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State Facilities Amendments

2025 GENERAL SESSION STATE OF UTAH

Chief Sponsor: Todd Weiler	
House Sponsor:	
LONG TITLE	
General Description:	
This bill amends provisions regarding qualifications for an approved subcontractor for the	
Division of Facilities Construction and Management.	
Highlighted Provisions:	
This bill:	
 defines terms related to subcontractors; 	
 requires subcontractors to offer qualified health insurance to employees of the 	
subcontractor;	
requires subcontractors to provide certain additional information to be a qualified vendor	
with the Division of Facilities Construction and Management;	
 requires any subcontractor performing work under a contract with the Division of 	
Facilities Construction and Management to be a qualified vendor; and	
makes technical changes.	
Money Appropriated in this Bill:	
None	
Other Special Clauses:	
None	
Utah Code Sections Affected:	
AMENDS:	
63A-5b-607, as last amended by Laws of Utah 2024, Chapter 439	
ENACTS:	
63A-5b-611 , Utah Code Annotated 1953	

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- 27 Be it enacted by the Legislature of the state of Utah:
- Section 1. Section **63A-5b-607** is amended to read:
- 29 **63A-5b-607** . Health insurance requirements -- Penalties.
- 30 (1) As used in this section:

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31	(a) "Aggregate amount" means the dollar sum of all contracts, change orders, and
32	modifications for a single project.
33	(b) "Change order" means the same as that term is defined in Section 63G-6a-103.
34	(c) "Eligible employee" means an employee, as defined in Section 34A-2-104, who:
35	(i) works at least 30 hours per calendar week; and
36	(ii) meets the employer eligibility waiting period for qualified health insurance
37	coverage provided by the employer.
38	(d) "First-tier subcontractor" means the same as that term is defined in Section
39	<u>63A-5b-605.</u>
40	[(d)] (e) "Health benefit plan" means:
41	(i) the same as that term is defined in Section 31A-1-301; or
42	(ii) an employee welfare benefit plan:
43	(A) established under the Employee Retirement Income Security Act of 1974, 29
44	U.S.C. Sec. 1001 et seq.;
45	(B) for an employer with 100 or more employees; and
46	(C) in which the employer establishes a self-funded or partially self-funded group
47	health plan to provide medical care for the employer's employees and
48	dependents of the employees.
49	[(e)] (f) "Qualified health insurance coverage" means the same as that term is defined in
50	Section 26B-3-909.
51	(g) "Second-tier subcontractor" means a subcontractor who contracts with a
52	subcontractor.
53	[(f)] (h)(i) "Subcontractor" means the same as that term is defined in Section
54	63A-5b-605.
55	(ii) "Subcontractor" includes a first-tier subcontractor and a second-tier subcontractor.
56	[(g)] (i) "Third party administrator" or "administrator" means the same as that term is
57	defined in Section 31A-1-301.
58	(2) Except as provided in Subsection (3), the requirements of this section apply to:
59	(a) a contractor of a design or construction contract with the division if the prime
60	contract is in an aggregate amount of \$2,000,000 or more; and
61	(b) a subcontractor of a contractor of a design or construction contract with the division
62	if the subcontract is in an aggregate amount of \$1,000,000 or more.
63	(3) The requirements of this section do not apply to a contractor or subcontractor if:
64	(a) the application of this section jeopardizes the division's receipt of federal funds;

65	(b) the contract is a sole source contract, as defined in Section 63G-6a-103; or
66	(c) the contract is the result of an emergency procurement.
67	(4) A person who intentionally uses a change order, contract modification, or multiple
68	contracts to circumvent the requirements of this section is guilty of an infraction.
69	(5)(a) A contractor or a subcontractor that is subject to the requirements of this section
70	shall:
71	(i) make and maintain an offer of qualified health coverage for the contractor's or
72	subcontractor's eligible employees and the eligible employees' dependents; and
73	(ii) submit to the director a written statement demonstrating that the contractor or
74	subcontractor is in compliance with Subsection (5)(a)(i).
75	(b) A statement under Subsection (5)(a)(ii):
76	(i) shall be from:
77	(A) an actuary selected by the contractor or the contractor's insurer or the
78	subcontractor or the subcontractor's insurer;
79	(B) an underwriter who is responsible for developing the employer group's
80	premium rates; or
81	(C) if the contractor or subcontractor provides a health benefit plan described in
82	Subsection [(1)(d)(ii)] (1)(e)(ii), an actuary or underwriter selected by a third
83	party administrator; and
84	(ii) may not be created more than one year before the day on which the contractor or
85	subcontractor submits the statement to the director.
86	(c)(i) A contractor that provides a health benefit plan described in Subsection [
87	(1)(d)(ii)] (1)(e)(ii) shall provide the actuary or underwriter selected by an
88	administrator, as described in Subsection (5)(b)(i)(C), sufficient information to
89	determine whether the contractor's or subcontractor's contribution to the health
90	benefit plan and the actuarial value of the health benefit plan meet the
91	requirements of qualified health coverage.
92	(ii) A contractor or subcontractor may not make a change to the contractor's or
93	subcontractor's contribution to the health benefit plan, unless the contractor or
94	subcontractor provides notice to:
95	(A) the actuary or underwriter selected by an administrator, as described in
96	Subsection (5)(b)(i)(C), for the actuary or underwriter to update the written
97	statement described in Subsection (5)(a) in compliance with this section; and
98	(B) the division

