



## 2011 Legislative Summary



## *2011 AHCCCS Legislative Summary*

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| <b>HB2156</b>  | <b>dental Hygienists; supervision requirements (Representative Ash)</b>                                                                              |
| Disposition    | Failed to pass out of the House                                                                                                                      |
| Effective Date | July 20, 2011                                                                                                                                        |
| Summary        | <ul style="list-style-type: none"><li>• Allows dental hygienists to perform under the supervision of a physician, in addition to a dentist</li></ul> |

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| <b>HB2233</b>  | <b>mobile dental facilities (Representative Goodale)</b>                                                                                                                              |
| Disposition    | Enacted; Chapter 48                                                                                                                                                                   |
| Effective Date | January 1, 2012                                                                                                                                                                       |
| Summary        | <ul style="list-style-type: none"><li>• Establishes regulatory requirements for the operation of mobile dental facilities under the supervision of the Arizona Dental Board</li></ul> |

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| <b>HB2389</b>  | <b>state agency data; access to legislators (Representative Seel)</b>                                                                                                                                                                    |
| Disposition    | Failed to pass out of the House                                                                                                                                                                                                          |
| Effective Date | July 20, 2011                                                                                                                                                                                                                            |
| Summary        | <ul style="list-style-type: none"><li>• Deems individual enrollment information for the purposes of AHCCCS to be public record</li><li>• Requires AHCCCS to provide the Legislature with information related to its membership</li></ul> |

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| <b>HB2506</b>  | <b>AHCCCS; third-party liability; requested proposals (Representative Seel)</b>                     |
| Disposition    | Failed to pass out of the House                                                                     |
| Effective Date | July 20, 2011                                                                                       |
| Summary        | <ul style="list-style-type: none"><li>• Requires AHCCCS to issue a RFP for cost-avoidance</li></ul> |

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| <b>HB2507</b>  | <b>AHCCCS; nonemergency transportation; reimbursement (Representative Seel)</b> |
| Disposition    | Failed to pass out of the House                                                 |
| Effective Date | July 20, 2011                                                                   |

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| <b>HB2620</b>  | <b>medical records; disclosure; release (Representative Ash)</b>                                                                                                                                                                                                                                                                                                                                             |
| Disposition    | Enacted; Chapter 268                                                                                                                                                                                                                                                                                                                                                                                         |
| Effective Date | July 20, 2011                                                                                                                                                                                                                                                                                                                                                                                                |
| Summary        | <ul style="list-style-type: none"><li>• Establishes regulations related to the release of electronic health information</li><li>• Provides for regulations governing the exchange of electronic medical records</li><li>• Stipulates that individuals shall be given the opportunity to “opt-out” of the exchange of medical information</li><li>• Establishes privacy and disclosure requirements</li></ul> |

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| <b>HB2651</b>  | <b>AHCCCS; veterans (Representative Gallego)</b>                                                                                                                                                                                                                                                                          |
| Disposition    | Failed to pass out of the House                                                                                                                                                                                                                                                                                           |
| Effective Date | July 20, 2011                                                                                                                                                                                                                                                                                                             |
| Summary        | <ul style="list-style-type: none"><li>• Requires AHCCCS to check for the availability of veterans benefits for individuals applying for enrollment</li><li>• In the event that veterans benefits may be available, requires AHCCCS to provide the applicant information to the Department of Veteran’s Services</li></ul> |

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| <b>HB2667</b>  | <b>state mental health plan (Representative Ableser)</b>                                                                                                                                                   |
| Disposition    | Failed to pass out of the House                                                                                                                                                                            |
| Effective Date | July 20, 2011                                                                                                                                                                                              |
| Summary        | <ul style="list-style-type: none"><li>• Transfers the Division of Behavioral Health to AHCCCS and requires the Agency to contract directly with service providers for behavioral health services</li></ul> |

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| <b>SB 1189</b> | <b>developmentally disabled; residential setting (Senator Gray)</b>                                                                                                    |
| Disposition    | Failed to pass out of the Senate                                                                                                                                       |
| Effective Date | July 20, 2011                                                                                                                                                          |
| Summary        | <ul style="list-style-type: none"><li>• Transfers all developmentally disabled persons who are in skilled nursing facilities to intermediate care facilities</li></ul> |

