THE
11 ADMINISTRATION.

12 (c) IS VOLUNTEERING AT LEAST TWENTY HOURS PER WEEK, AS DETERMINED BY
13 THE ADMINISTRATION.

14 (d) IS MEETING ANY COMBINATION OF WORKING AND PARTICIPATING IN A
15 WORK PROGRAM FOR AT LEAST TWENTY HOURS PER WEEK, AS DETERMINED BY THE
16 ADMINISTRATION.

17 (e) IS PARTICIPATING IN AND COMPLYING WITH THE REQUIREMENTS OF A
18 WORKFARE PROGRAM UNLESS THE PERSON IS ANY OF THE FOLLOWING:

19 (i) UNDER NINETEEN YEARS OF AGE.

20 (ii) AT LEAST SIXTY-FOUR YEARS OF AGE.

21 (iii) MEDICALLY CERTIFIED AS PHYSICALLY OR MENTALLY UNFIT FOR
22 EMPLOYMENT.

23 (iv) PREGNANT.

24 (v) A PARENT OR CARETAKER WHO IS RESPONSIBLE FOR THE CARE OF A
25 DEPENDENT CHILD WHO IS UNDER SIX YEARS OF AGE.

26 (vi) A PARENT OR CARETAKER WHO IS PERSONALLY PROVIDING THE CARE FOR
27 A DEPENDENT CHILD WHO HAS A SERIOUS MEDICAL CONDITION OR DISABILITY, AS
28 DETERMINED BY THE ADMINISTRATION.

29 (vii) RECEIVING UNEMPLOYMENT COMPENSATION AND COMPLYING WITH WORK
30 REQUIREMENTS THAT ARE PART OF THE FEDERAL-STATE UNEMPLOYMENT COMPENSATION
31 SYSTEM.

1 (viii) PARTICIPATING IN A DRUG ADDICTION OR ALCOHOL TREATMENT AND
2 REHABILITATION PROGRAM.

3 2. THE ADMINISTRATION HAS MAINTAINED A MEDICAID IMPROPER PAYMENT
4 RATE OF FIVE PERCENT OR LESS. THE ADMINISTRATION SHALL PROVIDE TO THE
5 SENATE AND HOUSE OF REPRESENTATIVES HEALTH AND HUMAN SERVICES COMMITTEES,
6 OR THEIR SUCCESSOR COMMITTEES, EVERY TWO YEARS FOR REVIEW DATA PROVIDED BY
7 THE ADMINISTRATION TO THE CENTERS FOR MEDICARE AND MEDICAID SERVICES THAT
8 DEMONSTRATES THE ADMINISTRATION'S MEDICAID IMPROPER PAYMENT RATE FOR THE
9 PRECEDING TWO YEARS.

10 3. THE ADMINISTRATION HAS SUSPENDED, WITH FEDERAL APPROVAL IF
11 NECESSARY, REQUIREMENTS TO AUTOMATICALLY RENEW ELIGIBILITY BASED ON
12 AVAILABLE INFORMATION AND TO USE PREPOPULATED RENEWAL FORMS.

13 4. THE ADMINISTRATION HAS RECEIVED AN APPROVED WAIVER PURSUANT TO
14 SECTION 36-2903.09 AND HAS IMPLEMENTED A LIFETIME BENEFIT LIMIT OF SIXTY
15 MONTHS FOR ABLE-BODIED ADULTS, COUNTING ONLY TIME SPENT IN THAT ELIGIBILITY
16 CATEGORY.

17 5. THE ADMINISTRATION HAS IMPLEMENTED, WITH FEDERAL APPROVAL IF
18 NECESSARY, BIENNIAL REDETERMINATIONS FOR PERSONS WHO ARE ELIGIBLE UNDER 42
19 UNITED STATES CODE SECTION 1396a(a)(10)(A)(i)(VIII) AND 42 UNITED STATES
20 CODE SECTION 1396a(e)(14).

