

Multiple Agency Fiscal Note Summary

Bill Number: 6210 SB	Title: Health plan certification
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Estimated Cash Receipts

NONE

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	333,000	.0	0	0	560,000	.0	0	0	560,000
Office of Insurance Commissioner	2.8	0	0	822,768	5.0	0	0	1,422,646	5.0	0	0	1,422,646
Total \$	2.8	0	0	1,155,768	5.0	0	0	1,982,646	5.0	0	0	1,982,646

Estimated Capital Budget Expenditures

NONE

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
Washington State Health Care Authority									
Office of Insurance Commissioner	.0	0	0	.0	0	0	.0	0	0
Office of Insurance Commissioner									
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 1/23/2026
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Individual State Agency Fiscal Note

Bill Number: 6210 SB	Title: Health plan certification	Agency: 107-Washington State Health Care Authority
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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
Account					
Health Benefit Exchange Account-State 17T-1	50,000	283,000	333,000	560,000	560,000
Total \$	50,000	283,000	333,000	560,000	560,000

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: 01/16/2026
Agency Preparation: Samuel Quartey	Phone: 360-725-0000	Date: 01/22/2026
Agency Approval: SUMAN MAJUMDAR	Phone: 360-725-1319	Date: 01/22/2026
OFM Review: Jason Brown	Phone: (360) 742-7277	Date: 01/23/2026

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.

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.

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.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2026	FY 2027	2025-27	2027-29	2029-31
17T-1	Health Benefit Exchange Account	State	50,000	283,000	333,000	560,000	560,000
Total \$			50,000	283,000	333,000	560,000	560,000

III. B - Expenditures by Object Or Purpose

	FY 2026	FY 2027	2025-27	2027-29	2029-31
FTE Staff Years					
A-Salaries and Wages					
B-Employee Benefits					
C-Professional Service Contracts	50,000	283,000	333,000	560,000	560,000
E-Goods and Other Services					
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 \$	50,000	283,000	333,000	560,000	560,000

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)

Program	FY 2026	FY 2027	2025-27	2027-29	2029-31
Health Benefit Exchange (300)	50,000	283,000	333,000	560,000	560,000
Total \$	50,000	283,000	333,000	560,000	560,000

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

See Attached.

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: 6210 SB

HBE Request #: 26-01-01

Part II: Narrative Explanation

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

The bill expands the Washington Health Benefit Exchange's (Exchanges) ability to improve access and affordability in the exchange market. It adds new "market factor" certification criteria that carriers need to meet—alongside existing state and federal requirements—when selling Qualified Health Plans on the exchange market. These criteria allow the Exchange to address county-level issues such as lack of Bronze plans, insufficient plan choice, and suboptimal use of subsidies.

Beginning in 2028, the Exchange must follow a formal annual rulemaking process and timeline to develop and finalize these criteria, including consultation with state agencies, public hearings, and opportunities for objections by the Governor and Insurance Commissioner. Carriers may be required to provide data on service areas, offerings, and rates, may request waivers when compliance is impractical, and all submitted information is confidential.

The bill also allows carriers to continue offering non-exchange plans without meeting the new criteria. A companion Public Records Act exemption ensures confidentiality, and an emergency clause makes the bill effective immediately.

Section 1 — Legislative Findings and Intent

The Legislature explains that access to health care is essential for the well-being of Washington residents and that health insurance is a necessary mechanism for most people to obtain such care. It notes that although the federal Affordable Care Act requires states to apply 19 basic health plan certification criteria, these do not address the core issues of access and affordability within Washington's exchange. Because federal law allows states to adopt additional criteria to protect consumer interests, the Legislature expresses its intent to authorize the Washington Health Benefit Exchange to add criteria aimed at addressing access, affordability, and market volatility.

