

Multiple Agency Fiscal Note Summary

Bill Number: 5075 P S SB S-1398.1	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	Non-zero but indeterminate cost and/or savings. Please see discussion.											
Office of Insurance Commissioner	.2	0	0	65,557	.1	0	0	12,420	.1	0	0	12,420
Total \$	0.2	0	0	65,557	0.1	0	0	12,420	0.1	0	0	12,420

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 2/25/2025
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Individual State Agency Fiscal Note

Bill Number: 5075 P S SB S-1398.1	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:

Non-zero but indeterminate cost 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: Amanda Cecil	Phone: 360-786-7460	Date: 02/14/2025
Agency Preparation: Molly Christie	Phone: 360-725-5138	Date: 02/21/2025
Agency Approval: Tanya Deuel	Phone: 360-725-0908	Date: 02/21/2025
OFM Review: Marcus Ehrlander	Phone: (360) 489-4327	Date: 02/24/2025

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.

HCA: Indeterminate expenditure impact. See attached narrative.

HBE: No expenditure impact. See attached narrative.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

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

III. B - Expenditures by Object Or Purpose

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

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.

HBE Fiscal Note

Bill Number: 5075 PSSB S-1398.1

HBE Request #: 25-29-01

Part II: Narrative Explanation

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

Starting January 1, 2026, nongrandfathered health plans that provide maternity services will not impose any cost-sharing requirements for in-network covered prenatal and postnatal services. This includes office visits, laboratory services, ultrasounds, other imaging, prenatal screening tests, prenatal vitamins, lactation specialists, cesarean section follow-up care, and counseling and therapy services

A health plan issued or renewed on or after January 1, 2027, that covers maternity services cannot impose cost-sharing requirements for prescription drugs prescribed to treat conditions related to pregnancy or pregnancy complications during the prenatal and postnatal periods.

A health plan that offers prenatal and postnatal care as part of a qualifying health plan for a health savings account must set the cost-sharing for these services at the minimum level necessary to maintain the enrollee's ability to claim tax-exempt contributions under IRS laws and regulations.

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.

HCA Fiscal Note

Bill Number **5075 P S SB S-1398.1**

HCA Request #: 25-116

Title: **Prenatal and Postnatal Care**

Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

Non-zero but indeterminate cost 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.

HCA Fiscal Note

Bill Number **5075 P S SB S-1398.1**

HCA Request #: 25-116

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.

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

The proposed substitute version S-0573.1 describes the prenatal and postnatal service periods and extends the provisions in Section 1 to health plans offered by the Public Employees Benefits Board (PEBB) and School Employees Benefits Board (SEBB) programs.

Section 1 – New Section

Adds Section 1(3) clarifying that the prenatal services period begins 270 days prior to the delivery or pregnancy end date and postnatal services extend 12 months after delivery.

Section 2 - Amends and reenacts RCW 41.05.017, 2024 c 251 s 5, and 2024 c 242 s 10

Applies the provisions under Section 1 to health plans under Chapter 41.05 RCW (State Health Care Authority), which encompasses the PEBB and SEBB programs.

The substitute version S-1398.1 amends Section 1 to clarify that waived cost-sharing applies to covered prenatal and postnatal services that are provided in-network and for prescriptions used to treat conditions related to pregnancy or pregnancy complications. Additionally, the substitute redefines the prenatal service period as beginning with the date of service for the first claim that includes a pregnancy or pregnancy complication-related diagnosis code through delivery or pregnancy end date. The postnatal service period extends for twelve weeks following delivery for claims with a pregnancy or pregnancy complication-related diagnosis code and for twelve weeks to one year for claims with a pregnancy complication-related diagnosis code.

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.

HCA Fiscal Note

Bill Number **5075 P S SB S-1398.1**

HCA Request #: 25-116

Title: **Prenatal and Postnatal Care**

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:

HCA estimates that this bill would result in an indeterminate additional annual claims liability in UMP Classic and UMP Achieve 2 that would impact the state's contribution to medical benefits for employees under the PEBB and SEBB programs (Employer Medical Contribution, or EMC).

