2025 Health Care Affordability State Policy Snapshot

UTAH

ADDRESS CONSOLIDATION AND PROMOTE COMPETITION	Consolidation Oversight	Facility Fee Limits	Anti-Competitive Contract Provisions		
MEDICAL DEBT PREVENTION	Balance Billing and Short-Term Insurance	Charity Care and Community Benefit	Reducing Financial Consequences		
CURB EXCESS COSTS IN THE SYSTEM	Premium Rate Review	Hospital Price Regulation	Affordable Coverage	Prescription Drug Pricing	Medicaid Costs
MEDICAID SERVICES AND IMMIGRANT COVERAGE	Medicaid Administration	Medicaid Covered Services	Medicaid Eligibility	Immigrant Coverage	
IMPROVE OVERSIGHT, ACCOUNTABILITY AND TRANSPARENCY	Health Care Spending Oversight	Prescription Drug Affordability Board	All-Payer Claims Database	Price Transparency	
REDUCE COST-SHARING FOR PATIENTS	Prescription Drugs	Behavioral Health	Preventive Care	Maternal and Reproductive Health Care	Cancer Screening and Testing Services

HEALTHCARE VALUE HUB

State Has Active Legislation

State Does Not Have Active Legislation

The Health Care Value Hub ("the Hub") is proud to launch the 2025 Health Care Affordability Policy Snapshot ("Affordability Snapshot"). The Affordability Snapshot provides legislators, consumer advocates, regulators and other interested parties a tool to compare their state's health policies across other states.

The categories examined in this resource explore a variety of policy options that impact health care affordability. Policies were examined for whether they were active, implemented to a limited degree, or not active as of June 1, 2025. Sources for this information can be found in the downloadable **Data and Source Document available on the Dashboard page. Definitions and descriptions for each policy category can be found in the Glossary.**

The Hub offers online and hands-on support with staff dedicated to understanding health care policy and connecting advocates and other interested parties together to help build a patient-centered, high-value healthcare system. As a research-based organization, the Hub takes a comprehensive approach to improving affordability through policy analysis, translation, visualization, and collaborative engagement. We encourage advocates, legislators, and other stakeholders to share our findings to improve consumer health care affordability across the states.

Address Consolidation and Promote Competition

Consolidation Oversight

Policy	Status as of June 2025	Summary
Transaction Notification Required	⊗ Does not require health systems or providers to notify the state of consolidation transactions	
Authority to Modify or Reject Consolidation Transactions	⊗ Does not have authority to approve, set conditions, or disapprove consolidation transactions	
Affordability Criteria included in Transaction Review	⊗ Does not include consumer affordability or price growth in review criteria, approval conditions, or both	

● State Has Active Policy or Program ◉ Policy or Program Partially Implemented ⊗ State Does Not Have an Active Policy or Program ✱ No Source, or Limited Information Found

Address Consolidation and Promote Competition

Facility Fees

Policy	Status as of June 2025	Summary
Prohibits Facility Fees	⊗ State does not prohibit providers from charging any facility fees	
Facility Fee Transparency Laws	⊗ State does not require providers to disclose facility fees to consumers, requires off-campus outpatient departments to identify the physical location where care was provided on claims forms, or both	
Limits Cost-Sharing for Facility Fees	⊗ The state has no laws that limit the amount a patient may be billed out-of-pocket for facility fees	

● State Has Active Policy or Program ◉ Policy or Program Partially Implemented ⊗ State Does Not Have an Active Policy or Program * No Source, or Limited Information Found

Address Consolidation and Promote Competition

Anti-Competitive Contract Provisions

Policy	Status as of June 2025	Summary
Restricts All-or-Nothing Contract Provisions	⊗ No law restricting All-or-Nothing contract provisions	
Restricts Anti-Tiering and Anti-Steering Contract Provisions	⊗ No law restricting Anti-Tiering or Anti-Steering contract provisions	
Restricts Physician Noncompete Clauses	◉ Non-competes for physicians limited by statute	Utah limits noncompete agreements to one year and, effective September 1, 2025, bans healthcare service platforms from requiring health care workers to sign noncompetes. Under Senate Bill 288, these platforms cannot charge fees for workers accepting employment offers or restrict them from using other platforms or working directly for health care providers or facilities.
Restricts Most-Favored Nation Contract Provisions	⊗ No law restricting Most Favored Nation contract provisions	