21 6. THE ADMINISTRATION HAS LIMITED, WITH FEDERAL APPROVAL IF
22 NECESSARY, HOSPITAL PRESUMPTIVE ELIGIBILITY DETERMINATIONS TO CHILDREN AND
23 PREGNANT WOMEN.

24 E. NOT LATER THAN NINETY DAYS AFTER OCTOBER 1, 2025, THE
25 ADMINISTRATION SHALL SUBMIT ANY NECESSARY AMENDMENTS OR WAIVERS TO THE
26 CURRENT SECTION 1115 WAIVER TO THE CENTERS FOR MEDICARE AND MEDICAID
27 SERVICES TO IMPLEMENT THIS SECTION. THE ADMINISTRATION SHALL TAKE ALL
28 ACTIONS NECESSARY TO IMPLEMENT THIS SECTION AS SOON AS PRACTICABLE. THE
29 ADMINISTRATION SHALL NOTIFY THE HEALTH AND HUMAN SERVICES COMMITTEES, OR
30 THEIR SUCCESSOR COMMITTEES, IN THE SENATE AND HOUSE OF REPRESENTATIVES
31 WITHIN THIRTY DAYS AFTER THE SUBMISSION, APPROVAL, REJECTION OR WITHDRAWAL
32 OF ANY FEDERAL AMENDMENT OR WAIVER REQUEST OR STATE PLAN AMENDMENT

1 SUBMITTED TO CARRY OUT THIS SECTION. IF ANY CONDITIONS REQUIRED FOR
2 ELIGIBILITY UNDER SUBSECTION A OF THIS SECTION ARE NOT MET BEFORE NINETY
3 DAYS AFTER APRIL 1, 2026, THE ADMINISTRATION SHALL TERMINATE ELIGIBILITY
4 FOR PERSONS DESCRIBED IN SUBSECTION A OF THIS SECTION NOT LATER THAN
5 JANUARY 1, 2027. IF ALL CONDITIONS REQUIRED FOR ELIGIBILITY UNDER
6 SUBSECTION A OF THIS SECTION ARE MET WITHIN NINETY DAYS AFTER APRIL 1, 2026
7 BUT ARE NOT MET AT ANY POINT THEREAFTER, THE ADMINISTRATION SHALL TERMINATE
8 ELIGIBILITY FOR PERSONS DESCRIBED IN SUBSECTION A OF THIS SECTION WITHIN
9 NINETY DAYS AFTER THE DATE THE CONDITIONS ARE NOT MET.

10 Sec. 2. Section 36-2901.08, Arizona Revised Statutes, is amended to
11 read:

12 36-2901.08. Hospital assessment

13 A. The director shall establish, administer and collect an
14 assessment on hospital revenues, discharges or bed days for the purpose of
15 funding the nonfederal share of the costs, except for costs of the services
16 described in section 36-2907, subsection F, that are incurred beginning
17 January 1, 2014 and that are not covered by the proposition 204 protection
18 account established by section 36-778 and the Arizona tobacco litigation
19 settlement fund established by section 36-2901.02 or any other monies
20 appropriated to cover these costs, for all of the following individuals:

21 1. Persons who are defined as eligible pursuant to section
22 36-2901.07.

23 2. Persons who do not meet the eligibility standards described in
24 the state plan or the section 1115 waiver that were in effect immediately
25 before November 27, 2000, but who meet the eligibility standards described
26 in the state plan as effective October 1, 2001.

27 3. Persons who are defined as eligible pursuant to section
28 36-2901.01 but who do not meet the eligibility standards in either section
29 36-2934 or the state plan in effect as of January 1, 2013.

30 B. The director shall adopt rules regarding the method for
31 determining the assessment, the amount or rate of the assessment, and
32 modifications or exemptions from the assessment. The assessment is subject

1 to approval by the federal government to ensure that the assessment is not
2 established or administered in a manner that causes a reduction in federal
3 financial participation.

4 C. The director may establish modifications or exemptions to the
5 assessment. In determining the modifications or exemptions, the director
6 may consider factors including the size of the hospital, the specialty
7 services available to patients and the geographic location of the hospital.