Sections 1 and 2 would mandate that all PEBB and SEBB health plans, including the self-insured Uniform Medical Plans, waive member cost-sharing for all prenatal services and postnatal services and prescription drugs. The prenatal period begins with the date of service of the first claim with a pregnancy or pregnancy complication-related diagnosis code through delivery or pregnancy end, and the postnatal period is twelve weeks following delivery or pregnancy end and up to a year for pregnancy complication-related diagnoses. Waived cost-sharing applies to prescription drugs used to treat pregnancy or pregnancy complication-related conditions during the prenatal and postnatal periods.

Generally, PEBB and SEBB health plans cover a broad range of preventive prenatal and postnatal care services without member cost sharing. In UMP, these include:

- Routine prenatal and postnatal care services
- Prenatal and postnatal lactation counseling
- Hepatitis B surface antigen (HBsAg) screening for all pregnant persons during the first trimester of pregnancy and the last trimester of pregnancy if the person is at high risk for hepatitis B infection
- Group B strep screening through prenatal vagino-rectal cultures at thirty-five to thirty-seven weeks of gestation; pregnant persons who are currently colonized with Group B strep, or who have unknown Group B strep status should receive intrapartum treatment in accordance with the current standard of practice to reduce risk to the newborn
- HIV counseling and testing
- Purchase of manual and electric breast pumps for pregnant and nursing members, plus supplies included with the initial purchase; hospital-grade pumps are not covered
- Screening for diabetes during pregnancy

New, additional claims liability in UMP would result from the removal of cost sharing for at least the following covered services during the prenatal and postnatal periods:

- Ultrasounds during pregnancy in week 13 or earlier and during weeks 13-28
- Counseling and therapy services
- Specialist services
- Therapies (physical therapy, occupational therapy, massage therapy)
- Prescription drugs
- Folic acid for prenatal use

HCA Fiscal Note

Bill Number **5075 P S SB S-1398.1**

HCA Request #: 25-116

Title: **Prenatal and Postnatal Care**

Total member cost-sharing in UMP for “other maternity services,” which excludes delivery, averaged approximately \$2.4 million in PEBB in 2022 and 2023, and approximately \$1.6 million in SEBB for the same period. This translates to a total annual expenditure impact via the EMC of approximately \$2.7 million in PEBB and \$4.6 million in SEBB. The true impact is expected to be greater than estimates from Regence using their maternity grouper tool, which likely does not capture all claims incurred during the prenatal and postnatal periods as defined in the bill.

Additionally, these figures do not include prescription drug cost-sharing used to treat pregnancy or pregnancy complication-related conditions. Section 1(1)(b) prohibits plans from imposing any cost-sharing requirements for prescription drugs prescribed for these purposes and does not specify that the provision would apply only to covered drugs. HCA interprets this to mean that UMP would be required to cover any prescription drugs, including non-formulary drugs, without cost-sharing if they are prescribed for pregnancy-related conditions. This covers a vast array of drugs, some of which may be costly non-preferred brands. While HCA is not able to predict the amount of cost-sharing and additional plan liability that would result from this bill, the total member cost-sharing for all covered drugs that may be used for conditions arising from pregnancy was \$27.1 million in 2024. Most of the spending on these drugs is likely for conditions unrelated to pregnancy, and this figure does not represent total increased plan liability from this bill.

HCA is unable to provide a reliable cost estimation for this proposed benefit for the following reasons:

- The prenatal and postnatal periods defined in this bill would be unique to each member, and HCA is unable to perform a complete member-level, seriatim analysis of historical cost-sharing amounts to project additional aggregate plan liability. Regence, UMP’s third-party administrator, uses a proprietary grouper that applies procedure-based logic to systematically assign services that members receive to a maternity episode of care. This tool likely does not capture the full breadth of services covered by this bill, including behavioral health care or specialists, services provided during the entire prenatal and postnatal periods as defined in the bill, or prescription drug claims.
- There are many drugs that may be used to treat conditions associated with pregnancy or postpartum, and pharmacy claims do not always include diagnosis-related information to identify when member cost-sharing should be waived. Waiving cost-sharing for prescription drugs as described in the bill would likely require member attestation of use for pregnancy or pregnancy complication-related conditions. The cost is indeterminate.
- Newborns are automatically covered on the mother’s plan following birth for at least 21 days, and claims may be billed under the mother. HCA therefore assumes postnatal claims for newborns would be covered without member cost-sharing during this period. The incremental cost is not calculable.
- It is not clear whether the deductible may apply to pregnancy-related services provided during the prenatal and postnatal period. HCA assumes that the bill language, which prohibits “any cost-sharing requirements,” means that the deductible does not apply to impacted medical services and prescription drugs.
- HCA assumes that provisions do not apply to non-covered prenatal vitamins. UMP covers folic acid for prenatal use as preventive according to the United States Preventive Services Task Force (USPSTF).