Section 3 — Market Factor Certification Criteria

This new section grants the Health Benefit Exchange authority to annually evaluate market conditions and adopt additional certification criteria to address emerging access and affordability concerns for the upcoming plan.. The Exchange may consider factors such as whether plans in each county are meaningfully different in benefits, networks, premiums, cost-sharing, or quality; whether multiple carriers offer plans; whether federal premium tax credits are maximized; whether plans efficiently utilize state premium assistance; and whether plans at all metal levels are available. In developing criteria, the Exchange must consult with the Insurance Commissioner and the Health Care Authority and solicit comments from carriers, tribes, and statewide health care stakeholders.

Beginning in 2028, it must follow a detailed annual process and timeline that includes identifying preliminary criteria, allowing for objections from the Governor and Commissioner, holding public hearings, and publishing final criteria by March 1. Carriers may be required to submit information on service areas, offerings, rates, and compliance with the criteria, and they may request a waiver if meeting the standards proves unworkable. Waivers must be supported with evidence and evaluated in terms of statewide impact, and all determinations must be completed prior to carriers' preliminary rate filings. Data submitted under this section is confidential, and the statute prohibits the criteria from directly imposing network participation or reimbursement mandates except as otherwise required by law. Carriers remain

HBE Fiscal Note

Bill Number: 6210 SB

HBE Request #: 26-01-01

free to sell plans outside the Exchange even if they do not meet these criteria. For plan year 2027, the new criteria will be developed using a process and timeline as determined by the Exchange.

Section 4 — Public Records Act Exemption

This section adds a new Public Records Act exemption clarifying that any information or data carriers submit to the Exchange for purposes of meeting or evaluating market factor certification criteria is confidential and not subject to public disclosure. This protects sensitive business information shared as part of the regulatory process.

Section 5 — Emergency Clause

The bill concludes by declaring that it is necessary for the immediate preservation of public peace, health, and safety, and for supporting state government and its institutions. Therefore, the act takes effect immediately upon passage.

II. B - Cash Receipts Impact

Indeterminate less than \$50,000. the Exchange anticipates some counties may see increases and decreases in overall enrollment, but the overall impact on enrollment and premiums is currently indeterminate.

II. C - Expenditures

Total Cost: The Exchange estimates a total fiscal impact of \$333,000 in the 2025-27 biennium with ongoing annual funding of \$280,000 beginning in fiscal year 2028.

Expenditures		FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
17T	Health Benefit Exchange	1	50,000	283,000	280,000	280,000	280,000
Biennial Total			333,000		560,000		560,000

Objects		FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
A	Salaries & Wages	-	118,000	118,000	118,000	118,000	118,000
B	Employee Benefits	-	38,000	38,000	38,000	38,000	38,000
C	Personal Serv Contr	50,000	100,000	100,000	100,000	100,000	100,000
E	Goods and Services	-	27,000	24,000	24,000	24,000	24,000
Total		50,000	283,000	280,000	280,000	280,000	280,000

This includes \$50,000 in FY2026 and ongoing costs of \$100,000 beginning in FY2027 attributable to actuarial work.

A Senior Policy Analyst would support the bill by conducting continuous market analysis and managing the annual cycle for developing and applying new plan certification criteria. Their workload shifts throughout the year:

- Oct–Nov: Perform the required market analysis.
- Nov–Jan: Develop and gather stakeholder input on new certification criteria.
- Feb–May: Work with the contracted actuary and carriers on compliance planning.
- Jun–Sep: Prepare for and implement plan certification using the new criteria.
- After certification, they begin the cycle over again

HBE Fiscal Note

Bill Number: 6210 SB

HBE Request #: 26-01-01

Part IV: Capital Budget Impact

None.

Part V: New Rule Making Required

None.

HCA Fiscal Note

Bill Number: **6210 SB**

HCA Request #: **26-046**

Title: **Health Plan Certification**

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:

- 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: **6210 SB**

HCA Request #: **26-046**

Title: **Health Plan Certification**

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.

This bill permits the Health Benefit Exchange (HBE) to develop market factor criteria as an additional measure for carriers to meet as part of the health plan certification process. Sec. 3(3) of the bill requires HBE to consult with the Washington State Health Care Authority (HCA) and the Washington State Office of the Insurance Commissioner to develop market factor certification criteria.

