

Multiple Agency Fiscal Note Summary

Bill Number: 1979 S HB	Title: Inhalers & epinephrine cost
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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	.0	0	0	176,000	.0	0	0	710,000	.0	0	0	710,000
Office of Insurance Commissioner	.1	0	0	26,813	.0	0	0	8,008	.0	0	0	8,008
Total \$	0.1	0	0	202,813	0.0	0	0	718,008	0.0	0	0	718,008

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

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Phone:

(360) 489-4327

Date Published:

Final 2/16/2024

Individual State Agency Fiscal Note

Bill Number: 1979 S HB	Title: Inhalers & epinephrine cost	Agency: 107-Washington State Health Care Authority
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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
Account					
School Employees' Insurance Account-Non-Appropriated 493-6	0	69,000	69,000	278,000	278,000
Public Employees' and Retirees Insurance Account-Non-Appropriated 721-6	0	107,000	107,000	432,000	432,000
Total \$	0	176,000	176,000	710,000	710,000

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: Greg Attanasio	Phone: 360-786-7410	Date: 02/12/2024
Agency Preparation: Molly Christie	Phone: 360-725-5138	Date: 02/16/2024
Agency Approval: Tanya Deuel	Phone: 360-725-0908	Date: 02/16/2024
OFM Review: Marcus Ehrlander	Phone: (360) 489-4327	Date: 02/16/2024

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 narratives.

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.

HBE - Indeterminate cash receipt impact.

HCA - No cash receipt impact.

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.

HBE - No expenditure impact.

HCA - See attached narrative.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2024	FY 2025	2023-25	2025-27	2027-29
493-6	School Employees' Insurance Account	Non-Appropriated	0	69,000	69,000	278,000	278,000
721-6	Public Employees' and Retirees Insurance Account	Non-Appropriated	0	107,000	107,000	432,000	432,000
Total \$			0	176,000	176,000	710,000	710,000

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years					
A-Salaries and Wages					
B-Employee Benefits					
C-Professional Service Contracts					
E-Goods and Other Services					
G-Travel					
J-Capital Outlays					
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services		176,000	176,000	710,000	710,000
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements					
9-					
Total \$	0	176,000	176,000	710,000	710,000

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

NONE

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.

HCA Fiscal Note

Bill Number: 1979 SHB

HCA Request #: 24-153

Title: Inhalers & Epinephrine Cost

Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

ACCOUNT	ACCOUNT TITLE	TYPE	FY-2024	FY-2025	FY-2026	FY-2027	2023-25	2025-27
493	School Employees' Insurance Account	Non-Appropriated	-	\$ 69,000	\$ 139,000	\$ 139,000	69,000	278,000
721	Public Employees' and Retirees' Insurance Account	Non-Appropriated	-	\$ 107,000	\$ 216,000	\$ 216,000	107,000	432,000
ACCOUNT - TOTAL \$			\$ -	\$ 176,000	\$ 355,000	\$ 355,000	\$ 176,000	\$ 710,000

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.

HCA Fiscal Note

Bill Number: 1979 SHB

HCA Request #: 24-153

Title: Inhalers & Epinephrine Cost

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.

The substitute version of HB 1979 amends the original bill to specify that health plans must cap member cost-sharing at \$35 for certain inhalers and epinephrine autoinjectors; specifically, at least one covered inhaled corticosteroid, one covered inhaled corticosteroid combination, and one epinephrine autoinjector 2-pak. Neither prescription asthma inhalers nor epinephrine autoinjectors may be subject to a deductible and any cost-sharing must be applied toward an enrollee's deductible. To the extent not prohibited in the bill, health plans may apply drug utilization management strategies to asthma inhalers and epinephrine autoinjectors.

