

COMMITTEE ON HEALTH
HOUSE OF REPRESENTATIVES AMENDMENTS TO H.B. 2191
(Reference to printed bill)

- 1 Page 1, strike lines 2 through 45
- 2 Strike pages 2 through 4
- 3 Page 5, strike lines 1 through 39
- 4 Renumber to conform
- 5 Line 44, after "PAYMENT" insert "EQUAL TO OR MORE THAN EIGHT HUNDRED DOLLARS"
- 6 Line 45, strike "WHO IS A RESIDENT OF THIS STATE OR"
- 7 Page 6, line 3, strike "SHALL" insert "MAY"
- 8 Line 17, after "NUMBER" insert ", IF AVAILABLE,"
- 9 Page 7, line 2, strike "OF THE SOCIAL SECURITY NUMBER OF" insert "WITH"
- 10 Line 3, after "SEND" insert "WITHIN THREE BUSINESS DAYS AFTER DISCOVERING THE
- 11 MATCH"
- 12 Line 5, after the period insert "ANY PORTION THAT REPLACES WAGES OR PROVIDES
- 13 INCOME IN LIEU OF WAGES IS SUBJECT TO THE LIMITATIONS PRESCRIBED IN SECTION
- 14 33-1131, SUBSECTION C."
- 15 Between lines 8 and 9, insert:
- 16 "H. AN INSURER THAT SATISFIES A CHILD SUPPORT LIMITED INCOME
- 17 WITHHOLDING ORDER AS PROVIDED IN THIS SECTION IS NOT LIABLE TO THE CLAIMANT
- 18 OR THE CLAIMANT'S BENEFICIARY OR CREDITORS."
- 19 Reletter to conform
- 20 Line 15, after "FOR" insert "BOTH OF THE FOLLOWING"
- 21 Line 16, after "CLAIM" insert ", INCLUDING ATTORNEY FEES, COURT COSTS, WITNESS
- 22 FEES AND REASONABLE LITIGATION EXPENSES"
- 23 Line 17, strike "EXPENSES INCURRED BY A"; strike "PROVIDER" insert "EXPENSES"

1 Page 7, line 20, after "SECTION" insert "OR FOR A DELAY IN THE PAYMENT OF A CLAIM
2 RESULTING FROM COMPLIANCE WITH THIS SECTION"

3 Between lines 20 and 21, insert:

4 "L. AN INSURER THAT MAKES A PAYMENT ON A CHILD SUPPORT LIEN AS
5 PROVIDED IN THIS SECTION IS NOT LIABLE TO THE CLAIMANT OR THE CLAIMANT'S
6 BENEFICIARY OR CREDITORS. AN INSURER THAT IN GOOD FAITH FAILS TO MAKE A
7 PAYMENT ON A CHILD SUPPORT LIEN AS PROVIDED IN THIS SECTION IS IMMUNE FROM
8 CIVIL LIABILITY. THIS SECTION DOES NOT GIVE RISE TO A CLAIM OR CAUSE OF
9 ACTION AGAINST AN INSURER BY AN PERSON WHO ASSERTS THAT THE PERSON IS THE
10 INTENDED OBLIGEE OF THE OUTSTANDING LIEN FOR CHILD SUPPORT.

11 M. AN INSURER IS NOT REQUIRED TO REPORT OR IDENTIFY THE FOLLOWING
12 TYPES OF CLAIMS:

13 1. FIRST PARTY ACTUAL PROPERTY DAMAGE CLAIMS THAT ARE BENEFITS
14 PAYABLE UNDER AN INSURANCE POLICY ARISING OUT OF COVERED DAMAGE FOR ACTUAL
15 REPAIR, REPLACEMENT OR LOSS OF USE OF AN INSURED PROPERTY, INCLUDING A
16 PAYMENT FOR:

17 (a) PHYSICAL DAMAGE COVERAGE UNDER A PERSONAL AUTOMOBILE POLICY FOR
18 ACTUAL REPAIR, REPLACEMENT, LOSS OF USE OR OTHER ASSOCIATED COSTS INCLUDING
19 TOWING, STORAGE, VEHICLE RENTALS OR COSTS TO AN INSURED VEHICLE AND SENT
20 DIRECTLY TO A VENDOR OR REPAIR FACILITY FOR THE ACTUAL REPAIR OR
21 REPLACEMENT OF THE DAMAGED PROPERTY.

