

Multiple Agency Fiscal Note Summary

Bill Number: 6210 E S SB	Title: Health plan certification
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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	280,000	.0	0	0	560,000	.0	0	0	560,000
Office of Insurance Commissioner	.9	0	0	407,976	1.7	0	0	805,296	1.7	0	0	805,296
Total \$	0.9	0	0	687,976	1.7	0	0	1,365,296	1.7	0	0	1,365,296

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 2/19/2026
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Individual State Agency Fiscal Note

Bill Number: 6210 E S 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:

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

Estimated Operating Expenditures from:

	FY 2026	FY 2027	2025-27	2027-29	2029-31
Account					
Health Benefit Exchange Account-State 17T-1	0	280,000	280,000	560,000	560,000
Total \$	0	280,000	280,000	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: Sandy Stith	Phone: 786-7710	Date: 02/13/2026
Agency Preparation: Samuel Quartey	Phone: 360-725-0000	Date: 02/19/2026
Agency Approval: Suman Majumdar	Phone: 360-725-1319	Date: 02/19/2026
OFM Review: Jason Brown	Phone: (360) 742-7277	Date: 02/19/2026

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	0	280,000	280,000	560,000	560,000
Total \$			0	280,000	280,000	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		280,000	280,000	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 \$	0	280,000	280,000	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
300 - Health Benefit Exchange (300)		280,000	280,000	560,000	560,000
Total \$		280,000	280,000	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

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 ESSB

HBE Request #: 26-12-01

Part II: Narrative Explanation

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

This bill authorizes the Exchange to apply limited, transparent market factor certification criteria when certifying plans, with stakeholder input, public process, confidentiality protections, and a waiver option for carriers facing barriers. This bill strengthens the Washington Health Benefit Exchange's ability to improve affordability, access, and stability in the individual health insurance market while preserving the Insurance Commissioner's authority over rate review and provider network adequacy.

Section 1 — Legislative Findings and Intent

The legislature finds that access to health care and health insurance is essential for Washington residents, but rising costs and instability in the federal policy environment threaten affordability and access. An unstable individual insurance market would harm health outcomes, workforce productivity, quality of life, and increase uncompensated care. While the Washington Health Benefit Exchange already certifies plans using federal Affordable Care Act criteria, those criteria do not adequately address access and affordability. Therefore, the legislature intends to authorize the Exchange to adopt additional certification criteria focused on access, affordability, and market stability, while affirming that the Insurance Commissioner retains primary authority over rate review and provider network adequacy.

Section 2 — Amending RCW 43.71.020 Washington Health Benefit Exchange

RCW 43.71.020 is amended to reaffirm the structure, authority, and governance of the Washington Health Benefit Exchange. It establishes the Exchange as a self-sustaining public-private partnership with a nine-member governing board appointed by the governor from bipartisan legislative caucus nominations. The section specifies required expertise among board members, designates the chair as a nonvoting member except in limited circumstances related to market factor certification criteria, and adds the governor's senior health policy advisor as a nonvoting, ex officio member for matters involving those criteria

Section 3 — Certification of Qualified Health Plans

RCW 43.71.065 is amended to specify the conditions under which the Washington Health Benefit Exchange board may certify a qualified health plan, including meeting Exchange's new market factor certification criteria addressing access and affordability as established in section 4 of the bill.

Section 4 — Market Factor Certification Criteria

A new section is created in chapter 43.71 RCW authorizing the Washington Health Benefit Exchange to annually develop and apply market factor certification criteria beginning in plan year 2028 to address access and affordability issues in the exchange market after initial plan certification. The Exchange may adopt criteria based on market conditions, including whether plans are meaningfully different, offered by multiple carriers, maximize federal tax credits, efficiently use state assistance, and are available at required metal levels.

The section requires that any market factor criteria be objective, measurable, uniformly applied, non-duplicative of the Insurance Commissioner's authority, and consistent with federal and state law. Criteria must be developed in consultation with the Insurance Commissioner and Health Care Authority, and consider comments from carriers, producers, tribes, and other stakeholders.

HBE Fiscal Note

Bill Number: 6210 ESSB

HBE Request #: 26-12-01

For plan year 2028 and later, the section establishes a detailed timeline for proposing, reviewing, objecting to, finalizing, and publishing criteria, including public notice and hearings. Carriers may be required to submit information demonstrating compliance and may request waivers, which the Exchange must resolve before preliminary rate filings. Submitted carrier information is confidential, and the criteria may not impose provider participation or reimbursement requirements.