Effective January 1, 2025, SHB 1979 would require health plans to cap enrollee cost-sharing for certain covered prescription epinephrine autoinjectors and asthma inhalers at \$35 per 2-pak and 30-day supply, respectively, without being subject to a deductible. Any cost-sharing for asthma inhalers and epinephrine autoinjectors must be applied toward a member's deductible. The proposed legislation places requirements under Section 48.43.780 RCW, which applies to health plans under chapter 48.43 RCW (Insurance Reform), as well as health plans covered under chapter 41.05 RCW (State Health Care Authority).

Section 1 – Amends RCW 48.43.780

2(a) Requires health plans issued or renewed on or after January 1, 2025, to set enrollee cost-sharing for at least one covered prescription inhaled corticosteroid and inhaled corticosteroid combination approved by the federal food and drug administration (FDA) for asthma treatment at no more than \$35 for a 30-day supply. Coverage of prescription asthma inhalers may not be subject to a deductible, and any cost-sharing must apply toward an enrollee's deductible.

(b) Qualifying high deductible health plans (HDHPs) with a health savings account (HSA) must establish cost-sharing for asthma inhalers that are not on the IRS' list of preventive care services, or if removed from the list, at the minimum level necessary preserve enrollees' ability to claim tax exempt HSA contributions and withdrawals per IRS laws and regulations.

3(a) Establishes the same requirements as described in Section 1(2)(a) for at least one covered prescription epinephrine autoinjectors. The cost-share cap is set at \$35 per 2-pack.

(b) Qualifying high deductible health plans (HDHPs) with a health savings account (HSA) must establish cost-sharing for epinephrine autoinjectors at the minimum level necessary preserve enrollees' ability to claim tax exempt HSA contributions and withdrawals per IRS laws and regulations. If epinephrine autoinjectors are added to the IRS' list of preventive care services, coverage must be provided at the \$35 cap without being subject to the deductible.

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. Distinguish between one time and ongoing functions.

NONE

HCA Fiscal Note

Bill Number: 1979 SHB

HCA Request #: 24-153

Title: Inhalers & Epinephrine Cost

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. Distinguish between one time and ongoing functions.

Public Employees Benefits Board (PEBB) and School Employees Benefits Board (SEBB) Program Impact:

HCA estimates that this bill would result in an additional annual claims liability in UMP that would impact the state’s contribution to medical benefits for employees under the PEBB and SEBB programs (Employer Medical Contribution, or EMC). The assumed annual expenditure increase is presented below.

	PEBB non-Medicare	SEBB Active	Total
	Assumed Annual Expenditure Increase	Assumed Annual Expenditure Increase	Total Assumed Annual Expenditure Increase
FY2025*	\$69,000	\$107,000	\$176,000
FY2026	\$139,000	\$216,000	\$355,000
FY2027	\$139,000	\$216,000	\$355,000
FY2028	\$139,000	\$216,000	\$355,000
FY2029	\$139,000	\$216,000	\$355,000

Sections 1(2)(a) and 1(3)(a) require health plans under chapter 48.43 RCW and 41.05 RCW to cap enrollee cost-sharing at \$35 for at least one covered prescription epinephrine injector 2-pack and a 30-day supply of at least one corticosteroid inhaler and one corticosteroid inhaler combination. Prescription asthma inhalers may not be subject to a deductible, and any member cost-sharing must be applied toward a deductible. Sections 1(2)(b) and 1(3)(b) mandate that qualifying high deductible health plans with an HSA must set cost sharing for these prescriptions at the lowest amount necessary to retain IRS tax exemption for HSA contributions and withdrawals.

Sections 1(2) and 1(3) would require compliance by the self-insured Uniform Medical Plans (UMP) and fully insured plans offered by the PEBB and SEBB programs.

Currently, UMP has several preferred epinephrine autoinjectors and corticosteroid inhalers for asthma with a maximum copay below \$35 that are not subject to the deductible. However, member cost-sharing for these prescriptions does not count toward a member’s deductible. Additionally, The IRS does not consider short-acting rescue inhalers (i.e., albuterol) or epinephrine to be preventive. Therefore, at this time, rescue inhalers and epinephrine autoinjectors could not be covered before the deductible on high-deductible plans.

