

Washington Prenatal-to-Three Coalition

2026 End of Session Report

The Prenatal-to-Three (PN3) Coalition’s policy and advocacy subcommittee brings together partners who work on legislative efforts that have a lobbying presence with the goal of developing a shared agenda to amplify the legislative work being done on prenatal-to-3 priorities, and identify opportunities to promote and advance systems alignment.

The policy & advocacy committee worked together to develop the inaugural 2026 shared legislative agenda for the Prenatal-to-Three Coalition. The shared priorities fall under one or more of the four goal areas of the PN3 Coalition (see box). Below is a summary of the outcomes for the 2026 shared priorities.

PN3 Coalition Focus Areas

- Focus Area 1: Basic Needs
- Focus Area 2: Perinatal & Pediatric Medical Care
- Focus Area 3: Child Developmental Health
- Focus Area 4: Systems Coordination & Capacity

PN3 Coalition – 2026 Session Outcomes

Protect Programs and Services from Cuts

Lead Organization: All

Brief Description: Given the significant budget shortfall the state will be facing during the 2026 legislative session, we prioritize protecting the programs and services that individuals and families rely on to support healthy, safe, and strong households including those that support health care, behavioral health, food security, child development, early learning, public health, and economic security.

Vehicle & Outcome: *There were numerous programs and services that we worked to protect during the 2026 legislative session. Below is a selection of some of the challenging cuts we saw as well as some of the programs that were successfully protected. Please note that this is not a comprehensive list.*

Some programs and services that saw reduced funding:

- **Working Connections Child Care (WCCC):** There was \$143.3 million in reduced state funding for WCCC provider rates. The primary reduction comes from a change to the attendance policy under [HB 2689](#), which will more closely tie provider reimbursement to child attendance. Other reductions for center providers come from elimination of the prospective payment policy and elimination of enhanced rates in four counties.
- **Transition to Kindergarten (TTK):** There was \$27.3 million in reduced funding for TTK. This will result in the loss of 2,000 slots, which is roughly a third of TTK slots statewide.
- **Home Visiting:** There was a one-time sweep of \$2.3 million in funding from Home Visiting due to a program underspend.
- **Child Health Profile System:** There was \$1.4 million in reduced funding for the Child Health Profile system (renamed the Watch Me Grow program), which sends health and safety information to parents and caregivers of children.

Some key successes we saw include:

- **Early Support for Infants & Toddlers (ESIT):** [HB 2688](#) (Providing adjustments to the early support for infants and toddlers program) was successfully defeated. If passed, this legislation would have decoupled ESIT from special education and reduced the multiplier to 1.00.
- **12-Month Postpartum Medicaid Coverage** was successfully maintained.
- **Infant and Early Childhood Mental Health Consultation (IECMHC)** funding was maintained
- **Help Me Grow** funding was maintained
- **Child Care Complex Needs Fund** was maintained

Critical Incidents Response

Lead Organization: Akin, Partners for Our Children, WithinReach

Brief Description: Critical incidents are maltreatment-related child fatalities or near fatalities when a family has had an open child welfare case within 12 months of the incident. To help address the rising number of incidents, there are multiple prevention and intervention recommendations we support including:

- Department of Children, Youth & Families (DCYF) decision package, which increases community-based supports in targeted areas of the state to increase parental engagement in substance use disorder treatment, to better support safe environments for families with young children, and to connect families to services after a case is closed. This is proposed through different programs and systems including the Plan of Safe Care community pathway and Family Resource Centers.
- Strengthen the role of community-based organizations in serving DCYF-involved families
- Improve access and expand substance use disorder treatment

Vehicle & Outcome: *There were several new, targeted investments made in the final operating budget with the goal of preventing critical incidents. There were also several pieces of legislation relating to critical incidents that were considered by the legislature, but none of those bills passed this year. Key items that were funded include:*

