

Multiple Agency Fiscal Note Summary

Bill Number: 1725 S HB 1725-S	Title: Insulin/access under 21
--------------------------------------	---------------------------------------

Estimated Cash Receipts

Agency Name	2023-25			2025-27			2027-29		
	GF-State	NGF-Outlook	Total	GF-State	NGF-Outlook	Total	GF-State	NGF-Outlook	Total
Washington State Health Care Authority	Non-zero but indeterminate cost and/or savings. Please see discussion.								
Total \$	0	0	0	0	0	0	0	0	0

Estimated Operating Expenditures

Agency Name	2023-25				2025-27				2027-29			
	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total
Washington State Health Care Authority	1.5	703,000	703,000	879,000	2.0	556,000	556,000	556,000	2.0	556,000	556,000	556,000
Washington State Health Care Authority	In addition to the estimate above, there are additional indeterminate costs and/or savings. Please see individual fiscal note.											
Office of Insurance Commissioner	.1	0	0	44,436	.0	0	0	5,026	.0	0	0	5,026
Total \$	1.6	703,000	703,000	923,436	2.0	556,000	556,000	561,026	2.0	556,000	556,000	561,026

Estimated Capital Budget Expenditures

Agency Name	2023-25			2025-27			2027-29		
	FTEs	Bonds	Total	FTEs	Bonds	Total	FTEs	Bonds	Total
Washington State Health Care Authority	.0	0	0	.0	0	0	.0	0	0
Office of Insurance Commissioner	.0	0	0	.0	0	0	.0	0	0
Total \$	0.0	0	0	0.0	0	0	0.0	0	0

Estimated Capital Budget Breakout

NONE

Prepared by: Jason Brown, OFM

Phone:

(360) 742-7277

Date Published:

Final 3/ 1/2023

Individual State Agency Fiscal Note

Bill Number: 1725 S HB 1725-S	Title: Insulin/access under 21	Agency: 107-Washington State Health Care Authority
--------------------------------------	---------------------------------------	---

Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

Non-zero but indeterminate cost and/or savings. Please see discussion.

Estimated Operating Expenditures from:

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	1.0	2.0	1.5	2.0	2.0
Account					
General Fund-State 001-1	425,000	278,000	703,000	556,000	556,000
Health Benefit Exchange Account-Non-Appropriated 17T-6	176,000	0	176,000	0	0
Total \$	601,000	278,000	879,000	556,000	556,000

In addition to the estimates above, there are additional indeterminate costs and/or savings. Please see discussion.

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

- If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- Capital budget impact, complete Part IV.
- Requires new rule making, complete Part V.

Legislative Contact: Ingrid Lewis	Phone: 360-786-7293	Date: 02/16/2023
Agency Preparation: Kate LaBelle	Phone: 360-725-1918	Date: 02/27/2023
Agency Approval: Tanya Deuel	Phone: 360-725-0908	Date: 02/27/2023
OFM Review: Jason Brown	Phone: (360) 742-7277	Date: 03/01/2023

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.

See attached narrative.

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

See attached narrative.

HCA - No cash receipts

HBE - Indeterminate cash receipts

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

See attached narrative.

HCA - Indeterminate, known and unknown costs

HBE - Fiscal impact

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2024	FY 2025	2023-25	2025-27	2027-29
001-1	General Fund	State	425,000	278,000	703,000	556,000	556,000
17T-6	Health Benefit Exchange Account	Non-Appropriated	176,000	0	176,000	0	0
Total \$			601,000	278,000	879,000	556,000	556,000

In addition to the estimates above, there are additional indeterminate costs and/or savings. Please see discussion.

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	1.0	2.0	1.5	2.0	2.0
A-Salaries and Wages	134,000	206,000	340,000	412,000	412,000
B-Employee Benefits	39,000	68,000	107,000	136,000	136,000
C-Professional Service Contracts	426,000		426,000		
E-Goods and Other Services	2,000	4,000	6,000	8,000	8,000
G-Travel					
J-Capital Outlays					
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services					
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements					
9-					
Total \$	601,000	278,000	879,000	556,000	556,000

In addition to the estimates above, there are additional indeterminate costs and/or savings. Please see discussion.