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Medical Debt Prevention

Balance Billing and Short-Term Insurance

Policy	Status as of June 2025	Summary
Prohibits Balance Billing for Ground Ambulance Services	Prohibits balance billing for out-of-network ground ambulance services	Utah has established balance bill protections that extend to both private and public ground ambulance services and cover both emergency and non-emergency transport.
Prohibits Short-Term, Limited Duration Health Plans	Short-term, limited duration health plans are not prohibited or eliminated	

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Medical Debt Prevention

Charity Care and Community Benefit

Policy	Status as of June 2025	Summary
Mandated Hospital Charity Care	⊗ State law does not require hospitals to provide free or discounted care to low-income patients	
Hospital Charity Care Screening Requirements	⊗ State does not require health care providers to screen patients for Medicaid, Marketplace, or charity care eligibility before collecting payment	
Hospital Charity Care Notification Requirement	⊗ State does not require health care providers to notify patients of charity care options before collecting payment*	
Hospital Community Benefit Reporting Requirement	● State law requires hospitals to annually report the amount of charity care provided	Hospitals in Utah must report charity care in order to qualify for tax exemption.

● State Has Active Policy or Program ◉ Policy or Program Partially Implemented ⊗ State Does Not Have an Active Policy or Program * No Source, or Limited Information Found

Medical Debt Prevention

Reducing Financial Consequences

Policy	Status as of June 2025	Summary
Mandates Waiting Prior to Collections	State law prohibits sending medical debts to collections for a prescribed period (see note)	Utah requires hospitals to wait until an insurer has approved or denied a claim, then notify the patient that they have 45 days to pay before the bill can be sent to collections.
Limits on Liens or Foreclosures due to Medical Debt	State law does not prohibit initiating a lien or foreclosure to collect medical debt	
Limits Wage Garnishment due to Medical Debt	State law does not exceed federal wage garnishment protections for residents with medical debt	
Limits on the Amount of Interest Charged to Medical Debt	The state has not enacted a law to limit interest rates for medical debt	

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Curb Excess Costs in the System

Premium Rate Review

Policy	Status as of June 2025	Summary
Effective Rate Review per Centers for Medicare and Medicaid Services (CMS)	Has an effective rate review process	
Authority to Modify or Reject Premium Rate Increases	Does not have the authority to modify or reject premium rate increases*	Individual and small group health insurance carriers operating in Utah are required to file actuarial certifications indicating that the carrier is in compliance with state law and the rating methods of the carrier are actuarially sound. However, it is unclear if the state has the authority to deny rate filings that are not in compliance with state law.
Affordability Criteria Included in Premium Rate Review	Does not incorporate affordability criteria into premium rate review	

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Curb Excess Costs in the System

Hospital Price Regulation

Policy	Status as of June 2025	Summary
Medicare Reference-Based Pricing	⊗ State does not use reference-based pricing tied to Medicare rates to regulate hospital pricing*	
Hospital Global Budgets	⊗ State has not implemented hospital global budgets	

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Curb Excess Costs in the System

Affordable Coverage

Policy	Status as of June 2025	Summary
Public Option	⊗ State does not offer an active public option insurance plan	
Public Option Includes Provider Participation Mandate	⊗ State does not does not offer a public option, with or without a participation mandate	
Basic Health Plan	⊗ State does not operate a Basic Health Plan	
State-Based Premium Subsidies	⊗ State does not offer supplementary state-funded premium subsidies	

