

HB 1681 -- COST-SHARING UNDER HEALTH BENEFIT PLANS

SPONSOR: Seitz

This bill provides that when calculating an enrollee's overall contribution to an out-of-pocket maximum or any cost-sharing requirement under a health benefit plan, a health carrier or pharmacy benefits manager must include any amounts paid by the enrollee or paid on behalf of the enrollee for medication where a generic substitute is not available.

The bill additionally prohibits a health carrier or pharmacy benefit manager from varying an enrollee's out-of-pocket maximum or any other cost-sharing requirement, as well as designing benefits in a manner that takes into account, the availability of any cost-sharing assistance program for any medication where a generic substitute is not available.

The provisions of this bill apply to health benefit plans entered into, amended, extended, or renewed on or after August 28, 2026.

This bill is similar to HB 79 (2025).