- **Workgroup focused on access to substance use disorder (SUD) treatment. \$234,000 total.** Requires Governor's office to convene a workgroup of the Health Care Authority; Department of Children, Youth & Families; Department of Social & Health Services; and Department of Health to coordinate on available SUD treatment and a process to identify unmet needs. This was funded as part of [HB 2429](#) to support the Washington Thriving Strategic Plan.
- **Child Welfare Network Administrator:** Current funding maintained. The Child Welfare network administrator, the Family Impact Network, contracts with 36 providers in Eastern Washington to coordinate and oversee family visits for children in out-of-home care and in-home therapy for families in child protective services.
- **Family Resource Centers: \$188,000 GFS [\$754,000/biennium ongoing].** Funding is provided to refer families to family resource centers in five high-needs communities. Family resource centers will provide information, assess needs, make referrals to family services, and provide direct delivery of services to families exiting the child welfare system with a child older than age three. (General Fund-State) (Ongoing)
- **Parent Child Assistance Program (PCAP): \$419,000 total.** Federal funding authority is provided for HCA to increase the number of PCAP slots available for child welfare clients by 32. HCA must use unobligated state PCAP funds for the state match for these new slots. (General Fund-Medicaid) (Ongoing)



- **Plan of Safe Care Community Pathway: \$252,000 GFS [\$1.01 million/biennium ongoing].** Funding is provided to expand the plan of safe care program to five high-needs communities, which provides care coordination and resource navigation to expecting mothers and newborns with prenatal exposure. (General Fund-State) (Ongoing)
- **Expand Pre-Filing Representation Model: \$500,000 GFS.** Expands a model to provide legal counsel and a parent ally with the purpose of creating a safety plan and identifying services and supports that will maintain the safety of the child in the home. (General Fund-State) (Ongoing)
- **Public Health Nurses: \$876,000 GFS [\$3.56 million/biennium ongoing]** Funding is provided for public health nurse supports in five high-needs communities, which will serve child welfare families with a child under age three where substance use is a factor. (General Fund-State) (Ongoing)
- **Referral System: \$100,000 GFS.** Funding is provided to contract with one or more community-based organizations to develop a services referral system to serve families exiting the child welfare system. (General Fund-State) (One-Time)
- **Capital Funding:** \$1.545 million for Pregnant, Parenting, & Women’s Inpatient Substance Use Program; Evergreen Recovery Centers | North Sound Region

Paid Family & Medical Leave Solvency

Lead Organization: WithinReach & Others

Brief Description: The Washington State Paid Family & Medical Leave (PFML) program is one of the most popular programs in the history of our state. With over a million applications received, it’s been even more popular than expected. We support efforts to ensure PFML remains solvent and can serve the people and families who rely on the program.

Vehicle & Outcome: *The final operating budget included proviso language directing the Employment Security Department to develop a report to the Governor and legislature relating to PFML program solvency. There were also two bills that successfully passed relating to the PFML program.*

PFML Solvency Budget Proviso:

Within existing resources, the [Employment Security Department] shall report on the current state of the paid family and medical leave program under Title 50A RCW to the governor, appropriate committees of the legislature, and the paid family and medical leave advisory committee by November 1, 2026. The report must include:

- (a) An evaluation of the solvency of the program. This evaluation should include:
 - (i) Potential program changes to achieve long-term fund solvency;
 - (ii) An economic analysis that examines potential program changes and their implications; and
 - (iii) A comparison of program designs from other states with a similar program;
- (b) An evaluation of the integrity of the program. This evaluation should include:
 - (i) Current practices in place to ensure program integrity;
 - (ii) Applicable rules and laws pertaining to the integrity of the program; and
 - (iii) A review of best practices used in other similar state and federal benefit programs;
- (c) Comments on the report provided by members of the paid family and medical leave advisory committee established in RCW 50A.05.030;
- (d) Any recommendations from the department.



[SB 5292](#) - Concerning paid family and medical leave rates.

Prime Sponsor: Sen. Conway

Status: Passed Legislature

Summary of Final Version of Bill: Shifts the method for setting the premium rate for the Paid Family and Medical Leave Program from a statutory lookback formula to an actuarial approach, provided that it is at the lowest possible rate necessary to maintain solvency, reduce fluctuations, and build a four month reserve.

[HB 2345](#) - Concerning contributions in the state paid family and medical leave program.

Prime Sponsor: Rep. Schmidt

Status: Passed Legislature

Summary of Final Version of Bill: Reallocates minimum employer and employee contributions for the medical and family leave premium shares for the Paid Family and Medical Leave Program.

