

APPLICATION FOR INITIATIVE OR REFERENDUM PETITION SERIAL NUMBER 9 A 8:30

2013 JUN 19 A 8:30

Secretary of State
1700 W. Washington Street, 7th Floor
Phoenix, AZ 85007

FILED

The undersigned intends to circulate and file an **INITIATIVE** or a **REFERENDUM** (circle the appropriate word) petition and hereby makes application for the issuance of an official serial number to be printed in the lower right-hand corner of each side of each signature sheet of such petition. Pursuant to Arizona Revised Statutes § 19-111, attached hereto is the full text, in no less than eight point type, of the **MEASURE** or **CONSTITUTIONAL AMENDMENT** (circle appropriate word) intended to be **INITIATED** or **REFERRED** (circle appropriate word) at the next general election.

SUMMARY: A description of no more than one hundred words of the principal provisions of the proposed law, constitutional amendment or measure that will appear in no less than eight point type on the face of each petition signature sheet to be circulated.

This petition is for the purpose of referring A.R.S. §§ 36-2901.07 and 36-2901.08 (attached) to the voters for approval or disapproval. Those sections expand eligibility for Arizona's Medicaid program, the Arizona Health Care Cost Containment System (AHCCCS), beginning January 1, 2014. To fund the expansion, all Arizona hospitals will be charged an assessment, unless exempted at the discretion of the Director. The Director, rather than the legislature, will set the amount of the assessment.

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Signature of Applicant

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Date of Application June 19, 2013

Signatures Required 86, 405

Deadline for Filing September 11, 2013

Serial Number Issued R-01-2014

FOR OFFICE USE ONLY

FILED

REFERENDUM ORDERED BY PETITION OF THE PEOPLE
ORDERING THE SUBMISSION TO THE PEOPLE OF

AN ACT

AMENDING TITLE 36, CHAPTER 29, ARTICLE 1, ARIZONA REVISED STATUTES, BY ADDING SECTIONS 36-2901.07 AND 36-2901.08; RELATING TO HEALTH AND WELFARE BUDGET RECONCILIATION.

TEXT OF THE AMENDMENT

Be it enacted by the Legislature of the State of Arizona:

Sec. 5. Title 36, chapter 29, article 1, Arizona Revised Statutes, is amended by adding sections 36-2901.07 and 36-2901.08, to read:

36-2901.07. Definition of eligible person: conditional eligibility

A. BEGINNING JANUARY 1, 2014, FOR THE PURPOSES OF SECTION 36-2901, "ELIGIBLE PERSON" INCLUDES A PERSON WHO IS ELIGIBLE PURSUANT TO 42 UNITED STATES CODE SECTION 1396a(a)(10)(A)(i)(VIII) AND WHOSE HOUSEHOLD'S MODIFIED ADJUSTED GROSS INCOME IS MORE THAN ONE HUNDRED PER CENT BUT EQUAL TO OR LESS THAN ONE HUNDRED THIRTY-THREE PER CENT OF THE FEDERAL POVERTY GUIDELINES.

B. THE ADMINISTRATION SHALL DISCONTINUE ELIGIBILITY FOR A PERSON WHO IS ELIGIBLE PURSUANT TO SUBSECTION A OF THIS SECTION IF THE FEDERAL MEDICAL ASSISTANCE PERCENTAGE ESTABLISHED PURSUANT TO 42 UNITED STATES CODE SECTION 1396d(y) OR 1396d(z) THAT IS APPLICABLE TO THIS STATE IS LESS THAN EIGHTY PER CENT.

C. THE ADMINISTRATION SHALL DISCONTINUE ELIGIBILITY FOR PERSONS WHO ARE ELIGIBLE PURSUANT TO SUBSECTION A OF THIS SECTION IF THE MAXIMUM AMOUNT THAT CAN BE ASSESSED UNDER SECTION 36-2901.08 WITHOUT CAUSING A REDUCTION IN FEDERAL FINANCIAL PARTICIPATION, IN COMBINATION WITH THE MONIES SPECIFIED IN SECTION 36-2901.09 AND ANY OTHER MONIES APPROPRIATED FOR THE COSTS OF THIS SECTION AND COSTS SPECIFIED IN SECTION 36-2901.08, SUBSECTION A, IS INSUFFICIENT TO COVER THOSE COSTS.

