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Rules Coordinator
Office of the Insurance Commissioner
302 Sid Snyder Ave. SW
Olympia, WA 98504
Submitted via email: rulescoordinator@oic.wa.gov

RE: Notice of rulemaking – Substitute Senate Bill (SSB) 5579

To the Office of Insurance Commissioner,

On behalf of Providence, thank you for your willingness to receive early thoughts on the scope of rulemaking for SSB 5579.

Providence is a not-for-profit Catholic health care ministry committed to providing for the needs of the communities it serves – especially for those who are poor and vulnerable. In Washington state, Providence and our secular affiliated partners – Swedish Health Services, Pacific Medical Centers and Kadlec – comprise 15 hospitals, physician clinics, senior services, supportive housing, hospice and home health programs, care centers and diverse community services. In 2024, Providence and our partners provided \$757 million in community benefit, including \$462 million in unfunded costs of Medicaid and other government programs and \$132 million in free and discounted care for Washingtonians who could not afford to pay. In addition to our care delivery services, Providence’s health plan also operates in Washington’s commercial market for both fully insured and self-insured members. Together, we are working to improve quality, increase access and reduce the cost of care in all the communities we serve.

After reviewing the scope of rulemaking required in the bill, there are provisions in the law that Providence believes will require robust discussion and rule development to ensure the implementation is seamless and reduces confusion for our patients and health plan members. Our thoughts are outlined below.

Add definition of “notice”

Given that each contract is between different health care providers and carriers, there will inherently be parts of the standard template that will need to be edited for each scenario and much of the detail required in Section 2(4)(b) will be specific to that contract. Having multiple parts of the template that need to include contract-specific required information could be interpreted to require that every notice would need to be approved by the OIC prior to sending.

Therefore, we urge the adoption of a template that includes portions that a provider, facility, or carrier can complete (e.g., naming the specific facilities impacted by the termination) without necessitating review or approval by the commissioner.

Further, we request that a definition of what constitutes the notice be included in the rules and that such a definition make clear that the requirements only apply to the initial communication regarding a potential contract termination sent to health plan members and patients using the template or as approved by the commissioner. In accordance with the clear legislative intent of the law, subsequent communications sent by providers, facilities, or carriers should not be deemed “notices” or otherwise be subject to review or approval by the commissioner.

Add definitions of “public” and “public communication”

Providence requests a definition of “public” be in the rules. As written, the law is not clear who is considered the public and could be interpreted so broadly that the internal communications that occur within a health care organization over the course of contract negotiations could be impacted. Internal leaders need to prepare for potential termination prior to any notification to patients and health plan members. For example, communications teams would need to be notified prior to the 45-day requirement to prepare the notification and messaging to patients and health plan members.

The definition of “public” should be limited to communications targeted to groups of patients, health plan members and the population at large, not internal leaders, vendors, nor other stakeholders.

In the same vein, “public communication” also needs to be defined. The lack of a definition could impact the internal conversations noted above. Further, the knowledge that negotiations are occurring is not always secret, despite efforts to the contrary, and patients frequently ask their providers or other staff about the status of negotiations. Similarly, news media might reach out to providers or health plans with questions and there needs to be a clearer understanding of how organizations can respond to such inquiries without violating the law.

Providence appreciates this opportunity to give thoughts before draft rules are published. We look forward to ongoing engagement and partnership as the rulemaking continues. Please reach out if there are any questions or additional information we can provide.

Sincerely,

Lauren Platt McDonald
Chief State Government Affairs and Community Health Investment Officer
North Division
Providence

Tara Harrison
Government Affairs Director
Providence Health Plan

