



ARIZONA STATE SENATE
Fifty-Fifth Legislature, Second Regular Session

FACT SHEET FOR H.B. 2551

children's health insurance program; redetermination

Purpose

Requires the Arizona Health Care Cost Containment System (AHCCCS) to allow an eligible member of the Children's Health Insurance Program (CHIP) to remain eligible for 12 months after eligibility is determined.

Background

CHIP is a federal program administered by each state to provide health insurance coverage to eligible individuals. Arizona's CHIP is administered by AHCCCS. A person who is enrolled in CHIP and under 19 years old and whose gross household income is below 200 percent of the federal poverty level is eligible for CHIP ([A.R.S. § 36-2981](#)). AHCCCS must perform eligibility determinations and annual eligibility redeterminations ([A.R.S. § 36-2982](#)).

Federal law allows each state to provide continuous eligibility to CHIP members for up to 12 months after eligibility is determined or until the member turns 19 years old ([42 U.S.C. § 1396](#)).

CHIP is funded by federal block grants and state matching monies. If extending eligibility for members by 12 months results in an increase of state matching monies, there may be a fiscal impact to the state General Fund.

Provisions

1. Requires AHCCCS to allow an eligible member to remain eligible for benefits for a period of 12 months, unless the eligible member turns 19 years old during the extended period.
2. Becomes effective on the general effective date.

House Action

APPROP	2/2/22	DP	10-2-1-0
3 rd Read	2/23/22		44-15-1

Prepared by Senate Research
 March 11, 2022
 LMM/sr