Budget Impact: \$1.16 million total

Funding is provided to implement 2SHB 2345 (Paid leave contributions), which reallocates minimum employer and employee contributions for the medical and family leave premium shares for the Paid Family and Medical Leave (PFML) program. (Family and Medical Leave Insurance Account-State) (One-Time)

Redirecting Public Benefits to Children in Care

Lead Organization: Partners for Our Children

Brief Strategy Description: Support effort to end the practice by DCYF of withholding public benefits that belong to the children in its care. DCYF currently utilizes Social Security Income, Survivors, Retirement, or Disability Insurance (RSDI) and other public benefits due to children and youth in foster care and juvenile rehabilitation to pay for their care. Returning these benefits to children and youth is expected to support reunification efforts by increasing family financial stability and to mitigate economic hardship for youth when they exit care.

Vehicle & Outcome: *Legislation successfully passed to end the practice of DCYF withholding public benefits for children in extended foster care. This is an important first step with the goal of expanding this to all children and youth in the care of DCYF.*

[SB 5911](#) (HB 2169) - Strengthening the financial stability of persons in the care of the department of children, youth, and families.

Prime Sponsor: Sen. Alvarado (Rep. Callan)

Status: Passed Legislature

Summary of Final Version of Bill: Ensures that, beginning in 2027, the state may no longer use Social Security and other federal benefits belonging to youth in Extended Foster Care (EFC) to reimburse the cost of their care. It also requires the Department of Children, Youth,

and Families to help eligible youth access, manage, and protect those benefits by supporting payeeship and financial account setup.

Budget Impact: \$613,000 GFS [\$2.252 million/biennium ongoing]

Funding is provided for implementation of SSB 5911 (DCYF/financial stability), which prohibits DCYF from retaining Supplemental Security Income (SSI) benefits collected on behalf of a youth receiving extended foster care services. (General Fund-State) (Ongoing)

Health Care Access

Lead Organization: Multiple

Brief Description: Since the passage of the Affordable Care Act, we have made great strides in reducing the rate of people without insurance. However, recent federal action and a looming state budget shortfall are putting people at risk of losing coverage. We support efforts to maintain access to health care through Medicaid, Apple Health Expansion, private coverage including Cascade Care Savings, and other health care access and safety net options.

Vehicle & Outcome: *There were two key health access programs impacted by the final operating budget in the 2026 session: the Cascade Care Savings Program and the Apple Health Expansion Program. Summaries of those outcomes are provided below. The final operating budget also provided funds for implementation of work requirements for Medicaid under federal H.R. 1. The legislature did not take action during the 2026 session to address the anticipated future loss of coverage under federal H.R. 1 policy changes.*

Cascade Care Savings: \$25 million GFS

Funding is provided to continue premium assistance for qualified health plans for Washingtonians under 250 percent of the federal poverty limit, who are ineligible for Medicaid or Medicare. (State Health Care Affordability Account-State) (Custom). This amount is not an expansion, but rather continues the current funding level for the Cascade Care Savings program.

Apple Health Expansion: (\$-28.5 million GFS)

Funding for the program was reduced based on the expected impact of changes for the Apple Health Expansion (AHE) population caseload in the February 2026 forecast by the Washington State Caseload Forecast Council. Beginning January 1, 2027, the AHE population is moved from a managed care service delivery model to a fee-for-service delivery model. On January 1, 2027, an additional 5,000 clients will be added to the caseload. (General Fund-State) (Custom)

The final budget also included proviso language directing the Health Care Authority to provide a report to the governor's office and fiscal committees of the legislature that includes recommendations for how the Apple Health Expansion program can achieve savings through a reduction in services or benefits to allow for an increase in enrollment capacity. The report is due by October 1, 2026.

Immunizations & Preventive Services Access

Lead Organization: Multiple

Brief Description: Washington State has joined Oregon, California, and Hawaii to form the West Coast Health Alliance in an effort to provide vaccine recommendations based on science. We support legislation that allows for the implementation of the West Coast Health Alliance and ensure their ability to make vaccine recommendations based on expert organizations, as well as the ability to purchase vaccines as a state. We also support efforts to ensure access to other preventive services.

