2025 Health Care Affordability State Policy Snapshot

WASHINGTON

ADDRESS CONSOLIDATION AND PROMOTE COMPETITION	**Consolidation Oversight**	**Facility Fee Limits**	**Anti-Competitive Contract Provisions**		
MEDICAL DEBT PREVENTION	**Balance Billing and Short-Term Insurance**	**Charity Care and Community Benefit**	**Reducing Financial Consequences**		
CURB EXCESS COSTS IN THE SYSTEM	**Premium Rate Review**	**Hospital Price Regulation**	**Affordable Coverage**	**Prescription Drug Pricing**	**Medicaid Costs**
MEDICAID SERVICES AND IMMIGRANT COVERAGE	**Medicaid Administration**	**Medicaid Covered Services**	**Medicaid Eligibility**	**Immigrant Coverage**	
IMPROVE OVERSIGHT, ACCOUNTABILITY AND TRANSPARENCY	**Health Care Spending Oversight**	**Prescription Drug Affordability Board**	**All-Payer Claims Database**	**Price Transparency**	
REDUCE COST-SHARING FOR PATIENTS	**Prescription Drugs**	**Behavioral Health**	**Preventive Care**	**Maternal and Reproductive Health Care**	**Cancer Screening and Testing Services**

HEALTHCARE VALUE HUB

State Has Active Legislation

State Does Not Have Active Legislation

The Health Care Value Hub ("the Hub") is proud to launch the 2025 Health Care Affordability Policy Snapshot ("Affordability Snapshot"). The Affordability Snapshot provides legislators, consumer advocates, regulators and other interested parties a tool to compare their state's health policies across other states.

The categories examined in this resource explore a variety of policy options that impact health care affordability. Policies were examined for whether they were active, implemented to a limited degree, or not active as of June 1, 2025. Sources for this information can be found in the downloadable **Data and Source Document available on the Dashboard page. Definitions and descriptions for each policy category can be found in the Glossary.**

The Hub offers online and hands-on support with staff dedicated to understanding health care policy and connecting advocates and other interested parties together to help build a patient-centered, high-value healthcare system. As a research-based organization, the Hub takes a comprehensive approach to improving affordability through policy analysis, translation, visualization, and collaborative engagement. We encourage advocates, legislators, and other stakeholders to share our findings to improve consumer health care affordability across the states.

Address Consolidation and Promote Competition

Consolidation Oversight

Policy	Status as of June 2025	Summary
Transaction Notification Required	Requires health systems or providers to notify the state of consolidation transactions	The Attorney General (AG) must be notified of any material changes involving hospitals, hospital systems, and provider organizations. Notably, Washington was the first state to enact the Uniform Antitrust Premerger Notification Act, which took effect in 2025 under Senate Bill 5122. Likewise, the Department of Health (DOH) must be informed of any acquisitions involving nonprofit hospitals, and the Certificate of Need (CON) program must be notified of any sales, purchases, or leases of hospitals.
Authority to Modify or Reject Consolidation Transactions	Has authority to approve, set conditions, or disapprove consolidation transactions	Both the Department of Health and the CON program have the authority to approve, set conditions on, or disapprove transactions under their purview. Although the Attorney General provides formal opinions to the DOH, the AG does not have direct approval authority over these transactions.
Affordability Criteria included in Transaction Review	Includes consumer affordability or price growth in review criteria, approval conditions, or both	The DOH evaluates proposals based on factors such as access to affordable care, whereas the CON program considers the potential impact of a transaction on the cost of and charges for health services.