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99 (6)(a) A contractor or subcontractor that is subject to the requirements of this section 100 shall: 101 (i) ensure that each contract the contractor or subcontractor enters with a 102 subcontractor that is subject to the requirements of this section requires the 103 subcontractor to obtain and maintain an offer of qualified health coverage for the 104 subcontractor's eligible employees and the eligible employees' dependents during 105 the duration of the subcontract; and 106 (ii) obtain from a subcontractor referred to in Subsection (6)(a)(i) a written statement 107 demonstrating that the subcontractor offers qualified health coverage to eligible 108 employees and eligible employees' dependents. 109 (b) A statement under Subsection (6)(a)(ii): 110 (i) shall be from: 111 (A) an actuary selected by the subcontractor or the subcontractor's insurer; 112 (B) an underwriter who is responsible for developing the employer group's 113 premium rates; or 114 (C) if the subcontractor provides a health benefit plan described in Subsection [115 (1)(d)(ii) (1)(e)(ii), an actuary or underwriter selected by an administrator; and 116 (ii) may not be created more than one year before the day on which the contractor or 117 subcontractor obtains the statement from the subcontractor. 118 (7)(a)(i) A contractor that fails to maintain an offer of qualified health coverage 119 during the duration of the contract as required in this section is subject to penalties 120 in accordance with administrative rules made by the division under this section, in 121 accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act. 122 (ii) A contractor is not subject to penalties for the failure of a subcontractor to obtain 123 and maintain an offer of qualified health coverage as required in this section. 124 (b)(i) A subcontractor that fails to obtain and maintain an offer of qualified health 125 coverage during the duration of the subcontract as required in this section is 126 subject to penalties in accordance with administrative rules made by the division 127 under this section, in accordance with Title 63G, Chapter 3, Utah Administrative 128 Rulemaking Act. 129 (ii) A subcontractor is not subject to penalties for the failure of a contractor to 130 maintain an offer of qualified health coverage as required in this section. 131 (8) The division shall make rules: 132 (a) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act;

133	(b) in coordination with:
134	(i) the Department of Environmental Quality in accordance with Section 19-1-206;
135	(ii) the Department of Natural Resources in accordance with Section 79-2-404;
136	(iii) a public transit district in accordance with Section 17B-2a-818.5;
137	(iv) the State Capitol Preservation Board in accordance with Section 63O-2-403;
138	(v) the Department of Transportation in accordance with Section 72-6-107.5; and
139	(vi) the Legislature's Rules Review and General Oversight Committee created under
140	Section 36-35-102; and
141	(c) that establish:
142	(i) the requirements and procedures for a contractor and a subcontractor to
143	demonstrate compliance with this section, including:
144	(A) a provision that a contractor or subcontractor's compliance with this section is
145	subject to an audit by the division or the Office of the Legislative Auditor
146	General;
147	(B) a provision that a contractor that is subject to the requirements of this section
148	obtain a written statement as provided in Subsection (5); and
149	(C) a provision that a subcontractor that is subject to the requirements of this
150	section obtain a written statement as provided in Subsection (6);
151	(ii) the penalties that may be imposed if a contractor or subcontractor intentionally
152	violates the provisions of this section, which may include:
153	(A) a three-month suspension of the contractor or subcontractor from entering into
154	a future contract with the state upon the first violation;
155	(B) a six-month suspension of the contractor or subcontractor from entering into a
156	future contract with the state upon the second violation;
157	(C) an action for debarment of the contractor or subcontractor in accordance with
158	Section 63G-6a-904 upon the third or subsequent violation; and
159	(D) monetary penalties which may not exceed 50% of the amount necessary to
160	purchase qualified health coverage for eligible employees and dependents of
161	eligible employees of the contractor or subcontractor who were not offered
162	qualified health coverage during the duration of the contract; and
163	(iii) a website for the department to post the commercially equivalent benchmark for
164	the qualified health coverage that is provided by the Department of Health and
165	Human Services in accordance with Subsection 26B-3-909(2).
166	(9) During the duration of a contract, the division may perform an audit to verify a