36-2901.08. Hospital assessment

A. THE DIRECTOR SHALL ESTABLISH, ADMINISTER AND COLLECT AN ASSESSMENT ON HOSPITAL REVENUES, DISCHARGES OR BED DAYS FOR THE PURPOSE OF FUNDING THE NONFEDERAL SHARE OF THE COSTS, EXCEPT FOR COSTS OF THE SERVICES DESCRIBED IN SECTION 36-2907, SUBSECTION F, THAT ARE INCURRED BEGINNING JANUARY 1, 2014 AND THAT ARE NOT COVERED BY THE PROPOSITION 204 PROTECTION ACCOUNT ESTABLISHED BY SECTION 36-778 AND THE ARIZONA TOBACCO LITIGATION SETTLEMENT FUND ESTABLISHED BY SECTION 36-2901.02 OR ANY OTHER MONIES APPROPRIATED TO COVER THESE COSTS, FOR ALL OF THE FOLLOWING INDIVIDUALS:

1. PERSONS WHO ARE DEFINED AS ELIGIBLE PURSUANT TO SECTION 36-2901.07.

2. PERSONS WHO DO NOT MEET THE ELIGIBILITY STANDARDS DESCRIBED IN THE STATE PLAN OR THE SECTION 1115 WAIVER THAT WERE IN EFFECT IMMEDIATELY BEFORE NOVEMBER 27, 2000, BUT WHO MEET THE ELIGIBILITY STANDARDS DESCRIBED IN THE STATE PLAN AS EFFECTIVE OCTOBER 1, 2001.

3. PERSONS WHO ARE DEFINED AS ELIGIBLE PURSUANT TO SECTION 36-2901.01 BUT WHO DO NOT MEET THE ELIGIBILITY STANDARDS IN EITHER SECTION 36-2934 OR THE STATE PLAN IN EFFECT AS OF JANUARY 1, 2013.

B. THE DIRECTOR SHALL ADOPT RULES REGARDING THE METHOD FOR DETERMINING THE ASSESSMENT, THE AMOUNT OR RATE OF THE ASSESSMENT, AND MODIFICATIONS OR EXEMPTIONS FROM THE ASSESSMENT. THE ASSESSMENT IS SUBJECT TO APPROVAL BY THE FEDERAL GOVERNMENT TO ENSURE THAT THE ASSESSMENT IS NOT ESTABLISHED OR ADMINISTERED IN A MANNER THAT CAUSES A REDUCTION IN FEDERAL FINANCIAL PARTICIPATION.

C. THE DIRECTOR MAY ESTABLISH MODIFICATIONS OR EXEMPTIONS TO THE ASSESSMENT. IN DETERMINING THE MODIFICATIONS OR EXEMPTIONS, THE DIRECTOR MAY CONSIDER FACTORS INCLUDING THE SIZE OF THE HOSPITAL, THE SPECIALTY SERVICES AVAILABLE TO PATIENTS AND THE GEOGRAPHIC LOCATION OF THE HOSPITAL.

D. BEFORE IMPLEMENTING THE ASSESSMENT, AND THEREAFTER IF THE METHODOLOGY IS MODIFIED, THE DIRECTOR SHALL PRESENT THE METHODOLOGY TO THE JOINT LEGISLATIVE BUDGET COMMITTEE FOR REVIEW.

E. THE ADMINISTRATION SHALL NOT COLLECT AN ASSESSMENT FOR COSTS ASSOCIATED WITH SERVICE AFTER THE EFFECTIVE DATE OF ANY REDUCTION OF THE FEDERAL MEDICAL ASSISTANCE PERCENTAGE ESTABLISHED BY 42 UNITED STATES CODE SECTION 1396d(y) OR 1396d(z) THAT IS APPLICABLE TO THIS STATE TO LESS THAN EIGHTY PER CENT.

F. THE ADMINISTRATION SHALL DEPOSIT THE REVENUES COLLECTED PURSUANT TO THIS SECTION IN THE HOSPITAL ASSESSMENT FUND ESTABLISHED BY SECTION 36-2901.09.

G. A HOSPITAL SHALL NOT PASS THE COST OF THE ASSESSMENT ON TO PATIENTS OR THIRD-PARTY PAYORS THAT ARE LIABLE TO PAY FOR CARE ON A PATIENT'S BEHALF. AS PART OF ITS FINANCIAL STATEMENT SUBMISSIONS PURSUANT TO SECTION 36-125.04, A HOSPITAL SHALL SUBMIT TO THE DEPARTMENT OF HEALTH SERVICES AN ATTESTATION THAT IT HAS NOT PASSED ON THE COST OF THE ASSESSMENT TO PATIENTS OR THIRD-PARTY PAYORS.

H. IF A HOSPITAL DOES NOT COMPLY WITH THIS SECTION AS PRESCRIBED BY THE DIRECTOR, THE DIRECTOR MAY SUSPEND OR REVOKE THE HOSPITAL'S ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM PROVIDER AGREEMENT REGISTRATION. IF THE HOSPITAL DOES NOT COMPLY WITHIN ONE HUNDRED EIGHTY DAYS AFTER THE DIRECTOR SUSPENDS OR REVOKES THE HOSPITAL'S PROVIDER AGREEMENT, THE DIRECTOR SHALL NOTIFY THE DIRECTOR OF THE DEPARTMENT OF HEALTH SERVICES, WHO SHALL SUSPEND OR REVOKE THE HOSPITAL'S LICENSE PURSUANT TO SECTION 36-427.