III. C - Operating FTE Detail: *List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA*

Job Classification	Salary	FY 2024	FY 2025	2023-25	2025-27	2027-29
Fiscal Analyst 4			1.0	0.5	1.0	1.0
WMS3		1.0	1.0	1.0	1.0	1.0
Total FTEs		1.0	2.0	1.5	2.0	2.0

III. D - Expenditures By Program (optional)

Program	FY 2024	FY 2025	2023-25	2025-27	2027-29
HCA - Other (200)	425,000	278,000	703,000	556,000	556,000
Health Benefit Exchange (300)	176,000		176,000		
Total \$	601,000	278,000	879,000	556,000	556,000

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

IV. D - Capital FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.*

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

HCA Fiscal Note

Bill Number: 1725 SHB

HCA Request #: 23-147

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

This version of the bill no longer requires the establishment of the insulin for individuals under the age of 21 bulk purchasing and distribution program.

Section 1 of this bill adds a chapter to RCW 70.14 (Health Care Purchased by State Agencies) that requires health carriers under RCW 48.43 and RCW 41.05 to eliminate out-of-pocket costs for insulin for enrollees under the age of 21 effective January 1, 2025. This bill states that the Health Care Authority (HCA) will reimburse a health carrier for an enrollee's cost-sharing obligation, which will be based on reconciliation completed at the end of a calendar year.

Section 2 of this bill amends 48.43 (Insurance Reform) to require health plans to participate in the copayment offset program for insulin for individuals under the age of 21 as outlined in Section 1 of this bill. This bill requires that any cost sharing imposed for qualified health plans with a health savings account (HSA) be set at the minimum level necessary to preserve the enrollee's ability to claim tax exempt contributions from their HSA account under internal revenue service laws and regulations.

Section 3 of this bill amends 41.05 (Insurance Reform) to require the same provisions as outlined in Section 2 of this bill.

Section 4 of this bill states the HCA and the Office of the Insurance Commissioner (OIC) may adopt rules necessary to implement this bill.

II. B - Cash Receipts Impact

None

II. C – Expenditures

HCA Impacts

Indeterminate fiscal impact. There are known and unknown costs associated with this bill, which are outlined below.

Section 1 of this bill adds a chapter to RCW 70.14 that requires health carriers under RCW 48.43 and RCW 41.05 to eliminate out-of-pocket costs for insulin for enrollees under the age of 21 effective January 1, 2025. This bill states that the HCA will reimburse a health carrier for an enrollee's cost-sharing obligation, which will be based on reconciliation completed at the end of a calendar year. This creates an incentive for carriers to increase the out of pocket costs for patients transferring the expense to HCA.

Section 2 of this bill amends 48.43 to require health plans to participate in the copayment offset program for insulin for individuals under the age of 21 as outlined in Section 1 of this bill. This bill requires that any cost sharing imposed for qualified health plans with a health savings account (HSA) be set at the minimum level necessary to preserve the enrollee's ability to claim tax exempt contributions from their HSA account under internal revenue service laws and regulations.

Section 3 of this bill amends 41.05 to require the same provisions as outlined in Section 2 of this bill.

HCA Fiscal Note

Bill Number: 1725 SHB

HCA Request #: 23-147

Section 4 of this bill states the HCA and the Office of the Insurance Commissioner (OIC) may adopt rules necessary to implement this bill.

Sections 2(2) and 3(2) of this bill requires that any cost sharing imposed for qualified health plans with a health savings account (HSA) be set at the minimum level necessary to preserve the enrollee's ability to claim tax exempt contributions from their HSA account under internal revenue service laws and regulations. IRS regulations focus on what is allowed as a pre-deductible expense to determine HSA qualified High Deductible Health Plan (HDHP) status rather than potential copay splits after the deductible is met. If insulin were removed from the HDHP preventive services list, plan enrollees would need to meet their deductible prior to plan coverage of insulin. With the copayment reimbursement approach proposed in the bill then occurring after the deductible is met, HCA assumes no additional implementation would be required to modify the HDHP plan benefit design due to insulin being removed as a preventive service.

Administrative Costs

Because this bill requires an annual reconciliation process for reimbursement of the cost-share covered by the health carriers, HCA will require additional staffing and contracted services.