Vehicle & Outcome: *Legislation was successfully passed*

[HB 2242 \(SB 5967\)](#) - Preserving access to preventive services by clarifying state authority and definitions.

Prime Sponsor: Rep. Bronoske (Sen. Cleveland)

Status: Passed Legislature

Summary of Final Version of Bill: Authorizes the Department of Health (Department) to issue immunization recommendations and guidance. Replaces the requirement that health plans provide coverage for immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) with a requirement to cover immunizations that have a recommendation from the Department. Changes the recommending entity for determining which immunizations must be considered "vaccines" for the purposes of the Washington Vaccine Association from the ACIP to the Department.

Food Access

Lead Organization: Multiple

Brief Description: Food security programs are critical to a family's overall stability. People experiencing food insecurities will often forgo other critical needs to keep food on the table. We ask the legislature to protect access to food security programs including basic food, school meals, and emergency food.

Vehicle & Outcome: *There were two key food security related issues impacted by the final operating budget: Free School Meals and H.R. 1 Impacts Relating to Supplemental Nutrition Assistance Program (SNAP). Summaries of those outcomes are provided below.*

Free School Meals: \$0 GFS [\$140M in four-year outlook]

Funding is provided to reimburse schools serving any grade from kindergarten to grade 4 required to offer free meals under Chapter 379, Laws of 2023 (E2SHB 1238) for meals not reimbursed at the free federal meal rate. (General Fund-State) (Custom).

Proviso Language:

In the 2025-2027 fiscal biennium, funds are assumed in the budget outlook for access to breakfast and lunch for all children served without charge in schools, upon the implementation of Engrossed Substitute Senate Bill No. 6346 (tax on millionaires). Within amounts appropriated in this section, the [Office of the Superintendent of Public Instruction] shall, no later than November 1, 2026, submit to the governor and the appropriate committees of the legislature a forecast of the

anticipated caseload of children expected to participate in a free breakfast and lunch program. This forecast shall be used to inform the budgets for the 2027-2029 fiscal biennium.

H.R. 1 Impacts Relating to Supplemental Nutrition Assistance Program (SNAP)

Some of the policy changes relating to SNAP under federal H.R. 1, including new work requirements, require state funding for implementation. The funding provided in the final operating budget is listed below. In addition to these implementation costs, the final budget also included \$35 million in increased maintenance level funding to shift people who will lose eligibility for the federal SNAP program to the State Food Assistance Program.

HR 1 and Other IT Costs: \$7.392 million GFS (\$20.040 million total)

Funding is provided to increase Automated Client Eligibility System (ACES) contractor support to expand the capacity to implement system enhancements, including changes made to the Supplemental Nutrition Assistance Program (SNAP) with the passage of H.R. 1 (P.L. 119-25). (General Fund-State; General Fund-Federal; Info Tech Invest Rev Account-Non-Appr) (One-Time)

HR 1: Job Training Services: \$111,000 GFS (\$4.172 million total)

Funding is provided to expand the Basic Food Employment and Training program to serve more participants statewide to accommodate the increased number of adults subject to work requirements. H.R. 1 (P.L. 119-25) makes changes to the work requirements associated with SNAP. (General Fund-State; General Fund-Federal; Employment Services Administrative Account-State) (Custom)

HR 1: SNAP Quality Control Staffing: \$688,000 GFS (\$1.058 million total)

Funding is provided for six quality control staff to address SNAP case reviews due to changes made in H.R.1 (P.L. 119-25) and to build a performance system team that leverages expertise across integrity and eligibility programs to focus on reducing Washington's SNAP payment error rate. (General Fund-State; General Fund-Federal) (Custom)

HR 1: Work Requirement IT Project: \$3.087 million GFS (\$8.395 million total)

Funding is provided for information technology (IT) enhancements necessary to create a work requirement verification hub in conjunction with the Health Care Authority. (General Fund-State; General Fund-Federal) (One-Time)

HR 1: Work Requirement Staffing: \$9.323 million GFS (\$14.919 million total)

H.R. 1 (P.L. 119-25) expands the SNAP work requirements. To accommodate the increased number of adults subject to work requirements, funding is provided for additional staff to enroll SNAP recipients in qualifying work activities and track their participation. (General Fund-State; General Fund-Federal) (Custom)