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Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Biologic Substitution Laws: Prescriber Permission Requirements	State does not require express authorization for biologic substitution	
Biologic Substitution Laws: Prescriber Notification Requirements	Pharmacists are required to notify prescribers of biologic substitution	Under most circumstances, pharmacists in Utah are required to notify the prescribing physician of a substitution within five business days.
Drug Purchasing Consortium	State participates in a drug purchasing consortium (see note)	Utah is a member of the Sovereign States Drug Consortium.
Drug Coupon Prohibitions	State does not prohibit the use of drug manufacturer coupons*	
MCO Carve Out	State Medicaid carves out any drug classes from their MCO benefits (see note)*	As of July 1, 2023, Utah carves out the following drugs/classes from MCO benefits: Hemophilia factor, mental health drugs, opioid use disorder drugs, transplant immunosuppressants, cell and gene therapies.
FFS Policies to Promote Generic Utilization: Mandatory Generics	Medicaid Fee-for-Service (FFS) programs and pharmacists are required to substitute a generic version of a drug	Utah has policies or tools to promote mandatory generics.

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Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Supplemental Rebate Programs	Medicaid Pharmacy Supplemental Rebate Agreement (SRA) in place	
Drug Rebate Transparency and Reporting Requirements	Pharmacy benefit managers are required to report rebate data to the state	
Spread Pricing Restrictions	State prohibits pharmacy benefit managers from engaging in spread pricing	
Pharmacy Reimbursement and Clawbacks	State prohibits PBMs from retroactively reducing reimbursement to pharmacies (“clawbacks”)	
Cost-Disclosure and Gag Clause Restrictions	State law prohibits gag clauses in pharmacy contracts	
Prohibits Copay Accumulator Programs	State does not prohibit copay accumulator programs	

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Curb Excess Costs in the System

Medicaid Costs

Policy	Status as of June 2025	Summary
Medical Loss Ratio Remittances for Medicaid Managed Care Population	⊗ State does not require MLR remittances for its Medicaid managed care population	Utah does not have MLR remittance requirements in place.
Medicaid Site Neutral Payments	⊗ State has not enacted Medicaid site neutral payment legislation*	

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Medicaid Services and Immigrant Coverage

Medicaid Administration

Policy	Status as of June 2025	Summary
Medicaid Managed Care	State partners with MCOs to operate their Medicaid program	Medicaid recipients in Box Elder, Cache, Davis, Iron, Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Wasatch, Washington, or Weber counties must enrollee in an MCO (Accountable Care Organization) plan. Recipients in other counties can choose between an MCO or fee-for-service plan.
Medicaid Vendor — Eligibility and Enrollment	State contracts with a vendor for Medicaid enrollment or eligibility*	
Integrated Medicaid-Medicare	State does not integrate Medicare-Medicaid to coordinate care for the dually eligible population	

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Medicaid Services and Immigrant Coverage

Medicaid Covered Services

Policy	Status as of June 2025	Summary
Medicaid Coverage for Fertility Services	State Medicaid program covers infertility treatments, fertility preservation, or both (see notes)	HB 192, “Fertility Treatment Amendments,” specified a Medicaid waiver for fertility preservation services for cancer patients. Additionally, House Bill 214, "Insurance Coverage Modifications," specified a state plan amendment for Medicaid coverage for IVF and genetic testing for carriers of 5 genetic diseases
Medicaid Coverage for Doula Services	The state has received approval to reimburse doula services under Medicaid but is still implementing the program	Utah passed SB 284 in March 2025, requiring Medicaid reimbursement of doula services. The state is currently in the process of implementing these measures.
Medicaid Coverage for Abortion Care	State Medicaid program does not cover abortion care in their benefits package	
Medicaid Coverage for Transition-Related Care	State Medicaid program does not explicitly cover transition-related care for adults	State Medicaid has no explicit and/or clear policy regarding transition-related health care for adults.
Medicaid Coverage for Hearing Aids	State Medicaid program covers hearing aids for some, but not all, adults (see note)	Hearing services, including hearing aids, are only covered for pregnant adults.
Medicaid Coverage for Eye Exams and Glasses	State Medicaid program covers only eye exams or eyeglasses but not both, or biannually or less frequently, or restricts coverage based on age or health condition (see notes)	Annual exam coverage only. Pregnant adults may receive eyeglasses.
Medicaid Coverage for Dental Services	State Medicaid program covers preventive and diagnostic dental services, extractions, dentures, root canals, fillings, and crowns for adults	