	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029
FTE	1.0	2.0	2.0	2.0	2.0	2.0
A Salaries and Wages	134,000	206,000	206,000	206,000	206,000	206,000
B Employee Benefits	39,000	68,000	68,000	68,000	68,000	68,000
C Professional Service Contracts	250,000	-	-	-	-	-
E Goods and Other Services	2,000	4,000	4,000	4,000	4,000	4,000
Totals	\$ 425,000	\$ 278,000	\$ 278,000	\$ 278,000	\$ 278,000	\$ 278,000

1.0 FTE WMS03 project manager effective July 1, 2023 will be required for the initial study, proposal, set up, and ongoing maintenance of the copay offset program. This would include communication with carriers, stakeholder, leadership, and rulemaking.

1.0 FTE Fiscal Analyst effective July 1, 2025. This position would be responsible for completing the reconciliation process, as well as issuing reimbursements to the health carriers.

HCA will need \$250,000 in consulting dollars to hire a consultant to assist in the design of the program.

Insulin reimbursement costs

Because this bill requires HCA to reimburse a health carrier for an enrollee's cost-sharing obligation for those under the age of 21, HCA will be responsible for additional claims related expenses. The total cost of for the reimbursement of insulin coverage is unknown. HCA assumes there will be a General Fund-State appropriation to cover the costs of the reimbursement. If the cost of covering the insulin is not appropriated by the Legislature, it is HCA's assumption that HCA would not be responsible for covering the cost of insulin.

HCA assumes the first reconciliation will occur in fiscal year 2026 after the end of the first calendar year of the copay offset program.

Public Employees Benefits Board (PEBB) and School Employees Benefits Board (SEBB) Programs

RCW 41.05 governs the self-insured Uniform Medical Plans (UMP), and RCW 48.43 governs the fully insured health plans offered by the PEBB and SEBB programs. This bill requires UMP and the fully insured plans to cover insulin at no cost to the enrollee for those under the age of 21.

HCA Fiscal Note

Bill Number: 1725 SHB

HCA Request #: 23-147

Currently, insulin is a covered drug in all plans offered by the PEBB and SEBB programs but is subject to member cost-share for those under 21 years of age. Because this bill removes member responsibility for this population, which will be initially covered by the enrollee's plan, and reimbursed by the HCA during an annual reconciliation process, there will be immediate costs to the health plans, and long-term costs for General Fund-State.

Insulin reimbursement costs

Because this bill requires HCA to reimburse a health carrier for an enrollee's cost-sharing obligation for those under the age of 21, HCA will be responsible for additional claims related expenses. While these costs are unknown, the historical cost information below is an example of the costs associated with the HCA covering the enrollee's cost-share for those plans administered by HCA.

Self-Insured Uniform Medical Plan

Based on historical costs, members under the age of 21 have paid approximately \$65,000 per year. Based on the changes outlined in this bill, these costs would be shifted to the copay offset program.

Fully Insured Medical Plans

Based on historical costs, Kaiser and Premera members under the age of 21 have paid approximately \$85,000 per year based for their cost-share for insulin. HCA assumes the fully insured health carriers will be reimbursed for all claims costs by the copay offset program. HCA assumes the fully insured health carriers will not increase their rates based on this bill because of the reimbursement process.

The fully insured health carriers cite that there may be impacts to rates associated with the additional administrative burden of completing the reconciliation process for reimbursement. These additional costs would be included in future rates and might impact employee contributions.

Medicaid

No fiscal impact.

No impacts on the Medicaid lines of business because this legislation places the requirements under RCW 48.43 and RCW 41.05.

Part IV: Capital Budget Impact

None

Part V: New Rule Making Required

None

HBE Fiscal Note

Bill Number: 1725 SHB

HBE Request #: 23-20-01

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

This bill would prohibit cost sharing for insulin for enrollees under age 21 for health plans issued or renewed on/after Jan. 1, 2024, upon launch of a copayment offset program administered by the Health Care Authority (HCA).

Section 1 – The Health Care Authority must establish a copayment offset program for insulin for individuals under age 21. HCA must develop processes to eliminate out-of-pocket costs for enrollees and reimburse carriers for an enrollee’s cost sharing obligation. Carriers are required to participate in the program and must submit to HCA an end-of-calendar-year reconciliation for cost sharing reductions in order to be reimbursed.