22 (b) COVERAGE FOR LOSS OF DAMAGE TO AN INSURED DWELLING AND CONTENTS
23 UNDER A RESIDENTIAL, HOMEOWNERS, FARM AND RANCH OWNERS, CONDOMINIUM OWNERS,
24 LANDLORD OWNERS OR TENANT PROPERTY INSURANCE POLICY OR OTHER SIMILAR
25 POLICIES, INCLUDING ADDITIONAL LIVING EXPENSES PAYABLE UNDER SUCH A POLICY.

26 (c) BENEFITS PAID TO THE MORTGAGEE OR LIENHOLDER OF THE PROPERTY,
27 INCLUDING PAYMENTS ISSUED JOINTLY TO THE INSURED AND THE MORTGAGEE.

28 (d) COVERAGE FOR PHYSICAL LOSS OR DAMAGE TO COMMERCIAL PROPERTY OR
29 BUSINESS PERSONAL PROPERTY INSURED UNDER A COMMERCIAL PROPERTY, FARM,
30 INLAND MARINE, BUILDER'S RISK OR OTHER SIMILAR POLICY.

31 2. ACTUAL MEDICAL EXPENSES THAT ARE PAYMENTS ISSUED TO:

32 (a) AND SENT DIRECTLY TO A HEALTH CARE PROVIDER.

1 (b) THE CLAIMANT AFTER THE CLAIMANT PROVIDES PROOF OF THE AMOUNT
2 ACTUALLY PAID BY THE CLAIMANT TO THE HEALTH CARE PROVIDER AND THE AMOUNT IS
3 AT LEAST AS MUCH AS THE INSURANCE PAYMENT, BUT DOES NOT INCLUDE ANY AMOUNTS
4 THAT ARE BILLED BUT NOT PAID.

5 3. A COPAYABLE INSURANCE PAYMENT MAILED DIRECTLY TO A VENDOR, REPAIR
6 FACILITY OR HEALTH CARE PROVIDER THAT INCLUDES THE CLAIMANT AS A COPAYEE
7 UNDER PARAGRAPH 1 OR 2 OF THIS SUBSECTION.

8 4. BENEFITS PAYABLE DIRECTLY TO A CREDITOR OF A CLAIMANT UNDER THE
9 TERMS OF THE POLICY.

10 5. BENEFITS ASSIGNED TO BE PAID TO A HEALTH CARE PROVIDER OR
11 FACILITY FOR ACTUAL EXPENSES THAT ARE THE AMOUNT ACTUALLY OWED BY THE
12 INSURED BUT NOT OTHERWISE PAID OR REIMBURSED.

13 6. LIMITED BENEFITS THAT INCLUDE COVERAGE FOR ONE OR MORE SPECIFIED
14 DISEASES OR ILLNESSES, DENTAL OR VISION BENEFITS, HOSPITAL INDEMNITY OR
15 OTHER FIXED INDEMNITY INSURANCE COVERAGE AND SHORT TERM MAJOR MEDICAL
16 CONTRACTS AND THAT DO NOT EXCEED ONE THOUSAND DOLLARS PER PERSON OVER A
17 THIRTY DAY PERIOD, INCLUDING ANY BENEFITS TO BE PAID UNDER A PLAN OR RIDER
18 OF ACCIDENT INSURANCE OR ACCIDENTAL DEATH OR LOSS OF LIMB COVERAGE.

19 7. BENEFITS PAID IN ACCORDANCE WITH GROUP LONG-TERM CARE INSURANCE
20 OR LONG-TERM CARE INSURANCE AS DEFINED IN SECTION 20-1691.

21 8. BENEFITS PAID ON BEHALF OF AN INDIVIDUAL DIRECTLY TO A RETIREMENT
22 PLAN OR AN ACCELERATED DEATH BENEFIT.

23 9. THIRD PARTY PROPERTY DAMAGE CLAIMS THAT ARE BENEFITS PAID OR
24 PAYABLE:

25 (a) TO A VENDOR OR REPAIR FACILITY FOR THE ACTUAL REPAIR,
26 REPLACEMENT OR LOSS OF USE OF ANY OF THE FOLLOWING:

27 (i) A DWELLING, CONDOMINIUM OR OTHER IMPROVEMENTS ON REAL PROPERTY.

28 (ii) A VEHICLE, INCLUDING A MOTOR VEHICLE, MOTORCYCLE OR
29 RECREATIONAL VEHICLE.

30 (iii) OTHER TANGIBLE PROPERTY THAT HAS SUSTAINED ACTUAL DAMAGE OR
31 LOSS.

