

REFERENCE TITLE: continuity of care; transition period

State of Arizona  
House of Representatives  
Forty-fifth Legislature  
First Regular Session  
2001

# HB 2202

Introduced by  
Representative Poelstra

AN ACT

AMENDING SECTIONS 20-841.06, 20-936.04 AND 20-1057.04, ARIZONA REVISED  
STATUTES; RELATING TO CONTINUITY OF 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 20-841.06, Arizona Revised Statutes, is amended to  
3 read:

4 20-841.06. Continuity of care; definition

5 A. Any corporation that offers a health benefits plan shall allow any  
6 new subscriber whose health care provider is not a member of the provider  
7 network, on written request of the subscriber to the corporation, to continue  
8 an active course of treatment with that health care provider during a  
9 transitional period after the effective date of the enrollment if both of the  
10 following apply:

11 1. The subscriber has either:

12 (a) A life threatening disease or condition, in which case the  
13 transitional period is not more than ~~thirty days~~ ONE YEAR after the effective  
14 date of the enrollment.

15 (b) Entered the third trimester of pregnancy on the effective date of  
16 the enrollment, in which case the transitional period includes the delivery  
17 and any care up to six weeks after the delivery that is related to the  
18 delivery.

19 2. The subscriber's health care provider agrees in writing to do all  
20 of the following:

21 (a) Except for copayment, coinsurance or deductible amounts, accept as  
22 payment in full reimbursement from the corporation at the rates that are  
23 established by the corporation and that are not more than the level of  
24 reimbursement applicable to similar services by health care providers within  
25 the provider network.

26 (b) Comply with the corporation's quality assurance and utilization  
27 review requirements and provide to the corporation any necessary medical  
28 information related to the care.

29 (c) Comply with the corporation's policies and procedures pursuant to  
30 this article including procedures relating to referrals and obtaining  
31 preauthorization, claims handling and treatment plan approval by the  
32 corporation.

33 B. A corporation shall allow any subscriber whose health care provider  
34 is terminated from the provider network by the corporation except for reasons  
35 of medical incompetence or unprofessional conduct, on written request of the  
36 subscriber to the corporation, to continue an active course of treatment with  
37 that health care provider during a transitional period after the date of the  
38 provider's disaffiliation from the provider network, if both of the following  
39 apply:

40 1. The subscriber has either:

41 (a) A life threatening disease or condition, in which case the  
42 transitional period is not more than ~~thirty days~~ ONE YEAR after the date of  
43 the provider's disaffiliation from the provider network.

44 (b) Entered the third trimester of pregnancy on the date of the  
45 provider's disaffiliation, in which case the transition period includes the

1 delivery and any care up to six weeks after the delivery that is related to  
2 the delivery.

3 2. The subscriber's health care provider agrees in writing to do all  
4 of the following:

5 (a) Except for copayment, coinsurance or deductible amounts, continue  
6 to accept as payment in full reimbursement from the corporation at the rates  
7 applicable before the beginning of the transitional period.

8 (b) Comply with the corporation's quality assurance and utilization  
9 review requirements and provide to the corporation any necessary medical  
10 information related to the care.

11 (c) Comply with the corporation's policies and procedures pursuant to  
12 this article including procedures relating to referrals and obtaining  
13 preauthorization, claims handling and treatment plan approval by the  
14 corporation.

15 C. This section does not require a corporation to provide coverage for  
16 benefits that are not covered by the subscriber's contract and does not  
17 diminish or impair any preexisting condition limitation in the contract.

18 D. This section does not extend to a health care provider who is not a  
19 member of the provider network any contractual rights or remedies beyond  
20 those rights or remedies related to and necessary for the provision of  
21 covered services to the specific subscriber during the required transitional  
22 period.

23 E. This section does not apply to any corporation that holds a  
24 certificate of authority to operate either as a dental service corporation or  
25 an optometric service corporation.

26 F. For the purposes of this section, "health care provider" means any  
27 physician who is licensed in this state pursuant to title 32, chapter 13 or  
28 17.

29 Sec. 2. Section 20-936.04, Arizona Revised Statutes, is amended to  
30 read:

31 20-936.04. Continuity of care; definition

32 A. A benefit insurer shall allow any new insured whose health care  
33 provider is not a member of the provider network, on written request of the  
34 insured to the benefit insurer, to continue an active course of treatment  
35 with that health care provider during a transitional period after the  
36 effective date of the enrollment if both of the following apply:

37 1. The insured has either:

38 (a) A life threatening disease or condition, in which case the  
39 transitional period is not more than ~~thirty days~~ ONE YEAR after the effective  
40 date of the enrollment.

41 (b) Entered the third trimester of pregnancy on the effective date of  
42 the enrollment, in which case the transitional period includes the delivery  
43 and any care up to six weeks after the delivery that is related to the  
44 delivery.

1           2. The insured's health care provider agrees in writing to do all of  
2 the following:

3           (a) Except for copayment, coinsurance or deductible amounts, accept as  
4 payment in full reimbursement from the benefit insurer at the rates that are  
5 established by the benefit insurer and that are not more than the level of  
6 reimbursement applicable to similar services by health care providers within  
7 the provider network.

8           (b) Comply with the benefit insurer's quality assurance and  
9 utilization review requirements and provide to the benefit insurer any  
10 necessary medical information related to the care.

11           (c) Comply with the benefit insurer's policies and procedures pursuant  
12 to this article including procedures relating to referrals and obtaining  
13 preauthorization, claims handling and treatment plan approval by the benefit  
14 insurer.

