
HOUSE BILL 2242

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By Representatives Bronoske, Doglio, Parshley, Simmons, Berry, Ramel, Thomas, Ormsby, Thai, Macri, Fosse, Hill, Pollet, Obras, Wylie, and Zahn; by request of Governor Ferguson and Insurance Commissioner

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1 AN ACT Relating to preserving access to preventive services by
2 clarifying state authority and definitions; amending RCW 48.43.047,
3 70.290.010, and 70.290.040; adding a new section to chapter 43.70
4 RCW; creating a new section; and declaring an emergency.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 NEW SECTION. **Sec. 1.** (1) It is the intent of the legislature to
7 preserve access to evidence-based preventive health services for
8 people residing in Washington state who choose to use such services.

9 (2) The legislature does not intend to establish new requirements
10 that any individual receive any immunization or other preventive
11 health service, nor does the legislature intend to modify, limit, or
12 expand existing laws related to informed consent for health care
13 decisions for minors or adults.

14 NEW SECTION. **Sec. 2.** A new section is added to chapter 43.70
15 RCW to read as follows:

16 The department may issue immunization recommendations and related
17 guidance. In developing its recommendations, the department must
18 consider the recommendations of the advisory committee on
19 immunization practices of the United States centers for disease
20 control and prevention and experts and expert organizations that the

1 department in its discretion deems relevant and based on reasonable
2 scientific evidence and judgment. Any recommendations or guidance
3 issued by the department under this section shall be posted on the
4 department's website. Any recommendations or guidance issued by the
5 department under this section are not subject to the rule-making
6 requirements of chapter 34.05 RCW.

7 **Sec. 3.** RCW 48.43.047 and 2024 c 314 s 1 are each amended to
8 read as follows:

9 (1) A nongrandfathered health plan issued on or after (~~June 6,~~
10 ~~2024,~~) April 1, 2026, must, at a minimum, provide coverage for the
11 following preventive services (~~(as the recommendations or guidelines~~
12 ~~existed on January 8, 2024)~~):

13 (a) Evidence-based items or services that have a rating of A or B
14 in the (~~current~~) recommendations of the United States preventive
15 services task force in effect on June 30, 2025, and items and
16 services included in rules adopted by the insurance commissioner
17 under this section with respect to the enrollee;

18 (~~(b) (Immunizations for routine use in children, adolescents, and~~
19 ~~adults that have in effect a recommendation from the advisory~~
20 ~~committee on immunization practices of the centers for disease~~
21 ~~control and prevention with respect to the enrollee. For purposes of~~
22 ~~this subsection, a recommendation from the advisory committee on~~
23 ~~immunization practices of the centers for disease control and~~
24 ~~prevention is considered in effect after the recommendation has been~~
25 ~~adopted by the director of the centers for disease control and~~
26 ~~prevention, and a recommendation is considered to be for routine use~~
27 ~~if the recommendation is listed on the immunization schedules of the~~
28 ~~centers for disease control and prevention;~~

29 (~~(c))~~) With respect to infants, children, and adolescents,
30 evidence-informed preventive care and screenings provided for in
31 comprehensive guidelines supported by the health resources and
32 services administration in effect on June 30, 2025, and preventive
33 care and screenings included in rules adopted by the insurance
34 commissioner under this section; (~~and~~

35 (~~(d))~~) (c) With respect to women, additional preventive care and
36 screenings that are not listed with a rating of A or B by the United
37 States preventive services task force but that are provided for in
38 comprehensive guidelines supported by the health resources and
39 services administration in effect on June 30, 2025, and preventive

1 care and screenings included in rules adopted by the insurance
2 commissioner under this section; and

3 (d) Immunizations that have in effect a recommendation from the
4 department of health under section 2 of this act.

5 (2) A nongrandfathered health plan must provide coverage for
6 ((the)):

7 (a) The preventive services required to be covered under
8 subsection (1)(a) through (c) of this section consistent with federal
9 rules and guidance related to coverage of such preventive services in
10 effect on ((January 8, 2024)) June 30, 2025, and rules adopted by the
11 insurance commissioner under this section; and

12 (b) Immunizations required to be covered under subsection (1)(d)
13 of this section consistent with department of health guidance issued
14 under section 2 of this act.

15 (3) A nongrandfathered health plan must provide coverage for the
16 preventive services required to be covered under subsections (1) and
17 (2) of this section for plan years that begin on or after the date
18 that is one year after the date the recommendation or guideline is
19 issued.