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Address Consolidation and Promote Competition

Facility Fees

Policy	Status as of June 2025	Summary
Prohibits Facility Fees	State prohibits provider from charging a facility fee for specified procedures, care settings, or both	Washington prohibits facility fees for distant sites, hospitals that are the originating site for audio-only telemedicine services, and any other site not outlined in legislation.
Facility Fee Transparency Laws	State requires providers to disclose facility fees to consumers, requires off-campus outpatient departments to identify the physical location where care was provided on claims forms, or both	Hospital-owned off-campus clinics and provider offices must notify consumers regarding facility fees in multiple formats and circumstances, including before care and in signage at the facility.
Limits Cost-Sharing for Facility Fees	The state has no laws that limit the amount a patient may be billed out-of-pocket for facility fees	

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Address Consolidation and Promote Competition

Anti-Competitive Contract Provisions

Policy	Status as of June 2025	Summary
Restricts All-or-Nothing Contract Provisions	⊗ No law restricting All-or-Nothing contract provisions	During the 2025 legislative session Washington lawmakers introduced bills to ban all-or-nothing clauses, but none were passed.
Restricts Anti-Tiering and Anti-Steering Contract Provisions	⊗ No law restricting Anti-Tiering or Anti-Steering contract provisions	
Restricts Physician Noncompete Clauses	◉ Non-competes for physicians limited by statute	Washington law voids noncompete agreements for employees earning less than $123,394.17 and independent contractors earning less than $308,485 (2025 thresholds, adjusted annually for inflation). Noncompetes must be disclosed in writing by the time an offer is accepted or supported by independent consideration if signed after employment begins, and those exceeding 18 months are presumed unreasonable unless proven necessary. Additionally, laid-off employees cannot be bound by a noncompete unless paid their base salary during the restricted period, offset by any subsequent earnings.
Restricts Most-Favored Nation Contract Provisions	⊗ No law restricting Most Favored Nation contract provisions	Washington has banned Most Favored Nation clauses in contracts with certified health plans, but since it's unclear if such plans still exist or if the law applies to other plans, the state is not considered to currently restrict these clauses.

● State Has Active Policy or Program ◉ Policy or Program Partially Implemented ⊗ State Does Not Have an Active Policy or Program ✱ No Source, or Limited Information Found

Medical Debt Prevention

Balance Billing and Short-Term Insurance

Policy	Status as of June 2025	Summary
Prohibits Balance Billing for Ground Ambulance Services	Prohibits balance billing for out-of-network ground ambulance services	Washington state has established balance bill protections that will prohibit balance billing for both public and private ground ambulance services and cover both emergency and non-emergency transport.
Prohibits Short-Term, Limited Duration Health Plans	State law has eliminated short-term, limited duration health plans	STLD health plans aren't explicitly banned in the state, but strict regulations have effectively removed them from the market.

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Medical Debt Prevention

Charity Care and Community Benefit

Policy	Status as of June 2025	Summary
Mandated Hospital Charity Care	State law requires hospitals to provide free or discounted care to low-income patients and sets standards for eligibility (see notes)	Hospitals in Washington are required to provide charity care to patients whose income is at or below 300% FPL and discounted care to those with incomes between 301% and 400% FPL.
Hospital Charity Care Screening Requirements	State does not require health care providers to screen patients for Medicaid, Marketplace, or charity care eligibility before collecting payment	
Hospital Charity Care Notification Requirement	State law requires health care providers to notify patients of charity care options before collecting payment	Hospitals in Washington are required to post notices about charity care availability in various areas (e.g., registration, emergency departments, financial service areas) and provide information on their website in multiple languages. Billing statements must also include a notice about financial assistance.
Hospital Community Benefit Reporting Requirement	State law requires hospitals to annually report the amount of charity care provided	Hospitals in Washington are required to report the amount of charity care provided to the Department of Health.

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Medical Debt Prevention

Reducing Financial Consequences

Policy	Status as of June 2025	Summary
Mandates Waiting Prior to Collections	State law prohibits sending medical debts to collections for a prescribed period (see notes)	Hospitals are prohibited from sending bills to collections while awaiting determination on a patient's eligibility for financial assistance or insurance reimbursement.
Limits on Liens or Foreclosures due to Medical Debt	State law does not prohibit initiating a lien or foreclosure to collect medical debt	
Limits Wage Garnishment due to Medical Debt	State law exceeds federal wage garnishment protections for residents with medical debt	
Limits on the Amount of Interest Charged to Medical Debt	State law limits interest rates on medical debt	Washington caps the annual rate of prejudgment interest on medical debt at 9%.

