

# HB0052S02 compared with HB0052

{Omitted text} shows text that was in HB0052 but was omitted in HB0052S02

inserted text shows text that was not in HB0052 but was inserted into HB0052S02

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## Health Insurance Modifications

2025 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Candice B. Pierucci**

Senate Sponsor:

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### LONG TITLE

#### General Description:

This bill enacts provisions related to health insurance.

#### Highlighted Provisions:

This bill:

- defines terms; {and}
- requires ~~{a health benefit plan}~~ an insurer to ~~{count all payments paid}~~ calculate drug or device discount coupons on behalf of an ~~{enrollee}~~ individual towards the ~~{enrollee's deductible.}~~ individual's cost sharing requirement unless certain circumstances are met;
- requires a entity that provides a drug or device discount coupon to allow the full amount of the coupon amount to be used for the drug or device; and
- provides an exception to the requirements for a qualifying health benefit plan.

#### Money Appropriated in this Bill:

None  
None

#### ENACTS:

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20 ~~{31A-22-622, Utah Code Annotated 1953, Utah Code Annotated 1953}~~

20 ~~31A-22-662, Utah Code Annotated 1953, Utah Code Annotated 1953~~

21 ~~31A-48-104, Utah Code Annotated 1953, Utah Code Annotated 1953~~

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23 *Be it enacted by the Legislature of the state of Utah:*

23 Section 1. Section 1 is enacted to read:

24 **31A-22-622. Cost sharing requirements for health benefit plans.**

25 (1) As used in this section:

26 (a)

(i) "Cost sharing requirement" means any copayment, coinsurance, deductible, or annual limitation on cost sharing required by a health benefit plan for a specific health care service covered by the health benefit plan.

29 (ii) "Cost sharing requirement" includes any copayment, coinsurance, deductible, or annual limitation that is subject to 42 U.S.C. Secs. 18022(c) or 300gg-6(b).

31 (b)

(i) "Health care service" means an item or service furnished to an individual for the purpose of preventing, alleviating, curing, or healing human illness, injury, or physical disability.

34 (ii) "Health care service" includes a prescription drug.

35 (2) When calculating an enrollee's contribution to any applicable cost sharing requirement for a health care service, an insurer shall include any cost sharing amounts paid:

37 (a) by the enrollee; or

38 (b) on behalf of the enrollee by another person.

39 (3) This section applies to any health benefit plan entered into, amended, extended, or renewed on or after January 1, 2026.

41 (4) The commissioner may make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to implement this section.

43 (5) This section does not apply to a health care service that is a prescription drug if:

44 (a) there is a medically appropriate generic equivalent; and

45 (b) the patient's doctor has indicated that the medically appropriate generic equivalent is appropriate for the patient.

24 Section 1. Section 1 is enacted to read:

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- 25        **31A-22-662. Cost sharing requirements for health benefit plans.**
- 26        (1) As used in this section:
- 27        (a) "Biosimilar" means a biological product, as defined in 42 U.S.C. Sec. 262, that is highly similar to  
another biological product.
- 29        (b)
- .        (i) "Cost sharing requirement" means any copayment, coinsurance, deductible, or annual limitation on  
cost sharing required by a health benefit plan for a specific health care service covered by the health  
benefit plan.
- 32        (ii) "Cost sharing requirement" includes any copayment, coinsurance, deductible, or annual limitation  
that is subject to 42 U.S.C. Sec. 18022(c) or 300gg-6(b).
- 34        (c) "Qualifying health benefit plan" means a health benefit plan that:
- 35        (i) allows the full value of available copay assistance to reduce the out-of-pocket costs of an enrollee;
- 37        (ii) includes, when two or more individuals are covered, an individual maximum out-of-pocket that is  
not greater than 50% of the health benefit plan's combined total maximum out-of-pocket for family  
coverage;
- 40        (iii) after the deductible has been met, only requires payment by the enrollee at the equivalent of the  
plan's lowest payment tier for any drug that has been subject to copay assistance and that copay  
assistance has been exhausted; and
- 43        (iv) for a covered lower cost drug that an enrollee is required to take under the plan instead of a covered  
higher cost drug for which copay assistance reduces the enrollee's out-of-pocket costs to a negligible  
amount, the plan:
- 46        (A) only requires payment by the enrollee of the preferred drug at the equivalent of the plan's lowest  
payment tier; and
- 48        (B) may share cost savings due to the lower cost drug with the enrollee, including while the enrollee is  
subject to a deductible.
- 50        (2) Except as provided in Subsection (3), when calculating an enrollee's contribution to any applicable  
cost sharing requirement for a covered prescription drug or device, an insurer shall include any cost  
sharing amounts paid:
- 53        (a) by the enrollee; or
- 54        (b) using a drug discount coupon.
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(3) An insurer may refuse to apply a drug discount coupon to an enrollee's applicable cost sharing requirement for the drug or device that is eligible for the drug discount coupon if:

57 (a) the drug or device that is eligible for the drug discount coupon has:

58 (i) a generic alternative; or

59 (ii) a biosimilar that:

60 (A) has been approved by the federal Food and Drug Administration to treat the enrollee's condition;

62 (B) is not eligible for a drug discount coupon; and

63 (C) is subject to the health benefit plan's lowest copay tier for biologic products; or

64 (b) the enrollee has not obtained a necessary approval from the health benefit plan to have the drug covered by the health benefit plan or has not completed the necessary requirements, restrictions, or clinical criteria to obtain the approval.

67 (4) This section:

68 (a) applies to any health benefit plan entered into, amended, extended, or renewed on or after July 1, 2026; and

70 (b) does not apply to a qualifying health benefit plan.

71 (5) The commissioner may make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to implement this section.

73 (6) The department shall enforce this section within existing appropriations.

74 Section 2. Section 2 is enacted to read:

75 **31A-48-104. Drug discount coupon requirements.**

76 (1) As used in this section, "cost sharing requirement" means the same as that term is defined in Section 31A-22-662.

78 (2) A pharmaceutical manufacturer or other entity that provides a drug discount coupon with the expectation that the drug discount coupon will be applied toward an enrollee's cost sharing requirement:

81 (a) shall allow an insurer, complying with Section 31A-22-662, to utilize the full value of the drug discount coupon:

83 (i) first to reduce the enrollee's cost sharing requirement, including the enrollee's maximum out-of-pocket expense, at the point of sale; and

85 (ii) for any remainder, to lower the cost of the prescription drug or device;

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(b) shall disclose to the insurer the terms and conditions associated with the drug discount coupon at least 12 months before a drug discount coupon is issued; and

88 (c) may not modify the terms and conditions associated with the drug discount coupon on the basis that it is redeemed by an enrollee of the health benefit plan that is complying with Section 31A-22-662.

91 (3) The department shall enforce this section within existing appropriations.

92 Section 3. **Effective date.**

This bill takes effect on May 7, 2025.

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