20 ~~(4) ((A nongrandfathered health plan is no longer required to~~
21 ~~provide coverage for particular items or services specified in the~~
22 ~~recommendations or guidelines described in subsection (1) of this~~
23 ~~section if such a recommendation or guideline is revised by the~~
24 ~~recommending entities described in subsection (1) of this section to~~
25 ~~no longer include the preventive item or service as defined in~~
26 ~~subsection (1) of this section.~~

27 ~~(5) Annually, a health carrier shall determine whether any~~
28 ~~additional items or services must be covered without cost-sharing~~
29 ~~requirements or whether any items or services are no longer required~~
30 ~~to be covered as provided in subsections (2) and (3) of this section.~~
31 ~~The carrier's determination must be included in its health plan~~
32 ~~filings submitted to the commissioner.~~

33 ~~(6))~~ (a) Except as provided in (b) of this subsection, the health
34 plan may not impose cost-sharing requirements for the preventive
35 services required to be covered under subsections (1) and (2) of this
36 section when the services are provided by an in-network provider. If
37 a plan does not have in its network a provider who can provide an
38 item or service described in subsections (1) and (2) of this section,
39 the plan must cover the item or service when performed by an out-of-

1 network provider and may not impose cost sharing with respect to the
2 item or service.

3 ~~((If any portion of 42 U.S.C. Sec. 300gg-13 is found invalid,~~
4 ~~for)) For a health plan offered as a qualifying health plan for a
5 health savings account, the carrier may apply cost sharing to
6 coverage of the services ~~((that have been invalidated))~~ required to
7 be covered under subsections (1) and (2) of this section only at the
8 minimum level necessary to preserve the enrollee's ability to claim
9 tax exempt contributions and withdrawals from the enrollee's health
10 savings account under internal revenue service laws and regulations.~~

11 ~~((7))~~ (5) A carrier may use reasonable medical management
12 techniques to determine the frequency, method, treatment, or setting
13 for an item or service described in subsections (1) and (2) of this
14 section to the extent not specified in the relevant recommendation or
15 guideline, federal rules and guidance related to the coverage of
16 preventive services in effect on ~~((January 8, 2024,))~~ June 30, 2025,
17 department of health guidance issued under section 2 of this act, and
18 any rules adopted by the insurance commissioner.

19 ~~((8) The insurance commissioner shall enforce this section~~
20 ~~consistent with federal rules and guidance in effect on January 8,~~
21 ~~2024.~~

22 ~~(9))~~ (6) The insurance commissioner may adopt rules necessary to
23 implement the requirements of this section, ~~((consistent with federal~~
24 ~~statutes, rules, and guidance in effect on January 8, 2024. The~~
25 ~~insurance commissioner may also adopt rules related to any future~~
26 ~~preventive services recommendations and guidelines issued by the~~
27 ~~United States preventive services task force, the advisory committee~~
28 ~~on immunization practices of the centers for disease control and~~
29 ~~prevention, and the health resources and services administration or~~
30 ~~related federal rules or guidance))~~ including rules modifying
31 coverage requirements for preventive services under subsection (1)(a)
32 through (c) of this section based on the addition of preventive
33 services or other changes to the recommendations and guidelines
34 referenced in subsection (1)(a) through (c) of this section that are
35 made after June 30, 2025. Any rules adopted by the insurance
36 commissioner must be as or more favorable to enrollees with respect
37 to coverage of preventive services than the recommendations and
38 guidelines in effect on June 30, 2025. In adopting any rules under
39 this subsection, the insurance commissioner must:

1 (a) Consult with the health care authority and department of
2 health; and

3 (b) Consider the recommendations of the department of health
4 issued under section 2 of this act and recommendations issued by the
5 United States preventive services task force, the health resources
6 and services administration, and experts and expert organizations
7 that the commissioner in their discretion deems relevant and based on
8 reasonable scientific evidence and judgment.

9 **Sec. 4.** RCW 70.290.010 and 2024 c 41 s 1 are each amended to
10 read as follows:

11 The definitions in this section apply throughout this chapter
12 unless the context clearly requires otherwise.

13 (1) "Association" means the Washington vaccine association.

14 (2) "Covered lives" means all persons under the age of nineteen
15 in Washington state who are:

16 (a) Covered under an individual or group health benefit plan
17 issued or delivered in Washington state or an individual or group
18 health benefit plan that otherwise provides benefits to Washington
19 residents; or

20 (b) Enrolled in a group health benefit plan administered by a
21 third-party administrator. Persons under the age of nineteen for whom
22 federal funding is used to purchase vaccines or who are enrolled in
23 state purchased health care programs covering low-income children
24 including, but not limited to, apple health for kids under RCW
25 74.09.470 and the basic health plan under chapter 70.47 RCW are not
26 considered "covered lives" under this chapter.

27 (3) "Estimated vaccine cost" means the estimated cost to the
28 state over the course of a state fiscal year for the purchase and
29 distribution of vaccines purchased (~~(at the federal discount rate)~~)
30 by the department of health.

31 (4) "Health benefit plan" has the same meaning as defined in RCW
32 48.43.005 and also includes health benefit plans administered by a
33 third-party administrator.

34 (5) "Health carrier" has the same meaning as defined in RCW
35 48.43.005.

36 (6) "Secretary" means the secretary of the department of health.