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Curb Excess Costs in the System

Premium Rate Review

Policy	Status as of June 2025	Summary
Effective Rate Review per Centers for Medicare and Medicaid Services (CMS)	Has an effective rate review process	
Authority to Modify or Reject Premium Rate Increases	Has the authority to modify or reject premium rate increases	Washington has the authority to approve or deny rate filings in the individual and small group markets, with authority to hold public hearings to solicit stakeholder engagement in the process. The state also reviews policies for large group health plans, but most employers in this category negotiate the rates with their insurance company.
Affordability Criteria Included in Premium Rate Review	Does not incorporate affordability criteria into premium rate review	While the commissioner does not consider affordability in individual rate filings, it the authority to disapprove rates if they are unjust, unfair, or inequitable.

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Curb Excess Costs in the System

Hospital Price Regulation

Policy	Status as of June 2025	Summary
Medicare Reference-Based Pricing	State uses reference-based pricing tied to Medicare rates to regulate hospital pricing	Washington's Cascade Care Select public option caps aggregate provider payments at 160% of Medicare rates, with higher floors for critical access hospitals (101%) and primary care services (135%). In 2025, the state enacted SB 5083 requiring hospitals to adopt reference-based pricing for public and school district employee plans beginning in 2027, capping rates at 200% of Medicare with exemptions for some rural and critical access hospitals.
Hospital Global Budgets	State has not implemented hospital global budgets	

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Curb Excess Costs in the System

Affordable Coverage

Policy	Status as of June 2025	Summary
Public Option	State offers an active public option insurance plan	Launched in 2021, Washington's Cascade Care offers standardized Public Option health insurance plans through the Marketplace, with state-funded premium assistance available to all residents, including undocumented individuals under a 1332 waiver.
Public Option Includes Provider Participation Mandate	Public option includes a participation mandate	Provider participation challenges led to legislative changes requiring select hospitals to accept at least one Public Option plan. Provider payments under the Public Option are exempt from B&O taxes to further encourage participation.
Basic Health Plan	State does not operate a Basic Health Plan	
State-Based Premium Subsidies	Supplementary state-funded premium subsidies are available to eligible residents	Washington's Cascade Care Savings program provides subsidies for standardized Silver and Gold plans to enrollees with incomes up to 250% FPL, including undocumented residents. In 2025, high enrollment led to funding limits, with subsidies capped at $155/month (with federal aid) or $250/month (without). In 2026, the program will continue with smaller subsidies, though the final structure had not been determined as of Summer 2025.

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Biologic Substitution Laws: Prescriber Permission Requirements	⊗ State requires express authorization for biologic substitution	
Biologic Substitution Laws: Prescriber Notification Requirements	● Pharmacists are required to notify prescribers of biologic substitution	Pharmacists in Washington are required to notify the prescribing physician when they substitute a prescription for an interchangeable biological product, however the statute establishing the notification requirement expires August 1, 2025.
Drug Purchasing Consortium	● State participates in a drug purchasing consortium (see note)	Washington is a founding member of ArrayRx (formerly the Northwest Prescription Drug Consortium), and is a member of the Top Dollar Program.
Drug Coupon Prohibitions	⊗ State does not prohibit the use of drug manufacturer coupons*	
MCO Carve Out	● State Medicaid carves out any drug classes from their MCO benefits (see note)*	As of July 1, 2023, Washington carves out the following drugs/classes from MCO benefits: Hemophilia factor, hepatitis C antivirals, HIV/AIDS anti-retrovirals, oncology/CAR-T drugs, spinal muscular atrophy agents.
FFS Policies to Promote Generic Utilization: Mandatory Generics	● Medicaid Fee-for-Service (FFS) programs and pharmacists are required to substitute a generic version of a drug	Washington has policies or tools to promote mandatory generics.