To comply with this bill, UMP would need to:

1. adjust pharmacy programming to apply a member’s cost-sharing for all prescription asthma inhalers and epinephrine autoinjectors to the deductible and
2. waive the deductible for all asthma inhalers and epinephrine autoinjectors.

In 2023, UMP PEBB and SEBB members (exclusive of Medicare retirees and members of the HDHPs), paid a total of approximately \$199,000 toward their deductibles for all prescribed asthma inhalers and epinephrine autoinjectors. Based on this proposed legislation, and assuming no change to prescription drug utilization for

HCA Fiscal Note

Bill Number: 1979 SHB

HCA Request #: 24-153

Title: Inhalers & Epinephrine Cost

these members, the plan would incur this liability. This translates to an increase of approximately \$122,000 for PEBB and approximately \$77,000 for SEBB, which is sufficient to impact the funding rates for each program by \$0.10.

	PEBB non-Medicare	SEBB Active
Estimated increase in UMP paid Claims	\$122,000	\$77,000
Assumed % Increase to UMP Bid Rate	0.01%	0.01%
Assumed increase to EMC (PAUPM)	\$0.06	\$0.08
Total Estimated Annual Calendar Year Expenditure Impact	\$138,000	\$216,000
Funding Rate Conversion (\$1)	\$1,580,000	\$1,750,000
Assumed Incremental Funding Rate Impact	\$0.10	\$0.10

This analysis does not include an estimate of the incremental cost to the plan of applying members' cost-sharing for value, preventive, and tier 1 asthma inhalers and epinephrine autoinjectors toward the deductible; however, this may be minimal. The cost of these benefit adjustments could vary significantly from the estimates presented here based on actual utilization, drug prices, and other factors.

Generic prescription epinephrine autoinjectors and asthma inhalers are also covered by all PEBB and SEBB medical plans at preferred tiering, which means that most members pay less than \$35 per 2-pack prescription or less than \$35 per 30-day supply. For plans that do not cover at least one of each of the specified drugs at or below \$35, there would be increased claims liability. Additionally, plans may incur greater costs associated with the deductible requirements described in the bill. Any increase in costs for the fully insured health plans is expected to be minimal. Increases would be borne by member premiums but may be offset by an increase to the EMC.

Assumptions:

- Plans can require prior authorization for certain products over others and direct members to the most cost-effective options.
- Most UMP members already have a cost share below \$35 for asthma inhalers and epinephrine autoinjectors.
- "Prescription asthma inhalers" means all inhalers with an indication to treat asthma. As currently written, this bill does not extend to non-inhalers to treat asthma, such as nebulizers.
- This bill does not apply to inhalers indicated only to treat Chronic Obstructive Pulmonary Disease (COPD).
- While certain asthma inhalers are considered by the IRS as preventive (inhaled corticosteroids), other inhalers (i.e. albuterol) and epinephrine are not. Therefore, members with high-deductible health plans will largely be unaffected by this legislation.
- This bill does not decrease the total cost of these medications, rather it shifts costs from the member to the payer.
- This bill no longer applies a cost sharing cap of \$35/month to rescue inhalers (i.e., albuterol).

Medicaid Impact:

No fiscal impact.

No impacts on the Medicaid lines of business because the requirements fall under Chapter 48.43 RCW.

HCA Fiscal Note

Bill Number: 1979 SHB

HCA Request #: 24-153

Title: Inhalers & Epinephrine Cost

Part III: Expenditure Detail

III. A - Operating Budget Expenditure

ACCOUNT	ACCOUNT TITLE	TYPE	FY-2024	FY-2025	FY-2026	FY-2027	2023-25	2025-27
493	School Employees' Insurance Account	Non-Appropriated	-	\$ 69,000	\$ 139,000	\$ 139,000	69,000	278,000
721	Public Employees' and Retirees' Insurance Account	Non-Appropriated	-	\$ 107,000	\$ 216,000	\$ 216,000	107,000	432,000
ACCOUNT - TOTAL			\$ -	\$ 176,000	\$ 355,000	\$ 355,000	\$ 176,000	\$ 710,000