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- Requires DES to complete the transfer by July 1, 2011
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**SB1190**                      **developmental disabilities; residential placement (Senator Gray)**

Disposition      Enacted; Chapter 246

Effective Date    November 15, 2011

- Summary
- Requires DES to hold meetings with residents of ICF-MR facilities to discuss their options regarding treatment settings
  - Requires DES to complete a study on potential efficiencies in the public ICF-MR facilities, including the potential closure of some facilities
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**SB1216**                      **AHCCCS; obstetric services; copayment (Senator Allen)**

Disposition      Failed to pass out of the Senate

Effective Date    July 20, 2011

- Summary
- Requires women who receive obstetric services to pay a copayment of no less than \$150 and no more than \$1000
  - Requires that copayments be based on a sliding fee schedule based on income
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**SB 1357**                      **AHCCCS; missed appointments; provider remedy (Senator Antenori)**

Disposition      Enacted; Chapter 234

Effective Date    July 20, 2011

- Summary
- Permits AHCCCS providers to charge members \$25 for missing an appointment without cancelling in advance
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**SB1383**                      **AHCCCS; transplants; restoration (Senator Aboud)**

Disposition      Failed to pass out of the Senate

Effective Date    July 20, 2011

- Summary
- Reinstates transplants previously eliminated in the October 1, 2010 benefit changes
  - Funds services from the Auto Theft Authority Fund
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| <b>SB1519</b>  | <b>AHCCCS; termination (Senator Biggs)</b>                                                                                                                                                                                                          |
| Disposition    | Failed to pass out of the Senate                                                                                                                                                                                                                    |
| Effective Date | July 20, 2011                                                                                                                                                                                                                                       |
| Summary        | <ul style="list-style-type: none"><li>• Effective Sept 30, 2011, repeals AHCCCS</li><li>• Requires ADHS to establish a program to provide behavioral health services and coverage for the medically indigent and developmentally disabled</li></ul> |

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| <b>HB 2478</b> | <b>counties; health care services; payments (Representative Gowan)</b>                                                                      |
| Disposition    | Enacted; Chapter 266                                                                                                                        |
| Effective Date | July 20, 2011                                                                                                                               |
| Summary        | <ul style="list-style-type: none"><li>• Limits reimbursement for health services for ADJC inmates to AHCCCS Fee-For-Service rates</li></ul> |

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| <b>HB2548</b>  | <b>medical helicopters; nontrauma (Representative Heinz)</b>                                                                                            |
| Disposition    | Enacted; Chapter 174                                                                                                                                    |
| Effective Date | January 1, 2013                                                                                                                                         |
| Summary        | <ul style="list-style-type: none"><li>• Requires ADHS to establish a protocol governing the use of medical helicopters for nontrauma patients</li></ul> |

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| <b>HB2666</b>  | <b>health insurance; exchange (Representative McLain)</b>                                                                                        |
| Disposition    | Failed to pass out of the House                                                                                                                  |
| Effective Date | July 20, 2011                                                                                                                                    |
| Summary        | <ul style="list-style-type: none"><li>• Establishes the framework and regulations governing the a Health Insurance Exchange in Arizona</li></ul> |

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| <b>SB1214</b>  | <b>health care; interstate compact (Senator Allen)</b>                                                                       |
| Disposition    | Failed to pass out of the House                                                                                              |
| Effective Date | July 20, 2011                                                                                                                |
| Summary        | <ul style="list-style-type: none"><li>• Authorized the Governor to enter into an interstate compact to enforce the</li></ul> |

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Healthcare Freedom Act

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**SB1240**                      **behavior analysts; practice recognition, DHS (Senator Reagan)**

Disposition      Enacted; Chapter 231

Effective Date    July 20, 2011

Summary            • Requires ADHS to recognize a licensed behavior analyst as a behavioral health professional

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**SB1298**                      **pharmacists; drug therapy protocols (Senator Barto)**

Disposition      Enacted; Chapter 103

Effective Date    July 20, 2011

Summary            • Establishes protocols governing how and when a pharmacist can may alter a drug therapy when working in conjunction with a partnering physician  
• Permits pharmacists to administer influenza immunizations to children without a prescription  
• Permits pharmacists to administer all other immunizations to children with a prescription

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**SB1524**                      **health insurance exchange (Senator Sinema)**

Disposition      Failed to pass out of the Senate.