● State Has Active Policy or Program ◉ Policy or Program Partially Implemented ⊗ State Does Not Have an Active Policy or Program ✱ No Source, or Limited Information Found

Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Supplemental Rebate Programs	Medicaid Pharmacy Supplemental Rebate Agreement (SRA) in place	
Drug Rebate Transparency and Reporting Requirements	Pharmacy benefit managers are required to report rebate data to the state	
Spread Pricing Restrictions	State prohibits pharmacy benefit managers from engaging in spread pricing	
Pharmacy Reimbursement and Clawbacks	State prohibits PBMs from retroactively reducing reimbursement to pharmacies (“clawbacks”)	
Cost-Disclosure and Gag Clause Restrictions	State law does not prohibit gag clauses in pharmacy contracts	
Prohibits Copay Accumulator Programs	State prohibits copay accumulator programs	

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Curb Excess Costs in the System

Medicaid Costs

Policy	Status as of June 2025	Summary
Medical Loss Ratio Remittances for Medicaid Managed Care Population	State requires MLR remittances for its Medicaid managed care population	
Medicaid Site Neutral Payments	State has not enacted Medicaid site neutral payment legislation*	

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Medicaid Services and Immigrant Coverage

Medicaid Administration

Policy	Status as of June 2025	Summary
Medicaid Managed Care	State partners with MCOs to operate their Medicaid program	Most Medicaid recipients are enrolled in Apple Health, Washington's MCO coverage plan. Individuals who are American Indian/Alaska Native or who are Medicare eligible may be exempt.
Medicaid Vendor — Eligibility and Enrollment	State does not contract with a vendor for their Medicaid enrollment or eligibility*	
Integrated Medicaid-Medicare	State integrates Medicare-Medicaid to coordinate care for the dually eligible population	Washington has either or a combination of both highly integrated or fully integrated dual eligible special needs programs (HIDE/FIDE), as well as program of all-inclusive care for the elderly (PACE).

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Medicaid Services and Immigrant Coverage

Medicaid Covered Services

Policy	Status as of June 2025	Summary
Medicaid Coverage for Fertility Services	⊗ State Medicaid program does not cover infertility treatments or fertility preservation services	
Medicaid Coverage for Doula Services	● State Medicaid program actively reimburses for doula services	
Medicaid Coverage for Abortion Care	● State Medicaid program utilizes state-based funds to cover abortion care	
Medicaid Coverage for Transition-Related Care	● State Medicaid program explicitly covers any transition-related care for adults	
Medicaid Coverage for Hearing Aids	● State Medicaid program covers hearing aids for all adults	
Medicaid Coverage for Eye Exams and Glasses	◉ State Medicaid program covers only eye exams or eyeglasses but not both, or biannually or less frequently, or restricts coverage based on age or health condition (see notes)	Coverage is dependent on which MCO the beneficiary is enrolled with. Generally, at least one eye exam is covered biannually. Glasses may or may not be covered.
Medicaid Coverage for Dental Services	● State Medicaid program covers preventive and diagnostic dental services, extractions, dentures, root canals, fillings, and crowns for adults	

● State Has Active Policy or Program ◉ Policy or Program Partially Implemented ⊗ State Does Not Have an Active Policy or Program ✱ No Source, or Limited Information Found

Medicaid Services and Immigrant Coverage

Medicaid Eligibility

Policy	Status as of June 2025	Summary
Medicaid Expansion	State has expanded Medicaid eligibility to 138% of the federal poverty level (FPL)	
Retroactive Medicaid	State retroactively extends Medicaid benefits 90 days prior to application date for all adult enrollees	
Adult Medicaid Continuous Eligibility	State has not authorized 12-month continuous eligibility for non-pregnant adult Medicaid enrollees*	
12-Month Postpartum Coverage	State has authorized 12-month postpartum Medicaid coverage	
Medicaid Available to People who are Incarcerated	State has not authorized Medicaid coverage for justice-involved individuals while they are in a correctional setting*	Under the Washington "Medicaid Transformation Project 2.0" 1115 Demonstration, incarcerated residents are eligible to receive select Medicaid benefits, including case management and counseling, three-months prior to release.
Medicaid ABD Asset Limits	State has not expanded the asset limit for Medicaid for the Elderly and Disabled eligibility beyond $2,000 for an individual applicant and $3,000 for joint applicants	
Medicaid ABD Life Insurance Exemption	Life insurance exemption limits do not exceed $1,500	
Medicaid ABD Retirement Account Exemptions	State does not exempt retirement savings from Medicaid eligibility determinations	

