

SENATE BILL REPORT

SB 5967

As of January 13, 2026

Title: An act relating to preserving access to preventive services by clarifying state authority and definitions.

Brief Description: Preserving access to preventive services by clarifying state authority and definitions.

Sponsors: Senators Cleveland and Harris; by request of Governor Ferguson, Insurance Commissioner.

Brief History:

Committee Activity: Health & Long-Term Care: 1/15/26.

Brief Summary of Bill

- Allows the Department of Health to issue immunization recommendations and guidance.
- Modifies requirements for coverage of preventative services.
- Modifies cost estimations procedures for vaccine purchases through the Washington Vaccine Association.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Staff: Greg Attanasio (786-7410)

Background: The Advisory Committee on Immunization Practices (ACIP) is a committee of experts who make recommendations to the Department of Health and Human Services regarding the use of vaccines and related agents for the control of vaccine-preventable disease in the United States civilian population. ACIP recommendations inform the Centers for Disease Control and Prevention's annual immunization schedules of recommended vaccines for children, adolescents, and adults. ACIP also makes recommendations for

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nonroutine vaccines, including for travel or for emergencies such as disease outbreaks.

The United States Preventive Services Task Force (Task Force) is a scientifically independent, volunteer panel of national experts in prevention and evidence-based medicine. The Task Force makes evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications. The Task Force assigns each recommendation a letter grade—an A, B, C, or D grade or an I statement—based on the strength of the evidence and the balance of benefits and harms of a preventive service. The recommendations apply only to people who have no signs or symptoms of the specific disease or condition under evaluation, and the recommendations address only services offered in the primary care setting or services referred by a primary care clinician.

The Health Resources and Services Administration (HRSA) develops national recommendations for well-child and well-woman health care checkups and creates a list of health conditions doctors should screen babies for when they are born.

Non-grandfathered health plans issued or renewed in Washington on or after June 6, 2024, must provide coverage for the following preventative services:

- services that have an A or B rating in the current Task Force recommendations;
- immunizations for routine use in children, adolescents, and adults that have in effect a recommendation from ACIP;
- evidence-informed preventive care and screenings for infants, children, and adolescents provided for in comprehensive guidelines supported by HRSA; and
- preventive care and screenings for women not listed with a rating of A or B by the Task Force but are provided for in comprehensive guidelines supported by HRSA.

These services must be covered consistent with federal rules and guidance related to the coverage of such services in effect on January 8, 2024.

The Washington Vaccine Association (WVA) collects and remits adequate funds from health carriers and third-party administrators for the cost of vaccines provided to certain children in Washington State. All third-party administrators conducting business on behalf of residents of Washington or Washington health care providers and facilities are required to register with the association. The money collected is used to purchase vaccines for all children in the state through the Childhood Vaccine Program. The Secretary of Health must annually estimate the non-federal costs for the program for the upcoming calendar year.

Summary of Bill: The Department of Health (DOH) may issue immunization recommendations and related guidance. In developing its recommendations, DOH must consider the recommendations of ACIP and experts and expert organizations that DOH deems relevant and based on reasonable scientific evidence and judgment. Any recommendations or guidance issued by DOH shall be posted on its website and are not subject to rulemaking.

Non-grandfathered health plans issued or renewed in Washington on or after April 1, 2026, must provide coverage for the following preventative services:

- services that have an A or B rating in the current Task Force recommendations in effect on June 30, 2025, and items and services included in rules adopted by the Office of the Insurance Commissioner (OIC);
- evidence-informed preventive care and screenings for infants, children, and adolescents provided for in comprehensive guidelines supported by HRSA in effect on June 30, 2025, and items and services included in rules adopted by OIC;
- preventive care and screenings for women not listed with a rating of A or B by the Task Force but are provided for in comprehensive guidelines supported by HRSA in effect on June 30, 2025, and items and services included in rules adopted by OIC; and
- immunizations recommended by DOH.

These services must be covered consistent with federal rules and guidance related to the coverage of such services in effective on June 30, 2025 and rules adopted by OIC, and in the case of immunizations, consistent with DOH guidance.

OIC may adopt rules necessary to implement the coverage requirements including rules modifying coverage requirements for preventive services based on the addition of preventive services or other changes to the recommendations and guidelines made after June 30, 2025. Any rules adopted by OIC must be as or more favorable to enrollees with respect to coverage of preventive services than the recommendations and guidelines in effect on June 30, 2025. When adopting rules, OIC must consult with the Health Care Authority and DOH and must consider DOH immunization recommendations, and recommendations issued by ACIP, HRSA, and other relevant experts.

The definition of vaccine for the WVA means an immunization recommended by DOH for administration to persons under the age of 19 years and approved by the Federal Food and Drug Administration as safe and effective in any manner.

The Secretary of Health must annually estimate the nonfederal program cost for the purchase and distribution of vaccines, prioritizing purchasing at the federal discount rate or, if not available, at the most cost-effective rate.

Appropriation: None.

Fiscal Note: Requested on January 5, 2026.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: The bill contains an emergency clause and takes effect immediately.