This bill has no fiscal impact on HCA.

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.

No Fiscal Impact.

HCA assumes that providing consultation to HBE in the development of market factor certification criteria can be done by utilizing the agency's existing resources.

Part III: Expenditure Detail

III. A - Operating Budget Expenditure

NONE

HCA Fiscal Note

Bill Number: **6210 SB**

HCA Request #: **26-046**

Title: **Health Plan Certification**

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

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: 6210 SB	Title: Health plan certification	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	0.5	5.1	2.8	5.0	5.0
Account					
Insurance Commissioners Regulatory Account-State 138-1	95,714	727,054	822,768	1,422,646	1,422,646
Total \$	95,714	727,054	822,768	1,422,646	1,422,646

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: 01/16/2026
Agency Preparation: Nico Janssen	Phone: 360-725-7056	Date: 01/21/2026
Agency Approval: Tom Zuvela	Phone: (800) 562-6900	Date: 01/21/2026
OFM Review: Jason Brown	Phone: (360) 742-7277	Date: 01/23/2026

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 2(1) adds criteria for the Health Benefit Exchange (HBE)'s certification of qualified health plans sold on the Washington Health Benefit Exchange (Healthplanfinder website) within Washington state's individual health insurance market.

Sections 3(1) and (2) create an annual process for HBE's evaluation and updates of the certification criteria each year.

Section 3(3) requires that HBE consult with the Office of the Insurance Commissioner (OIC) on developing certification criteria.

Section 3(4) sets a process through which HBE submits preliminary criteria to OIC for review and objections, publishes such criteria, and modifies criteria after March 1 annually if federal laws or regulations change.

Section 3(6) allows HBE to grant waivers to carriers (health insurers) before carriers file their proposed rates with OIC.

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.

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. Distinguished between one time and ongoing functions.

Section 2(1) adds criteria for the Health Benefit Exchange (HBE)'s certification of qualified health plans sold on the Washington Health Benefit Exchange (Healthplanfinder website) within Washington state's individual health insurance market.

Sections 3(1) and (2) create an annual process for HBE's evaluation and updates of the certification criteria each year.

Section 3(3) requires that HBE consult with the Office of the Insurance Commissioner (OIC) on developing certification criteria.

Section 3(4) sets a process through which HBE submits preliminary criteria to OIC for review and objections, publishes such criteria, and modifies criteria after March 1 annually if federal laws or regulations change.

Section 3(6) allows HBE to grant waivers to carriers (health insurers) before carriers file their proposed rates with OIC.

(FY2026) The bill would create new internal and external training requirements and new network access review work starting in March 2026.

(FY2026) The bill would generate an increase in inquiries to OIC from carriers and interested organizations.

(FY2026) The OIC would see increased costs associated with reviewing health plan filings.

(FY2027) OIC will incur costs associated with developing the market factor certification criteria with the health care authority and health benefit exchange.

(FY2027) The bill would generate a moderate increase in calls and written inquiries.

(FY2027) The OIC will incur new costs from legal advice requests related to the certification requirements and OIC's consultation with HBE.

One-Time Expense(s):

(FY2026) The agency would require 120.00 hours of a Washington Management Services 3 (WMS3), as well as 80.00 hours of a FPA4, and 160.00 hours of a FPA3 in FY2026.

(FY2026) The OIC would require 10.5 hours of a Washington Management Services 2 (WMS2), as well as 47.00 hours of a FPA4, and 55.00 hours of a FPA3 in FY2026.

(FY2027) Therefore, the OIC would require 16.00 hours of a Functional Program Analyst 4 (FP4) and 40.8 hours of a Functional Program Analyst 3 (FPA3) in FY2027.

(FY2027) The agency would require 68.00 hours of a FPA4 in FY2027.