Effective Date    July 20<sup>th</sup>, 2011

Summary            • Establishes parameters for the administration of a Health Insurance Exchange in Arizona

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**SB1592**                      **health care compact; funding (Senator Barto)**

Disposition      Vetoed by Governor

Effective Date    July 20, 2011

Summary            • Requires the Governor to enter into an interstate health care compact in opposition to federal Health Care Reform legislation

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| <b>SB1596</b>  | <b>health records banks (Senator Barto)</b>                                                                                                                                                                                                                             |
| Disposition    | Failed to pass out of the Senate                                                                                                                                                                                                                                        |
| Effective Date | July 20, 2011                                                                                                                                                                                                                                                           |
| Summary        | <ul style="list-style-type: none"> <li>• Establishes regulations governing the retention and exchange of personal health information</li> <li>• Requires that individuals be provided with the opportunity to “opt in” to the exchange of health information</li> </ul> |

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| <b>SB1597</b>  | <b>medical information; rights (Senator Barto)</b>                                                                                        |
| Disposition    | Failed to pass out of the House                                                                                                           |
| Effective Date | July 20, 2011                                                                                                                             |
| Summary        | <ul style="list-style-type: none"> <li>• Provides for individual rights regarding the storage and retention of medical records</li> </ul> |

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***Budget Legislation***

**SB1612 2011-2012; general appropriations (Senator Biggs)**

| Item                                                       | Appropriation |
|------------------------------------------------------------|---------------|
| FTEs                                                       | 2,975.4       |
| Operating Lump Sum                                         | \$79.9 M      |
| DES Eligibility                                            | \$54.5M       |
| Prop 204 Administration                                    | \$6.7M        |
| Prop 204 DES Eligibility                                   | \$38.2M       |
| Traditional Medicaid Services                              | \$2.9B        |
| Prop 204 Services                                          | \$1B          |
| KidsCare                                                   | \$36M         |
| CRS                                                        | \$110.1M      |
| DSH                                                        | \$13.5M       |
| Rural Hospitals                                            | \$13.9M       |
| ALTCS                                                      | \$1.2B        |
| <b>TOTAL APPROPRIATION<br/>&amp; EXPENDITURE AUTHORITY</b> | <b>\$5.5B</b> |
| <b>FUND SOURCES</b>                                        |               |
| General Fund                                               | \$1.3B        |
| Budget Neutrality Compliance Fund                          | \$3.2M        |
| Children’s Health Insurance Program Fund                   | \$30.2M       |

|                                                                    |               |
|--------------------------------------------------------------------|---------------|
| Health care group fund                                             | \$3.5M        |
| Prescription Drug Rebate Fund                                      | \$20.1M       |
| Tobacco Tax & Healthcare Fund-<br>Emergency Health Service Account | \$19.2M       |
| Tobacco Tax & Healthcare Fund-<br>Medically Needy Account          | \$38.3M       |
| <b>Expenditure Authority</b>                                       | <b>\$4.2B</b> |

### **Disproportionate Share**

- Stipulates that the \$13.5M appropriation for disproportionate share payments for FY 2011-2012 includes \$4.2M for Maricopa County Healthcare District and \$9.3 M for private qualifying disproportionate share hospitals

### **Health Plan Payment Deferral**

- Requires AHCCCS to suspend acute care capitation payments in 2012 in the amount of \$344,201,700 for two months
- Notes that payments made in accordance with this requirement bear interest at .05% per year
- Appropriates \$112,600,700 from the General Fund and \$231,744,100 in expenditure authority in FY 2012-2013 for health plan payments deferred in FY 2011-2012

### **Reporting Requirements**

- Provides that all voluntary state match and federal Medicaid authority are appropriated in FY 2011-2012
  - Requires AHCCCS to report these amounts from other sources to JLBC
- Provides that prior to making fee-for-service program changes that pertain to fee-for-service categories AHCCCS must report the expenditure plan for review by JLBC
- Requires AHCCCS to annually report capitation rate changes for the following fiscal year
- Requires AHCCCS to report proposed changes in policy that would impact the amount, sufficiency, duration and scope of health care services and who may provide services
  - AHCCCS must prepare a fiscal analysis on the impact of proposed changes on the following year's capitation rates
  - If the analysis suggests additional state costs equal to or greater than \$500K, AHCCCS shall submit the proposed policy changes to JLBC
- Requires each agency to report the number of filled FTE positions to JLBC by September 1, 2011
- Stipulates legislative intent that all agencies continue to report expenditures to JLBC