1 (b) FOR A CLAIM FOR REIMBURSEMENT OF THE CLAIMANT FOR PAYMENTS MADE
2 BY THE CLAIMANT TO THE VENDOR OR REPAIR FACILITY FOR THE ACTUAL REPAIR,
3 REPLACEMENT OR LOSS OF USE OF ANY OF THE FOLLOWING:

4 (i) A DWELLING, CONDOMINIUM OR OTHER IMPROVEMENTS ON REAL PROPERTY.

5 (ii) A VEHICLE, INCLUDING A MOTOR VEHICLE, MOTORCYCLE OR
6 RECREATIONAL VEHICLE.

7 (iii) OTHER TANGIBLE PROPERTY THAT HAS SUSTAINED ACTUAL DAMAGE OR
8 LOSS.

9 10. BENEFITS PAID OR PAYABLE TO A CLAIMANT UNDER WORKERS'
10 COMPENSATION BENEFITS COVERAGE WHERE THE CLAIMANT HAS PAID A HEALTH CARE
11 PROVIDER'S BILL AND PAYMENT IS NO GREATER THAN THE AMOUNT OWED FOR THE
12 TREATMENT RENDERED.

13 11. CLAIMS COVERED UNDER A HEALTH BENEFITS PLAN. FOR THE PURPOSES OF
14 THIS PARAGRAPH, "HEALTH BENEFITS PLAN" MEANS A HOSPITAL AND MEDICAL SERVICE
15 CORPORATION POLICY OR CERTIFICATE, A HEALTH CARE SERVICES ORGANIZATION
16 CONTRACT, A DISABILITY POLICY, A GROUP DISABILITY POLICY, A CERTIFICATE OF
17 INSURANCE OF A GROUP DISABILITY POLICY THAT IS NOT ISSUED IN THIS STATE, A
18 MULTIPLE EMPLOYER WELFARE ARRANGEMENT OR ANY OTHER ARRANGEMENT UNDER WHICH
19 HEALTH SERVICES OR HEALTH BENEFITS ARE PROVIDED. HEALTH BENEFITS PLAN DOES
20 NOT INCLUDE:

21 (a) ACCIDENT ONLY, DENTAL ONLY, VISION ONLY, DISABILITY INCOME ONLY
22 OR LONG-TERM CARE ONLY INSURANCE, FIXED OR HOSPITAL INDEMNITY COVERAGE,
23 LIMITED BENEFIT COVERAGE, SPECIFIED DISEASE COVERAGE, CREDIT COVERAGE OR
24 TAFT-HARTLEY TRUSTS.

25 (b) COVERAGE THAT IS ISSUED AS A SUPPLEMENT TO LIABILITY INSURANCE.

26 (c) MEDICARE SUPPLEMENTAL INSURANCE.

27 (d) WORKERS' COMPENSATION INSURANCE.

28 (e) AUTOMOBILE MEDICAL PAYMENT INSURANCE.

29 N. AN INSURER SUBJECT TO THE MATCHING AND REPORTING REQUIREMENTS IN
30 THIS SECTION MAY MATCH AND REPORT ANY CLAIM SEEKING AN ECONOMIC BENEFIT IN
31 WHICH ANY OF THE FOLLOWING APPLIES:

32 1. A FIRST PARTY CLAIMANT MAKING A CLAIM RESIDES IN THIS STATE.

1 2. A THIRD PARTY CLAIMANT MAKING A THIRD PARTY CLAIM RESIDES IN THIS
2 STATE.

3 3. A LIABILITY INSURER OR AN ELIGIBLE SURPLUS LINES INSURER IS
4 PROVIDING COVERAGE TO AN INSURED ON A THIRD PARTY CLAIM AND THE CLAIM
5 OCCURRED IN THIS STATE."

6 Reletter to conform

7 Page 7, line 22, after "A" strike remainder of line

8 Line 23, strike "DEATH"; after "POLICY" insert ", INCLUDING CASUALTY INSURANCE
9 AS DEFINED IN SECTION 20-252 AND DISABILITY INSURANCE AS DEFINED IN SECTION
10 20-253"

11 After line 34, insert:

12 "Sec. 3. Child support insurance data match; intent

13 It is the intent of the legislature that the department of economic
14 security continue to work with insurance industry representatives on best
15 practices for maximizing participation in the voluntary insurance data
16 match program established in section 25-505.02, Arizona Revised Statutes,
17 as added by this act, to get needed child support to families. The
18 department may establish working groups with insurers, including those
19 insurers offering life insurance policies, on strategies to facilitate
20 participation, including using the department's child support evader
21 website to identify potential intercepts for payment of child support
22 arrears."

23 Amend title to conform

And, as so amended, it do pass

HEATHER CARTER
CHAIRMAN

2191HEALTH
02/16/2017
08:11 AM
H: rca