(FY2027) The OIC would require 40.00 hours of an Insurance Attorney (IA) and 4.00 hours of a Paralegal (PL) in FY2027.

In summation, total (one-time expense) for the OIC is:

FY2026; WMS3: 120.00 hours (training)

FY2026; WMS2: 10.5 hours (training)

FY2026; FPA4: 127.00 hours (training/filings)

FY2026; FPA3: 215.00 hours (training)

FY2027; FPA4: 84.00 hours (call/filings)

FY2027; FPA3: 40.80 hours (calls)

FY2027; IA: 40.00 hours (enforcement actions)

FY2027; PL: 4.00 hours (enforcement actions)

(FY2026) The OIC would also realize an increase in new rate filing review because of this bill. This will require updated documentation and filing.

(FY2026) New health plan filings must be received by May 14, 2026, so that they can be reviewed and certified.

(FY2027) The bill would generate a moderate increase in calls and written inquiries using the year of implementation.

Ongoing Expense(s):

(FY2026) The agency would require 64.00 hours of an Actuary 4 (A4), as well as 110.00 hours of an Actuary 3 (A3), as well as 3.00 hours of an Actuary 2 (A2), as well as 112.00 hours of an Actuarial Analyst 3 (AA3), and 21.00 hours of an Actuarial Analyst 1 (AA1) in FY2026 and thereafter.

(FY2026) The OIC would require 10.50 hours of a WM2, as well as 47.00 hours of a FPA4, and 55.00 hours of a FPA3 in FY2026 and thereafter.

(FY2026) Therefore, the OIC would require 40.00 hours of a WMS3, as well as 7,680 hours of a FPA3, and 20.00 hours of a Deputy Commissioner (DC) in FY2026.

(FY2027) Therefore, the OIC would require 44.00 hours of Management Analyst 4 (MA4) and 72.50 hours of a FPA3 in FY2027 and thereafter.

In summation, total on-going expenses for the OIC are:

FY2026; A4: 64.00 hours (rate filings)

FY2026; A3: 110.00 hours (rate filings)

FY2026; A2: 3.00 hours (rate filings)

FY2026; AA3: 112.00 hours (rate filings)

FY2026; AA1: 21.00 hours (rate filings)

FY2026; DC: 20.00 hours (inquiries)

FY2027; MA4: 44.00 hours (calls/inquiries)

FY2027; FPA3: 7,752.50 hours (calls/inquiries/reviews)

FY2027; WMS3: 40.00 hours (calls/inquiries)

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	95,714	727,054	822,768	1,422,646	1,422,646
Total \$			95,714	727,054	822,768	1,422,646	1,422,646

III. B - Expenditures by Object Or Purpose

	FY 2026	FY 2027	2025-27	2027-29	2029-31
FTE Staff Years	0.5	5.1	2.8	5.0	5.0
A-Salaries and Wages	60,181	435,009	495,190	850,980	850,980
B-Employee Benefits	16,390	146,634	163,024	287,136	287,136
C-Professional Service Contracts					
E-Goods and Other Services	19,143	145,411	164,554	284,530	284,530
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 \$	95,714	727,054	822,768	1,422,646	1,422,646

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
Actuarial Analyst 1	60,132	0.0	0.0	0.0	0.0	0.0
Actuarial Analyst 3	108,780	0.1	0.1	0.1	0.1	0.1
Actuary 3	191,964	0.1	0.1	0.1	0.1	0.1
Actuary 4	217,152	0.0	0.0	0.0	0.0	0.0
Deputy Commissioner	169,956		0.0	0.0	0.0	0.0
FPA3	80,820	0.1	4.8	2.5	4.8	4.8
FPA4	89,316	0.1	0.1	0.1		
Insurance Attorney	106,608		0.0	0.0		
MA4	98,040		0.0	0.0	0.0	0.0
WMS2	135,236	0.0		0.0		
WMS3	154,123	0.1	0.0	0.1	0.0	0.0
Total FTEs		0.5	5.1	2.8	5.0	5.0

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

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.