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Medicaid Services and Immigrant Coverage

Medicaid Eligibility

Policy	Status as of June 2025	Summary
Medicaid Expansion	State has expanded Medicaid eligibility to 138% FPL	Utah has a trigger law in place that requires termination of the expansion if the enhanced federal matching rate drops.
Retroactive Medicaid	State retroactively extends Medicaid benefits 90 days prior to application date for all adult enrollees	
Adult Medicaid Continuous Eligibility	State has not authorized 12-month continuous eligibility for non-pregnant adult Medicaid enrollees*	
12-Month Postpartum Coverage	State has authorized 12-month postpartum Medicaid coverage	
Medicaid Available to People who are Incarcerated	State has not authorized Medicaid coverage for justice-involved individuals while they are in a correctional setting*	Utah's 1115 waiver extending Medicaid coverage to incarcerated individuals 90 days before release was approved in July 2024 and the state is in process of implementation, but is not yet in effect as of June 2025.
Medicaid ABD Asset Limits	State has not expanded the asset limit for Medicaid for the Elderly and Disabled eligibility beyond $2,000 for an individual applicant and $3,000 for joint applicants	
Medicaid ABD Life Insurance Exemption	Life insurance exemption limits do not exceed $1,500	
Medicaid ABD Retirement Account Exemptions	State does not exempt retirement savings from Medicaid eligibility determinations	

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Medicaid Services and Immigrant Coverage

Immigrant Coverage

Policy	Status as of June 2025	Summary
From Conception to End of Pregnancy (FCEP)	⊗ Does not cover pregnancy-related services through the CHIP From-Conception-to-End-of-Pregnancy (FCEP) Option or post-partum coverage	
Immigrant Children without a Five-Year Bar	● State offers coverage for lawfully residing immigrant children without a five-year bar	
Pregnant Immigrants without a Five-Year Bar	⊗ Does not offer coverage for lawfully residing pregnant immigrants without a five-year bar	
State-Funded Coverage for Children Regardless of Citizenship Status	● Offers coverage for children regardless of immigration status	
State-Funded Coverage for Adults Regardless of Citizenship Status	⊗ Does not offer coverage for adults regardless of immigration status	

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Improve Oversight, Accountability, and Transparency

All-Payer Claims Database

Policy	Status as of June 2025	Summary
Established an All-Payer Claims Database (APCD)	State has a(n) all-payer or multi-payer claims database	
All-Payer Claims Database (APCD) Operated by the State	APCD is operated by the state	

Prescription Drug Affordability Board

Policy	Status as of June 2025	Summary
Established Prescription Drug Affordability Board (PDAB)	The state has not established or passed legislation to establish a prescription drug affordability board	
Prescription Drug Upper Payment Limits	The state has not established Upper Payment Limits for prescription drugs	

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Improve Oversight, Accountability, and Transparency

Price Transparency

Policy	Status as of June 2025	Summary
Service Cost Price Transparency Tool	State has a public-facing price transparency tool that reports negotiated rates	
Prescription Drug Price Reporting Requirement	Organizations are required to report prescription drug price information to a state entity	Drug manufacturers must report cost information to the Office of the Attorney General for the top 15 drugs on which the greatest amount of money was spent across all payers during the previous calendar year.