III. B - Expenditures by Object or Purpose

OBJECT	OBJECT TITLE	FY-2024	FY-2025	FY-2026	FY-2027	2023-25	2025-27
Object N	Grants, Benefits & Client Services	-	176,000	355,000	355,000	176,000	710,000
OBJECT - TOTAL		\$ -	\$ 176,000	\$ 355,000	\$ 355,000	\$ 176,000	\$ 710,000

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

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.

HCA Fiscal Note

Bill Number: 1979 SHB

HCA Request #: 24-153

Title: Inhalers & Epinephrine Cost

NONE

HBE Fiscal Note

Bill Number: 1979 SHB

HBE Request #: 24-24-01

Part II: Narrative Explanation

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

This bill require a health plan issued or renewed on or after January 1, 2025, that provides coverage for prescription asthma inhalers for the treatment of asthma shall cap the total amount that an enrollee is required to pay for a covered asthma inhaler at an amount not to exceed \$35 per 30-day supply of the drug. Except as provided in designated circumstances, prescription asthma inhalers must be covered without being subject to a deductible, and any cost sharing paid by an enrollee must be applied toward the enrollee's deductible obligation.

A health plan that is offered as a qualifying health plan for a health savings account, the health carrier shall establish the plan's cost sharing for asthma inhalers that are not on the federal internal revenue service's list of preventive care services at the minimum level necessary to preserve the enrollee's ability to claim tax exempt contributions and withdrawals from the enrollee's health savings account under internal revenue service laws and regulations.

Unless exempted in the bill, a health plan issued or renewed on or after January 1, 2025, that provides coverage for prescription epinephrine autoinjectors for the treatment of allergic reaction shall cap the total amount that an enrollee is required to pay for a covered epinephrine autoinjector at an amount not to exceed \$35 per two pack of epinephrine autoinjectors for a total of six epinephrine autoinjectors per plan year. Except as exempted in the bill, prescription epinephrine autoinjectors must be covered without being subject to a deductible, and any cost sharing paid by an enrollee must be applied toward the enrollee's deductible obligation.

For a health plan that is offered as a qualifying health plan for a health savings account, the health carrier shall establish the plan's cost sharing for epinephrine autoinjectors at the minimum level necessary to preserve the enrollee's ability to claim tax exempt contributions and withdrawals from the enrollee's health savings account under internal revenue service laws and regulations.

To the extent not prohibited under this section, health plans may apply drug utilization management strategies to prescription drugs covered under subsections (2) and (3) of this bill.

II. B - Cash Receipts Impact

Indeterminate. New mandated benefits typically increase premiums, but the expected premium increase amount attributable to just this new benefit is unknown at this time.

II. C - Expenditures

No fiscal impact, changes that require inclusion of this health care benefit in qualified health plans offered in the Exchange marketplace are not expected to require significant operational or Healthplanfinder system changes.

Part IV: Capital Budget Impact

None.

HBE Fiscal Note

Bill Number: 1979 SHB

HBE Request #: 24-24-01

Part V: New Rule Making Required

None.

Individual State Agency Fiscal Note

Bill Number: 1979 S HB	Title: Inhalers & epinephrine cost	Agency: 160-Office of Insurance Commissioner
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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	0.2	0.1	0.0	0.0
Account					
Insurance Commissioners Regulatory Account-State 138-1	0	26,813	26,813	8,008	8,008
Total \$	0	26,813	26,813	8,008	8,008

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: Greg Attanasio	Phone: 360-786-7410	Date: 02/12/2024
Agency Preparation: Jane Beyer	Phone: 360-725-7043	Date: 02/15/2024
Agency Approval: Joyce Brake	Phone: 360-725-7041	Date: 02/15/2024
OFM Review: Jason Brown	Phone: (360) 742-7277	Date: 02/15/2024

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(2) requires health plans issued or renewed on or after January 1, 2025, to cap the enrollee's cost for at least one covered inhaled corticosteroid and at least one inhaled corticosteroid combination for the treatment of asthma to \$35 per 30-day supply of the drug. These inhalers must be covered without being subject to a deductible and the cost-sharing amount must be applied to the enrollee's deductible.