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167	contractor or subcontractor's compliance with this section.
168	(10)(a) Upon the division's request, a contractor or subcontractor shall provide the
169	division:
170	(i) a signed actuarial certification that the coverage the contractor or subcontractor
171	offers is qualified health coverage; or
172	(ii) all relevant documents and information necessary for the division to determine
173	compliance with this section.
174	(b) If a contractor or subcontractor provides the documents and information described in
175	Subsection (10)(a)(i), the Insurance Department shall assist the division in
176	determining if the coverage the contractor or subcontractor offers is qualified health
177	coverage.
178	(11)(a)(i) In addition to the penalties imposed under Subsection (7), a contractor or
179	subcontractor that intentionally violates the provisions of this section is liable to
180	an eligible employee for health care costs that would have been covered by
181	qualified health coverage.
182	(ii) An employer has an affirmative defense to a cause of action under Subsection
183	(11)(a)(i) if:
184	(A) the employer relied in good faith on a written statement described in
185	Subsection (5) or (6); or
186	(B) the department determines that compliance with this section is not required
187	under the provisions of Subsection (3).
188	(b) An eligible employee has a private right of action against the employee's employer
189	only as provided in this Subsection (11).
190	(12) The director shall cause money collected from the imposition and collection of a
191	penalty under this section to be deposited into the Medicaid Growth Reduction and
192	Budget Stabilization Account created by Section 63J-1-315.
193	(13) The failure of a contractor or subcontractor to provide qualified health coverage as
194	required by this section:
195	(a) may not be the basis for a protest or other action from a prospective bidder, offeror,
196	or contractor under:
197	(i) Section 63G-6a-1602; or
198	(ii) any other provision in Title 63G, Chapter 6a, Utah Procurement Code; and
199	(b) may not be used by the procurement entity or a prospective bidder, offeror, or
200	contractor as a basis for any action or suit that would suspend, disrupt, or terminate

201	the design or construction.
202	(14) An employer's waiting period for an employee to become eligible for qualified health
203	coverage may not extend beyond the first day of the calendar month following 60 days
204	after the day on which the employee is hired.
205	(15) An administrator, including an administrator's actuary or underwriter, who provides a
206	written statement under Subsection (5)(a) or (c) regarding the qualified health coverage
207	of a contractor or subcontractor who provides a health benefit plan described in
208	Subsection $[\frac{(1)(d)(ii)}{(1)(e)(ii)}]$:
209	(a) subject to Subsection (11)(b), is not liable for an error in the written statement, unless
210	the administrator commits gross negligence in preparing the written statement;
211	(b) is not liable for any error in the written statement if the administrator relied in good
212	faith on information from the contractor or subcontractor; and
213	(c) may require as a condition of providing the written statement that a contractor or
214	subcontractor hold the administrator harmless for an action arising under this section.
215	Section 2. Section 63A-5b-611 is enacted to read:
216	<u>63A-5b-611</u> . Requirements for subcontractors.
217	(1) As used in this section, "subcontractor" means the same as that term is defined in
218	Section 63A-5b-605.
219	(2)(a) In addition to the requirements described in Section 63G-6a-410, in order to
220	qualify for an approved vendor list for the division under Section 63G-6a-507, a
221	subcontractor shall provide the information described in Subsection (2)(b) at least
222	annually, and whenever an application for prequalification is being filed.
223	(b) A subcontractor shall provide the following for each employee of the subcontractor
224	as required in Subsection (2)(a):
225	(i) the name of the employee;
226	(ii) the last four digits of the social security number of the employee;
227	(iii) if the employee possesses a professional license, the professional license
228	number; and
229	(iv) the written statements regarding qualified health coverage for employees as
230	required in Subsections 63A-5b-607(5) and (6).
231	(3) A subcontractor may not contract for or perform work under a prime contract with the
232	division unless the subcontractor is on an approved qualified vendor list under Section
233	<u>63G-6a-507.</u>
234	(4) The division shall ensure that the list of qualified subcontractors is publicly available.

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- Section 3. **Effective Date.**
- 236 This bill takes effect on May 7, 2025.