Section 2 – For health plans issued or renewed on/after January 1, 2024, carriers must participate in insulin copayment offset program for individuals under age 21. If the IRS removes insulin from the list of preventive care services for Qualified Health Plan (QHP) coverage, and the health plan provides coverage through a Health Savings Account, the carrier must establish cost sharing the minimum level necessary to preserve the enrollee’s ability to claim tax exempt contributions.

Section 4 – HCA and the Office of the Insurance Commissioner (OIC) may adopt rules necessary to implement this act.

II. B - Cash Receipts Impact

Indeterminate. New benefits increase premiums, but the premium increase amount attributable to prohibiting cost sharing for insulin for enrollees under age 21 is unknown.

II. C - Expenditures

Total Cost: The Exchange estimates a total fiscal impact of \$176,000 in fiscal year 2024.

Expenditures		FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029
17T	Health Benefit Exchange	1	176,000	-	-	-	-
Biennial Total			176,000				

Objects		FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029
A	Salaries & Wages	26,000	-	-	-	-	-
B	Employee Benefits	9,000	-	-	-	-	-
C	Personal Serv Contr	123,000	-	-	-	-	-
E	Goods and Services	17,000	-	-	-	-	-
G	Travel	1,000	-	-	-	-	-
Total		176,000	-	-	-	-	-

The Exchange would need to implement system changes in Healthplanfinder that updates screens to display this new cost-sharing structure more concisely for consumers.

Healthplanfinder screens have a ‘Managing Type II Diabetes’ consumer-focused cost-sharing screen, and high-level Healthplanfinder system changes include:

- Update the plan benefit template for Diabetes prescription drugs

HBE Fiscal Note

Bill Number: 1725 SHB

HBE Request #: 23-20-01

- Update the field level help modal to provide customers additional information for Diabetes prescription drugs
- Update HPF plan summary and plan comparisons to reflect the updated benefit

The Exchange assumes that system changes will need to be made before open-enrollment for the 2024 plan year.

Part IV: Capital Budget Impact

None.

Part V: New Rule Making Required

None.

Individual State Agency Fiscal Note

Bill Number: 1725 S HB 1725-S	Title: Insulin/access under 21	Agency: 160-Office of Insurance Commissioner
--------------------------------------	---------------------------------------	---

Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	0.0	0.3	0.1	0.0	0.0
Account					
Insurance Commissioners Regulatory Account-State 138-1	0	44,436	44,436	5,026	5,026
Total \$	0	44,436	44,436	5,026	5,026

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

- If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- Capital budget impact, complete Part IV.
- Requires new rule making, complete Part V.

Legislative Contact: Ingrid Lewis	Phone: 360-786-7293	Date: 02/16/2023
Agency Preparation: Shari Maier	Phone: 360-725-7173	Date: 02/21/2023
Agency Approval: Michael Wood	Phone: 360-725-7007	Date: 02/21/2023
OFM Review: Jason Brown	Phone: (360) 742-7277	Date: 02/28/2023

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.

Section 1(1) requires the Health Care Authority (HCA), by January 1, 2025, to establish the insulin copayment offset program for individuals under the age of 21.

Section 2(1) requires, for health plans issued or renewed on or after January 1, 2024, health carriers to participate in the insulin copayment offset program for individuals under the age of 21 established in Section 1 of this act. Section 3(1) requires the same for PEBB/SEBB fully insured group health plans.

Section 2(2) requires that, if the IRS removes insulin from the list of preventive care services which can be covered by a qualifying health plan for a health savings account before the deductible is satisfied, for a health plan that provides coverage for prescription insulin drugs for the treatment of diabetes and is offered as a qualifying health plan for a health savings account, the carrier shall establish the plan's cost sharing for the coverage of prescription insulin for diabetes at the minimum level necessary to preserve the enrollee's ability to claim tax exempt contributions from their health savings account under IRS laws and regulations. The Office of Insurance Commissioner (OIC) shall provide written notice of the change in IRS guidance to affected parties, the legislature, the Office of the Code Reviser, and others as deemed appropriate by the OIC. Section 3(2) requires the same in relation to PEBB/SEBB fully insured group health plans.

Section 4 authorizes the HCA and OIC to adopt rules necessary to implement this act.