Section 1(3) requires health plans issued or renewed on or after January 1, 2025, to cap the enrollee's cost for at least one covered epinephrine autoinjector product containing at least two autoinjectors to \$35. These autoinjectors must be covered without being subject to a deductible and the cost-sharing amount must be applied to the enrollee's deductible.

Both Sections 1(2) and (3) require carriers that offer qualifying health plans for health savings accounts to establish cost-sharing at the minimum level necessary to preserve enrollee's tax-exempt contribution status if asthma inhalers or epinephrine autoinjectors are not on the Internal Revenue Service's list of preventive care services.

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(2) requires health plans issued or renewed on or after January 1, 2025, to cap the enrollee's cost for at least one covered inhaled corticosteroid and at least one inhaled corticosteroid combination for the treatment of asthma to \$35 per 30-day supply of the drug. These inhalers must be covered without being subject to a deductible and the cost-sharing amount must be applied to the enrollee's deductible.

Section 1(3) requires health plans issued or renewed on or after January 1, 2025, to cap the enrollee's cost for at least one covered epinephrine autoinjector product containing at least two autoinjectors to \$35. These autoinjectors must be covered without being subject to a deductible and the cost-sharing amount must be applied to the enrollee's deductible.

Both Sections 1(2) and (3) require carriers that offer qualifying health plans for health savings accounts to establish cost-sharing at the minimum level necessary to preserve enrollee's tax-exempt contribution status if asthma inhalers or epinephrine autoinjectors are not on the Internal Revenue Service's list of preventive care services.

Section 1 will require additional review of health plan form filings to ensure plans have updated the requirement for cost sharing caps on prescription asthma inhalers and epinephrine autoinjectors. The Office of Insurance Commissioner (OIC) will require one-time costs, in FY2025, of 19 hours of a Functional Program Analyst 4 to update filing review standards, update checklists and speed-to-market tools, and train staff. The OIC receives approximately 502 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 2026 and thereafter requiring 126 hours (502 form filings x 15 minutes) in FY 2025 and 42 hours (502 form filings x 5 minutes) in FY2026 and thereafter of a Functional Program Analyst 3.

The cost sharing cap requirements in Section 1 will drive additional written inquiries, calls and complaints to the OIC. Based on OIC's experience when cost controls for diabetic insulin were enacted, a one-time spike of 330 consumer calls,

33 written inquires and 39 complaints relating to cost sharing for prescription epinephrine autoinjectors are expected in FY2025. Informational cases generally take 10 minutes per case and complaint cases generally take between 1.0 and 3.25 hours per case. For purposes of this fiscal note, it is assumed informational cases will require 10 minutes per case and complaint cases will require an average of 3.25 hours per case requiring one-time costs, in FY2025, of 187.25 hours (363 info cases x 10 minutes + 39 complaint cases x 3.25 hours) of a Functional Program Analyst 3.

Ongoing Costs:

Salary, benefits and associated costs of .03 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	26,813	26,813	8,008	8,008
Total \$			0	26,813	26,813	8,008	8,008

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years		0.2	0.1	0.0	0.0
A-Salaries and Wages		15,776	15,776	4,708	4,708
B-Employee Benefits		5,674	5,674	1,698	1,698
C-Professional Service Contracts					
E-Goods and Other Services		5,363	5,363	1,602	1,602
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	26,813	26,813	8,008	8,008

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	78,468		0.2	0.1	0.0	0.0
Functional Program Analyst 4	86,712		0.0	0.0		
Total FTEs			0.2	0.1	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.