### **Appropriation Adjustments & Fund Transfers**

- Appropriates \$10M from the Drug Rebate Fund to AHCCCS in FY 2010-2011
- Reduces the FY 2010-2011 appropriation to AHCCCS by \$61,766,900 General Fund and \$174,319,100 expenditure authority
- Reduces the Healthcare Group Fund by \$443,400
- Reduces the Intergovernmental Service Fund by \$635,500
- Reduces the Third Party Collections Fund by \$608,200

**Notes**

- Notes that all ALTCS funds that pass through AHCCCS to DES for developmental disabilities shall not count against ALTCS expenditure authority
- Provides that the county portion of the FY 2011-2012 nonfederal portion of the costs of providing ALTCS is included in the expenditure fund source
- Allows DHS to use monies in the IGA and ISA fund as the state Medicaid match for title CRS and behavioral health services

**SB1619 budget reconciliation; health; 2011-2012**

| <b>Item</b>                                    | <b>Summary</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <b>CRS</b>                                     | Transfers authority for CRS administration from DHS to AHCCCS effective July 1, 2011                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Redetermination</b>                         | Requires that AHCCCS redetermine eligibility for Prop. 204 <i>at least</i> annually, rather than on annual basis                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Outlier</b>                                 | Eliminates statutory requirements related to the payment of outlier                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Inpatient Rate Freeze</b>                   | Permanently resets tiered per diem rates for inpatient hospital services to amounts payable as of September 30, 2011                                                                                                                                                                                                                                                                                                                                                               |
| <b>Cost-Sharing</b>                            | Establishes the following cost-sharing requirements, subject to CMS approval: <ul style="list-style-type: none"> <li>- Monthly Premium: \$15/person (not to exceed \$60/household)</li> <li>- Physician Office Visit: \$5</li> <li>- Urgent Care Visit: \$10</li> <li>- ER Visit: \$30</li> </ul>                                                                                                                                                                                  |
| <b>Non-Emergency Transportation</b>            | -Subject to CMS approval, limits non-emergency transportation to stretcher vans and ambulance transportation<br>- Requires prior authorization for transportation by stretcher van and for medically necessary ambulance transportation initiated pursuant to a physician's direction                                                                                                                                                                                              |
| <b>Prescription Drug Rebate</b>                | -Establishes the Prescription Drug Rebate Fund for the purposes of returning the federal share of rebate collections and interest to CMS and as the nonfederal share for payments to contractors and providers<br>- Effective retroactively to March 1, 2011                                                                                                                                                                                                                       |
| <b>FY 2010-2011 ALTCS County Contributions</b> | -Conditional upon the extension of the enhanced FMAP through June 30, 2011, establishes the ALTCS County Contributions for FY2010-2011 as follows: <ul style="list-style-type: none"> <li>- Apache: \$485,000</li> <li>- Cochise: \$4,140,300</li> <li>- Coconino: \$1,455,400</li> <li>- Gila: \$1,670,700</li> <li>- Graham: \$1,098,000</li> <li>- Greenlee: \$124,600</li> <li>- LaPaz: \$636,800</li> <li>- Maricopa: \$118,573,200</li> <li>- Mohave: \$5,629,100</li> </ul> |