The section also requires annual legislative reporting beginning in 2030 on enrollment, rates, subsidies, and waiver activity, and clarifies that nothing in the criteria may cause plans to become actuarially unsound or conflict with existing regulatory requirements.

Section 5 — Confidentiality of Market Factor Certification Information

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.

Section 6 — Carrier Participation in Counties with Limited Competition

Adds a new provision to chapter 43.71 RCW requiring the Washington Health Benefit Exchange and the Insurance Commissioner to jointly work with carriers and hospitals when a county has one or fewer carriers offering health plans in the current or upcoming plan year. The purpose is to discuss and pursue a pathway to ensure that at least two carriers offer health plans in the affected county in a future plan year

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 \$280,000 per year in the Health Benefit Exchange Account- fund 17T beginning in fiscal year 2027.

Expenditures		FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
17T	Health Benefit Exchange	1	-	280,000	280,000	280,000	280,000
Biennial Total			280,000		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	-	100,000	100,000	100,000	100,000	100,000
E	Goods and Services	-	24,000	24,000	24,000	24,000	24,000
Total		-	280,000	280,000	280,000	280,000	280,000

This includes 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.

HBE Fiscal Note

Bill Number: 6210 ESSB

HBE Request #: 26-12-01

- 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

Part IV: Capital Budget Impact

None.

Part V: New Rule Making Required

None.

HCA Fiscal Note

Bill Number: **6210 ESSB**

HCA Request #: **26-112**

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 ESSB**

HCA Request #: **26-112**

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.

The changes in this bill, ESSB 6210 as compared to SB 6210:

Section 4 has been expanded to include subsection 11, which requires the Health benefit Exchange (HBE), in consultation with Health Care Authority (HCA) and Washington State Office of the Insurance Commissioner (OIC), to submit a report to the legislature by July 1st of each year, starting in 2030.

Section 5 has been updated to remove the emergency clause.

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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 HCA and OIC 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 ESSB**

HCA Request #: **26-112**

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 E S 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	0.0	1.8	0.9	1.7	1.7
Account					
Insurance Commissioners Regulatory Account-State 138-1	0	407,976	407,976	805,296	805,296
Total \$	0	407,976	407,976	805,296	805,296

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: Sandy Stith	Phone: 786-7710	Date: 02/13/2026
Agency Preparation: Nico Janssen	Phone: 360-725-7056	Date: 02/18/2026
Agency Approval: Tom Zuvela	Phone: (800) 562-6900	Date: 02/18/2026
OFM Review: Jason Brown	Phone: (360) 742-7277	Date: 02/19/2026

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 3(1)(c) – Amends RCW 43.71.065 to require the Exchange Board to determine that a plan meets the “market factor criteria that address access and affordability” established in Section 3 as a condition of Exchange certification

Section 4(2), 4(2) (a) – (e), and 4(3) – Market factor criteria considerations

This section identifies categories the Exchange may use to set market factor certification criteria, including plan availability by county (service areas/offerings) and whether plans are “meaningfully different” on measures such as cost-sharing, covered benefits, premiums, provider networks, or quality, as determined by the exchange. However, section 4(3) clarifies that the market factor criteria must be objectively defined, measurable, and consistently applied as well as uniformly applied to all exchange carriers.

Section 4(5) requires the Exchange to develop market factor certification criteria in consultation with the Commissioner and the Authority and to consider stakeholder comments.

Section 4(5)(a) establishes the annual schedule for preliminary market factor criteria: the Exchange posts preliminary criteria by December 15 (two years prior), the Commissioner and Governor may submit objections by January 15 (year prior), and the Exchange must respond to objections by January 31.

Section 4(5)(e) – HBE Public hearing. This fiscal estimate assumes that the OIC staff will not participate in the market factor criteria public hearing.

Section 4(5)(f) – Final market factor certification criteria (by March 1). By March 1 of the calendar year before the plan year, the Exchange must provide notice of the final market factor certification criteria to carriers and publish the notice. Key workload impacts (LHD actuarial)

LHD actuarial staff will need to incorporate final criteria into rate review operations, including updating internal guidance/checklists and any “speed-to-market” tools or filing instructions that reference Exchange certification requirements.