Additionally, the HSA-qualified high-deductible health plans (HDHPs) offered by UMP would be required to comply with provisions in Section 1(2). This means that these plans would be prohibited from having any cost sharing on the services in Section 1(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

HCA Fiscal Note

Bill Number **5075 P S SB S-1398.1** HCA Request #: 25-116 Title: **Prenatal and Postnatal Care**

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).

Apple Health Impacts:

No fiscal impact.

Part III: Expenditure Detail

III. A - Operating Budget Expenditure

Non-zero but indeterminate cost.

III. B - Expenditures by Object or Purpose

Non-zero but indeterminate cost.

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

HCA Fiscal Note

Bill Number **5075 P S SB S-1398.1** HCA Request #: 25-116 Title: **Prenatal and Postnatal Care**

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

Individual State Agency Fiscal Note

Bill Number: 5075 P S SB S-1398.1	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	0.1	0.2	0.1	0.1
Account					
Insurance Commissioners Regulatory Account-State 138-1	50,034	15,523	65,557	12,420	12,420
Total \$	50,034	15,523	65,557	12,420	12,420

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: Amanda Cecil	Phone: 360-786-7460	Date: 02/14/2025
Agency Preparation: Sydney Rogalla	Phone: 360-725-7042	Date: 02/18/2025
Agency Approval: Stacey Warick	Phone: (360) 725-0000	Date: 02/18/2025
OFM Review: Jason Brown	Phone: (360) 742-7277	Date: 02/20/2025

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

Section 1(1)(b) prohibits nongrandfathered health plans, issued or renewed on or after January 1, 2027, that provide maternity services coverage from imposing any cost sharing requirements for prescription drugs prescribed to treat conditions related to pregnancy or pregnancy complications during the prenatal and postnatal periods. ?

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

Section 1(1)(b) prohibits nongrandfathered health plans, issued or renewed on or after January 1, 2027, that provide maternity services coverage from imposing any cost sharing requirements for prescription drugs prescribed to treat conditions related to pregnancy or pregnancy complications during the prenatal and postnatal periods. ?

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, and prescription drugs. The Office of Insurance Commissioner (OIC) will require one-time costs, in FY2026, of 21 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 regarding prenatal and postnatal services, an additional 15 minutes of review per form filing in FY2027 regarding prescription drugs, and an additional 10 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 FY2027; and 75 hours (450 form filings x 10 minutes) of a FPA3 in FY2027 and thereafter.

Section 1(4) authorizes the OIC to adopt any rules necessary to implement section 1. 'Normal' rulemaking, in FY2026, will be required to implement revisions to WAC 284-43-5642 to include no cost sharing for prenatal and postnatal services. A new section will need to be added to WAC 284-43 Subchapter L to define services.

Ongoing costs:

Salary, benefits and associated costs for .05 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	50,034	15,523	65,557	12,420	12,420
Total \$			50,034	15,523	65,557	12,420	12,420

III. B - Expenditures by Object Or Purpose

	FY 2026	FY 2027	2025-27	2027-29	2029-31
FTE Staff Years	0.3	0.1	0.2	0.1	0.1
A-Salaries and Wages	30,684	9,155	39,839	7,324	7,324
B-Employee Benefits	9,343	3,263	12,606	2,612	2,612
C-Professional Service Contracts					
E-Goods and Other Services	10,007	3,105	13,112	2,484	2,484
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 \$	50,034	15,523	65,557	12,420	12,420

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	0.1	0.1	0.1	0.1
Functional Program Analyst 4	86,712	0.1		0.0		
Senior Policy Analyst	131,328	0.2		0.1		
Total FTEs		0.3	0.1	0.2	0.1	0.1

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(4) authorizes the Office of Insurance Commissioner to adopt any rules necessary to implement section 1. 'Normal' rulemaking, in FY2026, will be required to implement revisions to WAC 284-43-5642 to include no cost sharing for prenatal and postnatal services. A new section will need to be added to WAC 284-43 Subchapter L to define services.