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|                                                        | <ul style="list-style-type: none"> <li>- Navajo: \$2,006,700</li> <li>- Pima: \$30,705,400</li> <li>- Pinal: \$11,455,700</li> <li>- Santa Cruz: \$1,476,300</li> <li>- Yavapai: \$7,228,300</li> <li>- Yuma: \$6,192,500</li> </ul> <p>- If ALTCS costs exceeds \$1,242,309,200 in FY 2010-2011, authorizes the State Treasurer to collect the difference between the amount collected and the county share of the actual costs from the counties, not to exceed 59.3%</p> <p>- Effective retroactively to June 30, 2011</p>                                                                                                                                                                                                                                                                                                                       |
| <b>FY 2011-2012<br/>ALTCS County<br/>Contributions</b> | <p>- Establishes the ALTCS County Contributions for FY2011-2012 as follows:</p> <ul style="list-style-type: none"> <li>- Apache: \$631,800</li> <li>- Cochise: \$5,309,100</li> <li>- Coconino: \$1,896,300</li> <li>- Gila: \$2,113,600</li> <li>- Graham: \$1,430,800</li> <li>- Greenlee: \$162,300</li> <li>- LaPaz: \$827,500</li> <li>- Maricopa: \$154,518,900</li> <li>- Mohave: \$7,335,500</li> <li>- Navajo: \$2,614,500</li> <li>- Pima: \$39,653,400</li> <li>- Pinal: \$15,702,000</li> <li>- Santa Cruz: \$1,933,300</li> <li>- Yavapai: \$9,586,200</li> <li>- Yuma: \$8,017,700</li> </ul> <p>- If ALTCS costs exceed the amount specified in the General Appropriations Act, authorizes the State Treasurer to collect the difference between the amount collected and the county share of the actual costs from the counties</p> |
| <b>Disproportionate<br/>Share</b>                      | <p>-Establishes FY 2011-2012 DSH distributions as follows:</p> <ul style="list-style-type: none"> <li>- \$55,507,900 for qualifying non-state operated hospitals</li> <li>- \$28,474,900 for ASH</li> <li>- \$9,284,800 for private DSH hospitals: <ul style="list-style-type: none"> <li>o Limits payments to mandatory DSH qualifying hospitals; or</li> <li>o Hospitals in Yuma County with at least 300 beds</li> </ul> </li> </ul> <p>- Stipulates that DSH payments in FY 2010-2011 and FY 2011-2012 include amounts for DSH hospitals designated by political subdivisions, tribal governments and universities</p>                                                                                                                                                                                                                          |
| <b>County<br/>Proportional<br/>Share</b>               | <p>Requires AHCCCS to transfer funds to the counties as necessary to comply with the proportional share requirements in PPACA by December 31, 2012</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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| <b>Contributions</b>                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Fraud RFI/RFP</b>                                    | <ul style="list-style-type: none"> <li>- By August 1, 2011, requires AHCCCS to issue an RFI for mechanisms to reduce erroneous and fraudulent payments in AHCCCS, including mechanisms that verify the identity of individual recipients and that verify the services that are provided to individual recipients</li> <li>- Stipulates that the response to the RFI may address either reducing incorrect payments due to actions of the individual recipient or the provider</li> <li>- Based on the information received under the RFI, requires AHCCCS to issue an RFP no later than October 1, 2011</li> <li>- Requires that JLBC review the RFP before it is issued</li> <li>- Requires AHCCCS to award a contract by January 1, 2012</li> </ul>                                                                                                                                                                                                                                                                                                            |
| <b>County Acute Care Contributions</b>                  | <ul style="list-style-type: none"> <li>- Establishes the Acute Care County Contributions for FY2011-2012 as follows: <ul style="list-style-type: none"> <li>- Apache: \$268,800</li> <li>- Cochise: \$2,214,800</li> <li>- Coconino: \$742,900</li> <li>- Gila: \$1,413,200</li> <li>- Graham: \$536,200</li> <li>- Greenlee: \$190,700</li> <li>- LaPaz: \$212,100</li> <li>- Maricopa: \$20,575,000</li> <li>- Mohave: \$1,237,700</li> <li>- Navajo: \$310,800</li> <li>- Pima: \$14,951,800</li> <li>- Pinal: \$2,715,600</li> <li>- Santa Cruz: \$482,800</li> <li>- Yavapai: \$1,427,800</li> <li>- Yuma: \$1,325,100</li> </ul> </li> <li>- Authorizes the State Treasurer to withhold county funds as necessary to meet the requirements of this section and section 19</li> <li>- Establishes payment procedures to comply with the requirements of this section and section 19</li> <li>- Stipulates legislative intent that Maricopa County's contribution shall be reduced each year in accordance with changes in the GDP price deflator</li> </ul> |
| <b>Hospitalization &amp; Medical Care Contributions</b> | <ul style="list-style-type: none"> <li>- Establishes county withholding for Hospitalization &amp; Medical Care for FY2011-2012 as follows: <ul style="list-style-type: none"> <li>- Apache: \$87,300</li> <li>- Cochise: \$162,700</li> <li>- Coconino: \$160,500</li> <li>- Gila: \$65,900</li> <li>- Graham: \$46,800</li> <li>- Greenlee: \$12,000</li> <li>- LaPaz: \$24,900</li> <li>- Mohave: \$187,400</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