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Medicaid Services and Immigrant Coverage

Immigrant Coverage

Policy	Status as of June 2025	Summary
From Conception to End of Pregnancy (FCEP)	Covers pregnancy-related services through the CHIP From-Conception-to-End-of-Pregnancy (FCEP) Option and post-partum coverage	Washington State extends postpartum coverage to 12 months for parents covered under the CHIP *From Conception to End of Pregnancy* option.
Immigrant Children without a Five-Year Bar	State offers coverage for lawfully residing immigrant children without a five-year bar	
Pregnant Immigrants without a Five-Year Bar	Offers coverage for lawfully residing pregnant immigrants without a five-year bar	
State-Funded Coverage for Children Regardless of Citizenship Status	Offers coverage for children regardless of immigration status	
State-Funded Coverage for Adults Regardless of Citizenship Status	Offers coverage for adults regardless of immigration status	Washington uses state funds to provide Marketplace coverage with premium subsidies to individuals with incomes up to 250% FPL regardless of immigration status through Cascade Care using a section 1332 waiver, but subsidies are no longer available for 2025 due to funding constraints. In July 2024, Washington extended state-funded health coverage to individuals with incomes up to 138% FPL regardless of immigration status, but the program is capped at 13,000 people and has paused enrollment for 2025 due to funding constraints.

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Improve Oversight, Accountability, and Transparency

All-Payer Claims Database

Policy	Status as of June 2025	Summary
Established an All-Payer Claims Database (APCD)	State has a(n) all-payer or multi-payer claims database	
All-Payer Claims Database (APCD) Operated by the State	APCD is operated by the state	

Prescription Drug Affordability Board

Policy	Status as of June 2025	Summary
Established Prescription Drug Affordability Board (PDAB)	The state has an active prescription drug affordability board	The Washington Prescription Drug Affordability Board has the authority to review the affordability of certain drugs.
Prescription Drug Upper Payment Limits	The state has established Upper Payment Limits for prescription drugs	The Washington Prescription Drug Affordability Board has the authority to establish upper payment limits for up to 12 drugs.

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Improve Oversight, Accountability, and Transparency

Price Transparency

Policy	Status as of June 2025	Summary
Service Cost Price Transparency Tool	State has a public-facing price transparency tool that reports negotiated rates	
Prescription Drug Price Reporting Requirement	Organizations are required to report prescription drug price information to a state entity	Health plans must annually report to the Health Care Authority the 25 most-prescribed drugs, the 25 costliest drugs, and the 25 drugs with the highest increase in spending. Drug manufacturers must annually report factors to increase the wholesale acquisition cost (WAC) of the drug and the amount of the increase. This only applies to drugs that enter the market with a WAC of $10,000 or more or for drugs currently on the market with a WAC of $100 or more and the WAC increase by 20% in one year or 50% in three years. Additionally, manufacturers must provide 60 days advance notice of a qualifying price increase.

Health Care Spending Oversight

Policy	Status as of June 2025	Summary
Health Care Spending Benchmark	State has established a health care spending benchmark for providers, insurance carriers, or both	Washington State's Health Care Cost Transparency Board set average health care growth targets at 3.2% from 2021-2023, 3.0% for 2024-2025, and has proposed 2.8% for 2026-2039. Performance against the benchmark is measured at the state level, at the insurance market level including Medicare, Medicaid, and commercial insurers, by carrier, and by large provider entity.
Authority to Enforce Health Care Spending Benchmark	State does not have an enforcement mechanism for their health care spending benchmark(s)	The benchmark does not have an enforcement mechanism.
Hospital or Primary Care Spending Oversight Entity	State monitors and reports hospital spending, primary care spending, or both	SB5589, enacted in 2022, charged Washington's Health Care Cost Transparency Board to monitor and report on primary care spending. The Board's Advisory Committee on Primary Care provides expert advice related to the state's primary care spending target for the board's review.