Health Care Spending Oversight

Policy	Status as of June 2025	Summary
Health Care Spending Benchmark	State has not established a health care spending benchmark for providers, insurance carriers, or both	The One Utah Health Collaborative has announced a task force to set state's first healthcare spending growth target, with a Technical Advisory Group convened in 2024 to conduct a baseline assessment of spending trends statewide.
Authority to Enforce Health Care Spending Benchmark	State has not established a health care spending benchmark, with or without enforcement mechanisms	
Hospital or Primary Care Spending Oversight Entity	State does not monitor and report hospital spending, primary care spending, or both	Utah's Health Data Committee was previously mandated to produce a report on primary care spending before the legislation requiring the report was repealed in 2024. The state no longer produces an annual report on primary care spending.

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Reduce Cost-Sharing for Patients

Reduce Cost-Sharing: Prescription Drugs

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Diabetes Medications	State has enacted legislation to limit cost-sharing for insulin, diabetes related equipment, or both	Utah caps the out-of-pocket cost for a 30-day supply of each covered insulin prescription at $30.00.
Waives or Reduces Cost-Sharing for Asthma Inhalers	State has not enacted legislation limiting cost-sharing for asthma inhalers	
Waives or Reduces Cost-Sharing for Epinephrine Auto-Injectors	State has not enacted legislation to limit cost-sharing for prescription epinephrine autoinjector(s)	
Waives or Reduces Cost-Sharing for Specialty Drugs	State has enacted legislation to limit cost-sharing for specialty drugs	Utah limits cost-sharing for oral chemotherapy medications to $300.00 per filled prescription.

Reduced Cost-Sharing: Behavioral Health

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for an Annual Behavioral Health Office Visit	State does not require private insurers to cover at least one annual mental health wellness exam without cost-sharing	

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Preventive Care

Policy	Status as of June 2025	Summary
Waives Cost-Sharing for Preventive Services Recommended by the U.S. Preventive Services Task Force (USPSTF)	⊗ State does not mandate private insurers cover USPSTF recommended preventive services without cost-sharing	

Reduced Cost-Sharing: Maternal and Reproductive Health Care

Policy	Status as of June 2025	Summary
Individual and Small Group Health Plans Required to Cover Fertility Treatment	◉ The state requires individual and small group health plans to offer coverage for fertility preservation services, but not for in-vitro fertilization	Utah requires the Public Employees' Benefit and Insurance Program to provide coverage for standard fertility preservation when medically necessary treatments may cause infertility. In vitro fertilization (IVF) is not covered.
Individual and Small Group Health Plans Required to Cover Doula Services	● State law requires private health insurers to cover doula services for enrollees	Utah requires the Public Employees' Benefit and Insurance Program to cover doula services.
Individual and Small Group Health Plans Required to Cover Abortion Services	⊗ The state does not require individual and small group health plans to cover abortion services	

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Colorectal Cancer Screenings	⊗ State law does not require coverage or waive cost-sharing for colorectal cancer screening exams*	
Waives or Reduces Cost-Sharing for Follow-Up Colorectal Cancer Screening Exams	⊗ State law does not require coverage or waive cost-sharing for follow-up colorectal cancer screening exams*	
Waives or Reduces Cost-Sharing for Lung Cancer Screenings	⊗ State law does not require coverage or waive cost-sharing for lung cancer screening exams*	

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Cervical Cancer Screenings	⊗ State law does not require coverage or waive cost-sharing for cervical cancer screening exams*	
Waives or Reduces Cost-Sharing for Breast Cancer Screenings	⊗ State law does not require coverage or waive cost-sharing for breast cancer screening exams*	
Waives or Reduces Cost-Sharing for Supplementary Breast Cancer Screenings	⊗ State law does not require coverage or waive cost-sharing for supplementary breast cancer screening exams	

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Prostate Cancer Screenings	⊗ State law does not require coverage or waive cost-sharing for prostate cancer screening exams*	
Waives or Reduces Cost-Sharing for Ovarian Cancer Screening	⊗ State law does not require coverage or waive cost-sharing for ovarian cancer screening exams*	
Waives or Reduces Cost-Sharing for Biomarker Testing for Cancer	⊗ State does not require coverage or waive cost-sharing for biomarker testing	

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