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|                                                               | <ul style="list-style-type: none"> <li>- Navajo: \$122,800</li> <li>- Pima: \$1,115,900</li> <li>- Pinal: \$218,300</li> <li>- Santa Cruz: \$51,600</li> <li>- Yavapai: \$206,200</li> <li>- Yuma: \$183,900</li> </ul> <ul style="list-style-type: none"> <li>- Authorizes the State Treasurer to withhold county funds as necessary to meet the requirements of this section</li> <li>- Establishes payment procedures to comply with the requirements of this section</li> <li>- Allocates \$2,646,200 of amounts withheld for the county Acute Care contribution for Hospitalization &amp; Medicare Care Services administered by AHCCCS</li> </ul> |
| <b>County Expenditure Limitation: Prop 204 Administration</b> | Stipulates that county contributions for the administration of Prop 204 are excluded from county expenditure limitations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Ambulance Services</b>                                     | <ul style="list-style-type: none"> <li>- Establishes ambulance reimbursement at 72.2% of DHS rates from April 1, 2011- September 30, 2012</li> <li>- Prohibits AHCCCS from including any rate increases that are approved by DHS between July 2, 2011 and September 30, 2011 in the Administration's reimbursement rates</li> <li>- From October 1, 2011- September 30, 2012, allows AHCCCS to reduce ambulance reimbursement by up to 5%</li> </ul>                                                                                                                                                                                                    |
| <b>Risk Contingency</b>                                       | From October 1, 2011 through September 30, 2012, allows AHCCCS to continue the risk contingency rate setting and funding for all managed care organizations that was in place from October 1, 2010 through September 30, 2011                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Hospital Rate Freeze</b>                                   | Requires AHCCCS to freeze inpatient and outpatient hospital reimbursement rates for Contract Year 2011-2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Institutional &amp; Noninstitutional Rate Reduction</b>    | Allows AHCCCS to reduce institutional and noninstitutional provider rates by up to 5% from October 1, 2011- September 30, 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Medicare Settlement</b>                                    | <ul style="list-style-type: none"> <li>-Allows AHCCCS to participate in any special disability 1115 waiver offered by CMS and stipulates that any credits received are to be used in the fiscal year when such credits are made available to fund the state's share of federal financial participation</li> <li>- Requires AHCCCS to report any credits to JLBC</li> </ul>                                                                                                                                                                                                                                                                              |
| <b>Exemption from rule-making</b>                             | <ul style="list-style-type: none"> <li>- Provides AHCCCS with a rule-making exemption for one year to implement the inpatient rate freeze</li> <li>- Provides AHCCCS with a rule-making exemption until June 30, 2013 for the following purposes: <ul style="list-style-type: none"> <li>- Making changes to the amount, duration or scope of covered services;</li> <li>- Establishing and maintaining rules regarding eligibility as</li> </ul> </li> </ul>                                                                                                                                                                                           |

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|                              | <p>necessary to implement a program within the available appropriation;</p> <ul style="list-style-type: none"> <li>-Making changes to reimbursement rates and methodologies, including rules related to cost-sharing; and</li> <li>-Implementing any other provision of the BRB</li> </ul> <p>- Stipulates that rule-making exemptions are effective retroactively to April 1, 2011</p> <p>- Requires AHCCCS to provide an opportunity for public comment prior to the adoption of any rules</p> |
| <b>False Claims Act</b>      | Stipulates that it is the intent of the Legislature that AHCCCS comply with the requirements of the False Claims Act                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Implementation Intent</b> | <p>-Stipulates that if CMS does not approve any part of the waiver submitted on March 30, 2011, it is the intent of the Legislature that AHCCCS implement a program within the available appropriation and implement BRB provisions related to cost-sharing and non-emergency transportation</p> <p>-It is the intent of the Legislature that AHCCCS restore previously eliminated transplant coverage</p>                                                                                       |