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduce Cost-Sharing: Prescription Drugs

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Diabetes Medications	State has enacted legislation to limit cost-sharing for insulin, diabetes related equipment, or both	Washington caps the out-of-pocket cost for each 30-day supply of prescription insulin at $35.00.
Waives or Reduces Cost-Sharing for Asthma Inhalers	The state has enacted legislation to limit cost-sharing for asthma inhalers	Washington cap the cost-sharing for a 30-day supply of asthma inhalers at $35.00.
Waives or Reduces Cost-Sharing for Epinephrine Auto-Injectors	State has enacted legislation to limit cost-sharing for prescription epinephrine autoinjector(s)	Washington caps cost-sharing for a twin pack of epinephrine auto-injectors at $35.00.
Waives or Reduces Cost-Sharing for Specialty Drugs	State has enacted legislation to limit cost-sharing for specialty drugs	Washington requires insurers to cover prenatal vitamins and any medically necessary medications for conditions resulting from a sexual assault without cost-sharing. Washington also prohibits cost-sharing for postexposure prophylaxis.

Reduced Cost-Sharing: Behavioral Health

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for an Annual Behavioral Health Office Visit	State does not require private insurers to cover at least one annual mental health wellness exam without cost-sharing	

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Preventive Care

Policy	Status as of June 2025	Summary
Waives Cost-Sharing for Preventive Services Recommended by the U.S. Preventive Services Task Force (USPSTF)	State mandates private insurers cover USPSTF recommended preventive services without cost-sharing	Washington requires insurers to cover USPSTF-recommended preventive services at no cost to patients. However, if the federal law that mandates this coverage (42 U.S.C. § 300gg-13) is struck down, insurers offering Health Savings Account (HSA)-qualified plans may add limited cost-sharing for affected services, but only as necessary to maintain compliance with IRS rules for HSA eligibility.

Reduced Cost-Sharing: Maternal and Reproductive Health Care

Policy	Status as of June 2025	Summary
Individual and Small Group Health Plans Required to Cover Fertility Treatment	The state does not require individual and small group health plans to offer coverage for in-vitro fertilization or fertility preservation services	
Individual and Small Group Health Plans Required to Cover Doula Services	State does not require private health insurers to cover doula services for enrollees	
Individual and Small Group Health Plans Required to Cover Abortion Services	The state requires individual and small group health plans to cover abortion services	

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Colorectal Cancer Screenings	State law requires insurers to cover colorectal cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Follow-Up Colorectal Cancer Screening Exams	State law requires insurers to cover follow-up colorectal cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Lung Cancer Screenings	State law does not require coverage or waive cost-sharing for lung cancer screening exams*	

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Cervical Cancer Screenings	⊗ State law does not require coverage or waive cost-sharing for cervical cancer screening exams*	
Waives or Reduces Cost-Sharing for Breast Cancer Screenings	● State law requires insurers to cover breast cancer screening with no cost-sharing	
Waives or Reduces Cost-Sharing for Supplementary Breast Cancer Screenings	● State law requires insurers to cover supplementary breast cancer screening with no cost-sharing	

● State Has Active Policy or Program ◉ Policy or Program Partially Implemented ⊗ State Does Not Have an Active Policy or Program * No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Prostate Cancer Screenings	State law requires insurers to cover prostate cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Ovarian Cancer Screening	State law does not require coverage or waive cost-sharing for ovarian cancer screening exams*	
Waives or Reduces Cost-Sharing for Biomarker Testing for Cancer	State does not require coverage or waive cost-sharing for biomarker testing	

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found