15           B. A benefit insurer shall allow any insured whose health care  
16 provider is terminated from the provider network by the benefit insurer  
17 except for reasons of medical incompetence or unprofessional conduct, on  
18 written request of the insured to the benefit insurer, to continue an active  
19 course of treatment with that health care provider during a transitional  
20 period after the date of the provider's disaffiliation from the provider  
21 network, if both of the following apply:

22           1. The insured has either:

23           (a) A life threatening disease or condition, in which case the  
24 transitional period is not more than ~~thirty days~~ ONE YEAR after the date of  
25 the provider's disaffiliation from the provider network.

26           (b) Entered the third trimester of pregnancy on the date of the  
27 provider's disaffiliation, in which case the transition period includes the  
28 delivery and any care up to six weeks after the delivery that is related to  
29 the delivery.

30           2. The insured's health care provider agrees in writing to do all of  
31 the following:

32           (a) Except for copayment, coinsurance or deductible amounts, continue  
33 to accept as payment in full reimbursement from the benefit insurer at the  
34 rates applicable before the beginning of the transitional period.

35           (b) Comply with the benefit insurer's quality assurance and  
36 utilization review requirements and provide to the benefit insurer any  
37 necessary medical information related to the care.

38           (c) Comply with the benefit insurer's policies and procedures pursuant  
39 to this article including procedures relating to referrals and obtaining  
40 preauthorization, claims handling and treatment plan approval by the benefit  
41 insurer.

42           C. This section does not require a benefit insurer to provide coverage  
43 for benefits that are not covered by the insured's contract and does not  
44 diminish or impair any preexisting condition limitation in the contract.

1 D. This section does not extend to a health care provider who is not a  
2 member of the provider network any contractual rights or remedies beyond  
3 those rights or remedies related to and necessary for the provision of  
4 covered services to the specific insured during the required transitional  
5 period.

6 E. For the purposes of this section, "health care provider" means any  
7 physician who is licensed in this state pursuant to title 32, chapter 13  
8 or 17.

9 Sec. 3. Section 20-1057.04, Arizona Revised Statutes, is amended to  
10 read:

11 20-1057.04. Continuity of care; definition

12 A. A health care services organization shall allow any new enrollee  
13 whose health care provider is not a member of the provider network, on  
14 written request of the enrollee to the health care services organization, to  
15 continue an active course of treatment with that health care provider during  
16 a transitional period after the effective date of the enrollment if both of  
17 the following apply:

18 1. The enrollee has either:

19 (a) A life threatening disease or condition, in which case the  
20 transitional period is not more than ~~thirty days~~ ONE YEAR after the effective  
21 date of the enrollment.

22 (b) Entered the third trimester of pregnancy on the effective date of  
23 the enrollment, in which case the transitional period includes the delivery  
24 and any care up to six weeks after the delivery that is related to the  
25 delivery.

26 2. The enrollee's health care provider agrees in writing to do all of  
27 the following:

28 (a) Except for copayment, coinsurance or deductible amounts, accept as  
29 payment in full reimbursement from the health care services organization at  
30 the rates that are established by the health care services organization and  
31 that are not more than the level of reimbursement applicable to similar  
32 services by health care providers within the provider network.

33 (b) Comply with the health care services organization's quality  
34 assurance and utilization review requirements and provide to the health care  
35 services organization any necessary medical information related to the care.

36 (c) Comply with the health care services organization's policies and  
37 procedures pursuant to this article including procedures relating to  
38 referrals and obtaining preauthorization, claims handling and treatment plan  
39 approval by the health care services organization.

40 B. A health care services organization shall allow any enrollee whose  
41 health care provider is terminated from the provider network by the health  
42 care services organization except for reasons of medical incompetence or  
43 unprofessional conduct, on written request of the enrollee to the health care  
44 services organization, to continue an active course of treatment with that  
45 health care provider during a transitional period after the date of the

1 provider's disaffiliation from the provider network, if both of the following  
2 apply:

3 1. The enrollee has either:

4 (a) A life threatening disease or condition, in which case the  
5 transitional period is not more than ~~thirty days~~ ONE YEAR after the date of  
6 the provider's disaffiliation from the provider network.

7 (b) Entered the third trimester of pregnancy on the date of the  
8 provider's disaffiliation, in which case the transition period includes the  
9 delivery and any care up to six weeks after the delivery that is related to  
10 the delivery.

11 2. The enrollee's health care provider agrees in writing to do all of  
12 the following:

13 (a) Except for copayment, coinsurance or deductible amounts, continue  
14 to accept as payment in full reimbursement from the health care services  
15 organization at the rates applicable before the beginning of the transitional  
16 period.

17 (b) Comply with the health care services organization's quality  
18 assurance and utilization review requirements and provide to the health care  
19 services organization any necessary medical information related to the care.

20 (c) Comply with the health care services organization's policies and  
21 procedures pursuant to this article including procedures relating to  
22 referrals and obtaining preauthorization, claims handling and treatment plan  
23 approval by the health care services organization.

24 C. This section does not require a health care services organization  
25 to provide coverage for benefits that are not covered by the enrollee's  
26 evidence of coverage and does not diminish or impair any preexisting  
27 condition limitation in the evidence of coverage.

28 D. This section does not extend to a health care provider who is not a  
29 member of the provider network any contractual rights or remedies beyond  
30 those rights or remedies related to and necessary for the provision of  
31 covered services to the specific enrollee during the required transitional  
32 period.

33 E. For the purposes of this section, "health care provider" means any  
34 physician who is licensed in this state pursuant to title 32, chapter 13 or  
35 17.