Section 4(5)(g) – Revisions after March 1. After March 1, the Exchange may only modify criteria as necessary to respond to applicable changes in state or federal laws/regulations, and any such modification that impacts a carrier’s preliminary health plan filings is only effective if agreed to by the Commissioner.

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 3(1)(c) – Amends RCW 43.71.065 to require the Exchange Board to determine that a plan meets the “market factor criteria that address access and affordability” established in Section 3 as a condition of Exchange certification

Section 4(2), 4(2) (a) – (e), and 4(3) – Market factor criteria considerations

This section identifies categories the Exchange may use to set market factor certification criteria, including plan availability by county (service areas/offerings) and whether plans are “meaningfully different” on measures such as

cost-sharing, covered benefits, premiums, provider networks, or quality, as determined by the exchange. However, section 4(3) clarifies that the market factor criteria must be objectively defined, measurable, and consistently applied as well as uniformly applied to all exchange carriers.

Section 4(5) requires the Exchange to develop market factor certification criteria in consultation with the Commissioner and the Authority and to consider stakeholder comments.

Section 4(5)(a) establishes the annual schedule for preliminary market factor criteria: the Exchange posts preliminary criteria by December 15 (two years prior), the Commissioner and Governor may submit objections by January 15 (year prior), and the Exchange must respond to objections by January 31.

Section 4(5)(e) – HBE Public hearing. This fiscal estimate assumes that the OIC staff will not participate in the market factor criteria public hearing.

Section 4(5)(f) – Final market factor certification criteria (by March 1). By March 1 of the calendar year before the plan year, the Exchange must provide notice of the final market factor certification criteria to carriers and publish the notice.

Key workload impacts (LHD actuarial)

LHD actuarial staff will need to incorporate final criteria into rate review operations, including updating internal guidance/checklists and any “speed-to-market” tools or filing instructions that reference Exchange certification requirements.

Section 4(5)(g) – Revisions after March 1. After March 1, the Exchange may only modify criteria as necessary to respond to applicable changes in state or federal laws/regulations, and any such modification that impacts a carrier’s preliminary health plan filings is only effective if agreed to by the Commissioner.

The OIC would receive new rate filings because of this bill starting on December 15, 2026. Therefore, the agency would require hours from an Actuary 4 (A4) and an Actuarial Analyst 1 (AA1) in FY 2027 and thereafter.

The OIC would require analyses of market factor criteria because of this bill. Therefore, the agency would require hours of an Actuary 3 (A3), and an Actuarial Analyst 3 (AA3) in FY 2027 and thereafter.

Individual health plan marketplace filings must be received by the filing date, which will be mid-May 2027, to be reviewed and certified for plan year 2028. To be ready for these mid-May 2027 submissions and add the bill requirements for new market factor certification criteria to multiple existing review checklists and speed-to-market tools work must begin March 1, 2027. Therefore, the OIC would require hours from a Washington Management Services 2 (WMS2), a Functional Program Analyst 4 (FPA4), and a Functional Program Analyst 3 (FPA3) in FY2027 and thereafter.

Additionally, the OIC requires a one-time cost for 50 hours of an Insurance Attorney role in FY2027 to handle advice requests.

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	0	407,976	407,976	805,296	805,296
Total \$			0	407,976	407,976	805,296	805,296

III. B - Expenditures by Object Or Purpose

	FY 2026	FY 2027	2025-27	2027-29	2029-31
FTE Staff Years		1.8	0.9	1.7	1.7
A-Salaries and Wages		261,011	261,011	515,442	515,442
B-Employee Benefits		65,370	65,370	128,794	128,794
C-Professional Service Contracts					
E-Goods and Other Services		81,595	81,595	161,060	161,060
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	407,976	407,976	805,296	805,296

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
A3	191,964		0.8	0.4	0.8	0.8
A4	217,152		0.0	0.0	0.0	0.0
AA1	82,872		0.0	0.0	0.0	0.0
AA3	108,780		0.8	0.4	0.8	0.8
FPA3	82,872		0.0	0.0	0.0	0.0
FPA4	91,944		0.0	0.0	0.0	0.0
Insurance Attorney	106,608		0.0	0.0		
WMS2	135,236		0.0	0.0	0.0	0.0
Total FTEs			1.8	0.9	1.7	1.7

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.