

**Health Insurance Modifications**  
**2025 GENERAL SESSION**  
**STATE OF UTAH**  
**Chief Sponsor: Kera Birkeland**

---

---

**LONG TITLE**

**General Description:**

This bill enacts provisions related to health insurance.

**Highlighted Provisions:**

This bill:

- defines terms; and
- requires a health benefit plan to count all payments paid on behalf of an enrollee towards the enrollee's deductible.

**Money Appropriated in this Bill:**

None

**Other Special Clauses:**

None

**Utah Code Sections Affected:**

ENACTS:

**31A-22-622**, Utah Code Annotated 1953

---

---

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

Section 1. Section **31A-22-622** is enacted to read:

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

(1) As used in this section:

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

- 32    (2) When calculating an enrollee's contribution to any applicable cost sharing requirement  
33       for a health care service, an insurer shall include any cost sharing amounts paid:  
34       (a) by the enrollee; or  
35       (b) on behalf of the enrollee by another person.
- 36    (3) This section applies to any health benefit plan entered into, amended, extended, or  
37       renewed on or after January 1, 2026.
- 38    (4) The commissioner may make rules in accordance with Title 63G, Chapter 3, Utah  
39       Administrative Rulemaking Act, to implement this section.
- 40    (5) This section does not apply to a health care service that is a prescription drug if:  
41       (a) there is a medically appropriate generic equivalent; and  
42       (b) the patient's doctor has indicated that the medically appropriate generic equivalent is  
43       appropriate for the patient.
- 44       Section 2. **Effective Date.**  
45       This bill takes effect on May 7, 2025.