37 (7) "State supplied vaccine" means vaccine purchased by the state
38 department of health for covered lives for whom the state is

1 purchasing vaccine using state funds raised via assessments on health
2 carriers and third-party administrators as provided in this chapter.

3 (8) "Third-party administrator" means any person or entity who,
4 on behalf of a health insurer or health care purchaser, receives or
5 collects charges, contributions, or premiums for, or adjusts or
6 settles claims on or for, residents of Washington state or Washington
7 health care providers and facilities.

8 (9) "Total nonfederal program cost" means the estimated vaccine
9 cost less the amount of federal revenue available to the state for
10 the purchase and distribution of vaccines.

11 (10) "Vaccine" means an immunization recommended by the
12 department of health under section 2 of this act for administration
13 to persons under the age of 19 years and approved by the federal food
14 and drug administration as safe and effective (~~(and recommended by~~
15 ~~the advisory committee on immunization practices of the centers for~~
16 ~~disease control and prevention for administration to children under~~
17 ~~the age of nineteen years)) in any manner.~~

18 **Sec. 5.** RCW 70.290.040 and 2010 c 174 s 4 are each amended to
19 read as follows:

20 (1) The secretary shall estimate the total nonfederal program
21 cost for the upcoming calendar year by October 1, 2010, and October
22 1st of each year thereafter, prioritizing purchasing at the federal
23 discount rate or, if not available, at the most cost-effective rate.
24 Additionally, the secretary shall subtract any amounts needed to
25 serve children enrolled in state purchased health care programs
26 covering low-income children for whom federal vaccine funding is not
27 available, and report the final amount to the association. In
28 addition, the secretary shall perform such calculation for the period
29 of May 1st through December 31st, 2010, as soon as feasible but in no
30 event later than April 1, 2010. The estimates shall be timely
31 communicated to the association.

32 (2) The board of directors of the association shall determine the
33 method and timing of assessment collection in consultation with the
34 department of health. The board shall use a formula designed by the
35 board to ensure the total anticipated nonfederal program cost, minus
36 costs for other children served through state purchased health care
37 programs covering low-income children, calculated under subsection
38 (1) of this section, is collected and transmitted to the universal
39 vaccine purchase account created in RCW 43.70.720 in order to ensure

1 adequacy of state funds to order state-supplied vaccine (~~from~~
2 ~~federal centers for disease control and prevention~~)).

3 (3) Each licensed health carrier and each third-party
4 administrator on behalf of its clients' health benefit plans must be
5 assessed and is required to timely remit payment for its share of the
6 total amount needed to fund nonfederal program costs calculated by
7 the department of health. Such an assessment includes additional
8 funds as determined necessary by the board to cover the reasonable
9 costs for the association's administration. The board shall determine
10 the assessment methodology, with the intent of ensuring that the
11 nonfederal costs are based on actual usage of vaccine for a health
12 carrier or third-party administrator's covered lives. State and local
13 governments and school districts must pay their portion of vaccine
14 expense for covered lives under this chapter.

15 (4) The board of the association shall develop a mechanism
16 through which the number and cost of doses of vaccine purchased under
17 this chapter that have been administered to children covered by each
18 health carrier, and each third-party administrator's clients health
19 benefit plans, are attributed to each such health carrier and third-
20 party administrator. Except as otherwise permitted by the board, this
21 mechanism must include at least the following: Date of service;
22 patient name; vaccine received; and health benefit plan eligibility.
23 The data must be collected and maintained in a manner consistent with
24 applicable state and federal health information privacy laws.
25 Beginning November 1, 2011, and each November 1st thereafter, the
26 board shall factor the results of this mechanism for the previous
27 year into the determination of the appropriate assessment amount for
28 each health carrier and third-party administrator for the upcoming
29 year.

30 (5) For any year in which the total calculated cost to be
31 received from association members through assessments is less than
32 the total nonfederal program cost, the association must pay the
33 difference to the state for deposit into the universal vaccine
34 purchase account established in RCW 43.70.720. The board may assess,
35 and the health carrier and third-party administrators are obligated
36 to pay, their proportionate share of such costs and appropriate
37 reserves as determined by the board.

38 (6) The aggregate amount to be raised by the association in any
39 year may be reduced by any surpluses remaining from prior years.

1 (7) In order to generate sufficient start-up funding, the
2 association may accept prepayment from member health carriers and
3 third-party administrators, subject to offset of future amounts
4 otherwise owing or other repayment method as determined by the board.
5 The initial deposit of start-up funding must be deposited into the
6 universal vaccine purchase account on or before April 30, 2010.

7 NEW SECTION. **Sec. 6.** If any provision of this act or its
8 application to any person or circumstance is held invalid, the
9 remainder of the act or the application of the provision to other
10 persons or circumstances is not affected.

11 NEW SECTION. **Sec. 7.** This act is necessary for the immediate
12 preservation of the public peace, health, or safety, or support of
13 the state government and its existing public institutions, and takes
14 effect immediately.

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