

Multiple Agency Fiscal Note Summary

Bill Number: 5075 SB	Title: Prenatal and postnatal care
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Estimated Cash Receipts

Agency Name	2025-27			2027-29			2029-31		
	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	2025-27				2027-29				2029-31			
	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	0	.0	0	0	0	.0	0	0	0
Office of Insurance Commissioner	.2	0	0	52,211	.0	0	0	5,322	.0	0	0	5,322
Total \$	0.2	0	0	52,211	0.0	0	0	5,322	0.0	0	0	5,322

Estimated Capital Budget Expenditures

Agency Name	2025-27			2027-29			2029-31		
	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

Prepared by: Jason Brown, OFM	Phone: (360) 742-7277	Date Published: Final 1/17/2025
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Individual State Agency Fiscal Note

Bill Number: 5075 SB	Title: Prenatal and postnatal care	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:

NONE

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: 01/10/2025
Agency Preparation: Molly Christie	Phone: 360-725-5138	Date: 01/14/2025
Agency Approval: Tanya Deuel	Phone: 360-725-0908	Date: 01/14/2025
OFM Review: Jason Brown	Phone: (360) 742-7277	Date: 01/17/2025

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.

HCA - No cash receipt impact. See attached narrative.

HBE - Indeterminate cash receipt impact. See attached narrative.

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 narratives.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

NONE

III. B - Expenditures by Object Or Purpose

NONE

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

See attached narratives.

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: **5075 SB**

HCA Request #: 25-010

Title: **Prenatal and Postnatal Care**

Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

NONE

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:

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- 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: **5075 SB**

HCA Request #: 25-010

Title: **Prenatal and Postnatal Care**

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.

SB 5075 adds a new section to Chapter 48.43 RCW (Insurance Reform) that prevents health plans from imposing cost sharing on covered prenatal and postnatal services, effective January 1, 2026. Health plans that qualify for health savings accounts (HSAs) must establish the minimum cost share allowable to maintain tax exempt contributions under IRS laws and regulations.

Section 1 – New Section

Prohibits health plans governed by Chapter 48.43 RCW from imposing cost-sharing on covered prenatal and postnatal services, effective January 1, 2026. These services include, but are not limited to, covered prenatal office visits, laboratory services, ultrasounds and other imaging, prenatal screening tests, prescription drugs, and prenatal vitamins; and covered postnatal services including, but not limited to, office visits, lactation specialists, cesarian section follow-up care, laboratory services, ultrasounds and other imaging, counseling and therapy services, and prescription drugs.

Section 2 – New Section

Requires qualifying health plans for a health savings account to establish cost sharing for the coverage of services described in Section 1 at the minimum level necessary to preserve enrollees’ tax-exempt contributions to an HSA.

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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

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 Impacts:

There is no estimated fiscal impact because the proposed bill does not expand coverage for the Uniform Medical Plan (UMP) under 41.05 RCW. There is no anticipated additional claims liability and therefore no impact to the state’s contribution to medical benefits for employees under the PEBB and SEBB programs (Employer Medical Contribution, or EMC).

Cost shares are currently charged on non-preventive prenatal and postnatal services and prescription drugs in all PEBB and SEBB plans. While the bill’s provisions do not govern the Uniform Medical Plan, PEBB and SEBB fully insured carriers (Premera and Kaiser Permanente) are regulated by RCW 48.43 and would be impacted. Specifically, Kaiser Northwest, Kaiser Washington, Kaiser Washington Options (PPO), and Premera Blue Cross

HCA Fiscal Note

Bill Number: **5075 SB**

HCA Request #: 25-010

Title: **Prenatal and Postnatal Care**

would have to eliminate all cost shares for covered prenatal and postnatal services as described in Section 1. Additionally, the HSA-qualified high-deductible health plans (HDHPs) offered by Kaiser Northwest and Kaiser Washington in PEBB would be required to comply with provisions in Section 2. This means that these plans would be prohibited from having any cost sharing on the services in Section 1 after members meet the deductible, which for HDHPs offered through PEBB and SEBB is set at the IRS minimum. Prenatal and postnatal services received through a network provider that are on the IRS list of preventive services and/or described under the Affordable Care Act section 27.13 are already mandated to be covered without cost sharing and would not be impacted by this bill.

HCA assumes that removing cost sharing for all covered prenatal and postnatal services would result in additional claims liability for the fully insured carriers, which may increase member premiums. The precise impact relies on a combination of factors including each plan's current cost-sharing amounts, anticipated utilization of affected services, rating methodology, and bid rate relative to UMP (Classic/Achieve 2).

HCA requested programmatic and fiscal impacts from PEBB and SEBB fully insured carriers. Carriers shared that the bill lacked definitions for prenatal and postnatal periods (i.e., when provisions would apply and for how long) and clarity over scope of services that would be impacted (i.e., visits or prescriptions for unrelated or incidental conditions during or after pregnancy). As a result, they did not provide cost estimates but reported that the bill would have an impact on future bid rates.