8 D. Before implementing the assessment, and thereafter if the
9 methodology is modified, the director shall present the methodology to the
10 joint legislative budget committee for review.

11 E. The administration shall not collect an assessment for costs
12 associated with service after the effective date of any reduction of the
13 federal medical assistance percentage established by 42 United States Code
14 section 1396d(y) or 1396d(z) that is applicable to this state to less than
15 ~~eighty per cent~~ NINETY PERCENT.

16 F. The administration shall deposit the revenues collected pursuant
17 to this section in the hospital assessment fund established by section
18 36-2901.09.

19 G. A hospital shall not pass the cost of the assessment on to
20 patients or third-party payors that are liable to pay for care on a
21 patient's behalf. As part of its financial statement submissions pursuant
22 to section 36-125.04, a hospital shall submit to the department of health
23 services an attestation that it has not passed on the cost of the
24 assessment to patients or third-party payors.

25 H. If a hospital does not comply with this section as prescribed by
26 the director, the director may suspend or revoke the hospital's Arizona
27 health care cost containment system provider agreement registration. If
28 the hospital does not comply within one hundred eighty days after the
29 director suspends or revokes the hospital's provider agreement, the
30 director shall notify the director of the department of health services,
31 who shall suspend or revoke the hospital's license pursuant to section
32 36-427.

1 Sec. 3. Laws 2013, first special session, chapter 10, section 52 is
2 amended to read:

3 Sec. 52. Conditional repeals

4 A. Sections 36-2901.07 and 36-2901.08, Arizona Revised Statutes, as
5 ~~added~~ AMENDED by this act, are repealed:

6 1. From and after the date the federal medical assistance percentage
7 pursuant to 42 United States Code section 1396d(y) or 1396d(z) that is
8 applicable to this state is less than ~~eighty per cent~~ NINETY PERCENT.

9 2. If the patient protection and affordable care act established
10 pursuant to Public Law 111-148, as amended by the health care and education
11 reconciliation act of 2010 pursuant to Public Law 111-152, is repealed.

12 3. If the maximum amount that can be assessed under section
13 36-2901.08, Arizona Revised Statutes, as ~~added~~ AMENDED by this act, without
14 causing a reduction in federal financial participation, in combination with
15 the monies specified in section 36-2901.09, Arizona Revised Statutes, ~~as~~
16 ~~added by this act~~, and any other monies appropriated for the costs for the
17 populations specified in section 36-2901.08, subsection A, Arizona Revised
18 Statutes, ~~as added by this act~~, is insufficient to cover the costs
19 described in section 36-2901.08, Arizona Revised Statutes, as ~~added~~ AMENDED
20 by this act.

21 B. The Arizona health care cost containment system administration
22 shall notify the director of the Arizona legislative council in writing of
23 the effective date if:

24 1. The federal medical assistance percentage under 42 United States
25 Code section 1396d(y) or 1396d(z) that is applicable to this state is less
26 than ~~eighty per cent~~ NINETY PERCENT.

27 2. The patient protection and affordable care act established
28 pursuant to Public Law 111-148, as amended by the health care and education
29 reconciliation act of 2010 pursuant to Public Law 111-152, is repealed.

30 3. The maximum amount that can be assessed under section 36-2901.08,
31 Arizona Revised Statutes, as ~~added~~ AMENDED by this act, without causing a
32 reduction in federal financial participation, in combination with the

1 monies specified in section 36-2901.09, Arizona Revised Statutes, ~~as added~~
2 ~~by this act,~~ and any other monies appropriated for the costs for the
3 populations specified in section 36-2901.08, subsection A, Arizona Revised
4 Statutes, ~~as added by this act,~~ is insufficient to cover the costs
5 described in section 36-2901.08, Arizona Revised Statutes, as ~~added~~ AMENDED
6 by this act."
7 Amend title to conform

JUSTIN OLSON

29260LSON2.docx
02/20/2025
2:28 PM
C: MH