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

Section 1(1) requires the Health Care Authority, by January 1, 2025, to establish the insulin copayment offset program for individuals under the age of 21.

Section 2(1) requires, for health plans issued or renewed on or after January 1, 2024, health carriers to participate in the insulin copayment offset program for individuals under the age of 21 established in Section 1 of this act. Section 3(1) requires the same for PEBB/SEBB fully insured group health plans.

Section 2(2) requires that, if the IRS removes insulin from the list of preventive care services which can be covered by a qualifying health plan for a health savings account before the deductible is satisfied, for a health plan that provides coverage for prescription insulin drugs for the treatment of diabetes and is offered as a qualifying health plan for a health savings account, the carrier shall establish the plan's cost sharing for the coverage of prescription insulin for diabetes at the minimum level necessary to preserve the enrollee's ability to claim tax exempt contributions from their health savings account under IRS laws and regulations. The Office of Insurance Commissioner (OIC) shall provide written notice of the change in IRS guidance to affected parties, the legislature, the Office of the Code Reviser, and others as deemed appropriate by the OIC. Section 3(2) requires the same in relation to PEBB/SEBB fully insured group health plans.

The OIC investigates violations of the insurance code and brings enforcement actions against entities and individuals who violate said code. In relation to Section 2, the OIC will require 25 hours of an Insurance Enforcement Specialist, in FY2025, to address advice options and advice requests regarding implementation of this bill.

Sections 1, 2 and 3 will require the OIC to develop and apply a new standard of review to non-high deductible health plans issued or renewed on or after January 1, 2024, to ensure the insulin copayment program cost-sharing requirements are accurately disclosed to enrollees under 21 and that individuals above 22 years of age understand their cost sharing requirements in the form. Since the HCA is required to establish the insulin copayment offset program by January 1, 2025, the OIC assumes the new review standard will begin in FY2025. The OIC will require one-time costs, in FY2025, of 18 hours of a Functional Program Analyst 4 to update filing review standards, update checklist documents and speed-to-market tools, train staff, and educate carriers. The OIC receives approximately 312 health plan form filings each year and assumes the new review standards will result in an additional 15 minutes of review per form filing in FY2025 and an additional 5 minutes of review per form filing in FY2026 and thereafter requiring 78 hours (312 form filings x 15 minutes) in FY2025 and 26 hours (312 form filings x 5 minutes) in FY2026 and thereafter of a Functional Program Analyst 3.

Section 4 authorizes the HCA and the OIC to adopt rules necessary to implement this act. ‘Normal’ rulemaking, in FY2025, will be required to address the required participation of health carriers in the insulin copayment offset program for individuals under the age of 21. OIC’s rulemaking will require coordination with the HCA.

Ongoing costs:

Salary, benefits and associated costs for .02 FTE Functional Program Analyst 3.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2024	FY 2025	2023-25	2025-27	2027-29
138-1	Insurance Commissioners Regulatory Account	State	0	44,436	44,436	5,026	5,026
Total \$			0	44,436	44,436	5,026	5,026

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years		0.3	0.1	0.0	0.0
A-Salaries and Wages		26,776	26,776	2,930	2,930
B-Employee Benefits		8,773	8,773	1,090	1,090
C-Professional Service Contracts					
E-Goods and Other Services		8,887	8,887	1,006	1,006
G-Travel					
J-Capital Outlays					
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services					
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements					
9-					
Total \$	0	44,436	44,436	5,026	5,026

III. C - Operating FTE Detail: *List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA*

Job Classification	Salary	FY 2024	FY 2025	2023-25	2025-27	2027-29
Functional Program Analyst 3	73,260		0.1	0.0	0.0	0.0
Functional Program Analyst 4	80,952		0.1	0.0		
Insurance Enforcement Specialist	99,516		0.0	0.0		
Senior Policy Analyst	108,432		0.2	0.1		
Total FTEs			0.3	0.2	0.0	0.0

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

IV. D - Capital FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.*

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

Section 4 authorizes the Health Care Authority (HCA) and the Office of Insurance Commissioner (OIC) to adopt rules necessary to implement this act. ‘Normal’ rulemaking, in FY2025, will be required to address the required participation of health carriers in the insulin copayment offset program for individuals under the age of 21. OIC’s rulemaking will require coordination with the HCA.