
SUBSTITUTE SENATE BILL 5075

State of Washington

69th Legislature

2025 Regular Session

By Senate Health & Long-Term Care (originally sponsored by Senators Muzzall, Cleveland, Bateman, Braun, Cortes, Dozier, Frame, Harris, Hasegawa, Krishnadasan, Riccelli, Shewmake, Trudeau, Warnick, and C. Wilson)

READ FIRST TIME 02/14/25.

1 AN ACT Relating to cost sharing for prenatal and postnatal care;
2 reenacting and amending RCW 41.05.017; and adding a new section to
3 chapter 48.43 RCW.

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

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 48.43
6 RCW to read as follows:

7 (1) Except as provided in subsection (2) of this section:

8 (a) A nongrandfathered health plan issued or renewed on or after
9 January 1, 2026, that provides coverage for maternity services may
10 not impose any cost-sharing requirements for in-network covered
11 prenatal services including, but not limited to, office visits,
12 laboratory services, ultrasounds and other imaging, prenatal
13 screening tests, and prenatal vitamins, and covered in-network
14 postnatal services including, but not limited to, office visits,
15 lactation specialists, cesarean section follow-up care, laboratory
16 services, ultrasounds and other imaging, and counseling and therapy
17 services.

18 (b) A nongrandfathered health plan issued or renewed on or after
19 January 1, 2027, that provides coverage for maternity services may
20 not impose any cost-sharing requirements for prescription drugs

1 prescribed to treat conditions related to pregnancy or pregnancy
2 complications during the prenatal and postnatal periods.

3 (2) For a health plan that provides coverage of prenatal and
4 postnatal care and is offered as a qualifying health plan for a
5 health savings account, the health carrier shall establish the plan's
6 cost sharing for the coverage of the services described in this
7 section at the minimum level necessary to preserve the enrollee's
8 ability to claim tax exempt contributions from their health savings
9 account under internal revenue service laws and regulations.

10 (3) For the purposes of this section, the prenatal services
11 period begins on the date of service of the first claim received by
12 the carrier for an enrollee that includes a pregnancy-related or
13 pregnancy complication-related diagnosis code until the delivery or
14 pregnancy end date. All claims for services that include a pregnancy-
15 related or pregnancy complication-related diagnosis code during this
16 period must be covered without cost-sharing. The postnatal services
17 period extends for 12 weeks following delivery for all claims for
18 services provided to an enrollee that include a pregnancy-related or
19 pregnancy complication-related diagnosis code and from 12 weeks up to
20 one year following delivery for all claims for services provided to
21 an enrollee that include a pregnancy complication-related diagnosis
22 code. During these periods, claims for services that include a
23 pregnancy-related or pregnancy complication-related diagnosis code,
24 as applicable, must be covered without cost sharing.

25 (4) The office of the insurance commissioner may adopt any rules
26 necessary to implement this section.

27 **Sec. 2.** RCW 41.05.017 and 2024 c 251 s 5 and 2024 c 242 s 10 are
28 each reenacted and amended to read as follows:

29 Each health plan that provides medical insurance offered under
30 this chapter, including plans created by insuring entities, plans not
31 subject to the provisions of Title 48 RCW, and plans created under
32 RCW 41.05.140, are subject to the provisions of RCW 48.43.500,
33 70.02.045, 48.43.505 through 48.43.535, 48.43.537, 48.43.545,
34 48.43.550, 70.02.110, 70.02.900, 48.43.190, 48.43.083, 48.43.0128,
35 48.43.780, 48.43.435, 48.43.815, 48.200.020 through 48.200.280,
36 48.200.300 through 48.200.320, 48.43.440, section 1 of this act, and
37 chapter 48.49 RCW.

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