Medicaid (Apple Health)

No fiscal impact. The Apple Health program is not governed by Chapter 48.43 RCW and therefore not required to comply with the requirements of this bill.

Part III: Expenditure Detail

III. A - Operating Budget Expenditure

NONE

III. B - Expenditures by Object or Purpose

NONE

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

HCA Fiscal Note

Bill Number: **5075 SB**

HCA Request #: 25-010

Title: **Prenatal and Postnatal Care**

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.

NONE

HBE Fiscal Note

Bill Number: 5075 SB

HBE Request #: 25-02-01

Part II: Narrative Explanation

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

Health plans issued or renewed after January 1, 2026 which include coverage for maternity services may not impose any cost-sharing requirements for covered prenatal services including but not limited to office visits, labs, drugs, ultrasounds, screening tests, counseling and therapy, lactation services.

contraceptive drugs to reimburse for a 12-month supply of contraceptives obtained at one time by enrollee. Plan must allow enrollee to receive contraceptive drugs on-site if available at provider's office.

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.

Part V: New Rule Making Required

None.

Individual State Agency Fiscal Note

Bill Number: 5075 SB	Title: Prenatal and postnatal care	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 2026	FY 2027	2025-27	2027-29	2029-31
FTE Staff Years	0.3	0.0	0.2	0.0	0.0
Account					
Insurance Commissioners Regulatory Account-State 138-1	49,550	2,661	52,211	5,322	5,322
Total \$	49,550	2,661	52,211	5,322	5,322

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: 01/10/2025
Agency Preparation: Sydney Rogalla	Phone: 360-725-7042	Date: 01/14/2025
Agency Approval: Joyce Brake	Phone: 360-725-7041	Date: 01/14/2025
OFM Review: Jason Brown	Phone: (360) 742-7277	Date: 01/16/2025

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) prohibits health plans, issued or renewed on or after January 1, 2026, that provide maternity services coverage from imposing any cost sharing requirements for covered prenatal and postnatal services.?

Section 1(2) requires health plans that provide prenatal and postnatal care and are offered as a qualifying health plan for a health savings account (HSA) to establish the plan's cost sharing at the minimal level necessary to preserve an enrollee's ability to claim tax-exempt contributions from their health savings account under IRS laws and regulations.

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) prohibits health plans, issued or renewed on or after January 1, 2026, that provide maternity services coverage from imposing any cost sharing requirements for covered prenatal and postnatal services.?

Section 1(2) requires health plans that provide prenatal and postnatal care and are offered as a qualifying health plan for a health savings account (HSA) to establish the plan's cost sharing at the minimal level necessary to preserve an enrollee's ability to claim tax-exempt contributions from their health savings account under IRS laws and regulations.

Section 1 will require additional review of health plan form filings to ensure plans have been updated to exclude cost-sharing for prenatal and postnatal services. The Office of Insurance Commissioner (OIC) will require one-time costs, in FY2026, of 17 hours of a Functional Program Analyst 4 to update filing review standards and speed-to-market tools, update checklist documents and filing instructions, train staff, and educate issuers. The OIC receives an average of 450 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 FY2026 and an additional 5 minutes of review per form filing in FY2027 and thereafter requiring 113 hours (450 form filings x 15 minutes) of a Functional Program Analyst 3 (FPA3) in FY2026 and 38 hours (450 form filings x 5 minutes) of a FPA3 in FY2027 and thereafter.

Section 1 will require 'normal' rulemaking in FY2026 to implement revisions to WAC 284-43-5642 to include prenatal and postnatal services. A new section will need to be added to WAC 284-43 Subchapter L to define services and duration of time included in prenatal and postnatal services.

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 2026	FY 2027	2025-27	2027-29	2029-31
138-1	Insurance Commissioners Regulatory Account	State	49,550	2,661	52,211	5,322	5,322
Total \$			49,550	2,661	52,211	5,322	5,322

III. B - Expenditures by Object Or Purpose

	FY 2026	FY 2027	2025-27	2027-29	2029-31
FTE Staff Years	0.3	0.0	0.2	0.0	0.0
A-Salaries and Wages	30,395	1,569	31,964	3,138	3,138
B-Employee Benefits	9,245	560	9,805	1,120	1,120
C-Professional Service Contracts					
E-Goods and Other Services	9,910	532	10,442	1,064	1,064
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 \$	49,550	2,661	52,211	5,322	5,322

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 2026	FY 2027	2025-27	2027-29	2029-31
Functional Program Analyst 3	78,468	0.1	0.0	0.1	0.0	0.0
Functional Program Analyst 4	86,712	0.1		0.0		
Senior Policy Analyst	131,328	0.2		0.1		
Total FTEs		0.3	0.0	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 1 will require ‘normal’ rulemaking in FY2026 to implement revisions to WAC 284-43-5642 to include prenatal and postnatal services. A new section will need to be added to WAC 284-43 Subchapter L to define services and duration of time included in prenatal and postnatal services.