

**HEALTH BENEFIT AMENDMENTS**

2024 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Michael S. Kennedy**

House Sponsor: \_\_\_\_\_

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**LONG TITLE**

**General Description:**

This bill modifies provisions related to prescription drugs.

**Highlighted Provisions:**

This bill:

- ▶ defines terms;
- ▶ requires the Department of Health and Human Services to create an insurance premium assistance program; and
- ▶ requires health benefit plans to create certain procedures related to prescription drugs.

**Money Appropriated in this Bill:**

None

**Other Special Clauses:**

None

**Utah Code Sections Affected:**

ENACTS:

**26B-4-326**, Utah Code Annotated 1953

**31A-22-660**, Utah Code Annotated 1953

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

Section 1. Section **26B-4-326** is enacted to read:



28 **26B-4-326. Rheumatoid arthritis health insurance premium assistance program.**

29 (1) As used in this section:

30 (a) "Discounted premium" means the premium an individual must pay to obtain  
31 coverage from a health benefit plan after any discounts or reductions, including federal  
32 subsidies.

33 (b) "Eligible health benefit plan" means a health benefit plan that:

34 (i) is offered on the health insurance exchange, as defined in Section [31A-1-301](#); and

35 (ii) does not have a deductible for the health benefit plan's pharmacy benefit.

36 (c) "Health benefit plan" means the same as that term is defined in Section [31A-1-301](#).

37 (d) "Qualified individual" means an individual:

38 (i) whose household adjusted gross income is at or less than 150% of the federal  
39 poverty level;

40 (ii) is not eligible for Medicaid or the Children's Health Insurance Program;

41 (iii) is a United States citizen;

42 (iv) is a Utah resident; and

43 (v) has been diagnosed with rheumatoid arthritis.

44 (2) Subject to appropriation, the department shall create a program where a qualified  
45 individual may apply to have 50% of the qualified individual's discounted premium paid by the  
46 department.

47 (3) An applicant for the premium assistance shall provide the department any  
48 information the department deems necessary to determine whether the applicant qualifies for  
49 the premium assistance.

50 (4) Each year, the department may not provide premium assistance to more than 150  
51 qualified individuals.

52 (5) (a) The department shall provide the assistance directly to the eligible health benefit  
53 plan.

54 (b) The department may provide the premium assistance in the form of a lump sum  
55 payment.

56 (6) If an individual disenrolls from the eligible health benefit plan, the eligible health  
57 benefit plan shall return any funds provided by the department for the months that the  
58 individual was not enrolled in the eligible health benefit plan.

59 (7) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the  
60 department may make rules to implement this section.

61 Section 2. Section **31A-22-660** is enacted to read:

62 **31A-22-660. Health benefit plan procedures related to prescription drugs.**

63 (1) As used in this section, "long-term drug" means an enrollee's prescription drug  
64 where the prescription has been active for at least 180 days with the health benefit plan.

65 (2) (a) Except as provided in Subsection (2)(b), before a health benefit plan requires an  
66 enrollee to change from a prescribed long-term drug to another drug, the health benefit plan  
67 shall:

68 (i) at least 30 days before the day on which the health benefit plan will require the  
69 enrollee to change from the long-term drug to another drug, provide notice that the health  
70 benefit plan will require the individual to change to another drug; and

71 (ii) provide a justification for the change upon request.

72 (b) Subsection (2)(a) does not apply if:

73 (i) the change requires the individual to try a generic or a biosimilar of the long-term  
74 drug; or

75 (ii) the long-term drug is not on the health benefit plan's formulary.

76 (3) A health benefit plan shall provide an enrollee a justification as to why an enrollee  
77 must try a certain drug before a health benefit plan will cover a different prescribed drug.

78 (4) This section does not apply to a drug that is provided under the health benefit plan's  
79 medical benefit.

80 Section 3. **Effective date.**

81 This bill takes effect on May 1, 2024.