



OFFICE OF
INSURANCE COMMISSIONER

Technical Assistance Advisory 2025-01¹

TO: All health carriers operating in the State of Washington

FROM: Insurance Commissioner Patty Kuderer

DATE: August 8, 2025

SUBJECT: Implementation of Chapter 389, Laws of 2025

The purpose of this Technical Assistance Advisory (“TAA”) is to provide guidance related to the implementation of [SSB 5579 \(Chapter 389, Laws of 2025\)](#), an act relating to prohibiting health carriers, facilities, and providers from making any public statements of any potential or planned contract termination until 45 days before the termination date, unless disclosure satisfies a legal obligation. Several key provisions of the law take effect as of July 27, 2025, while others become effective at later dates.

Background

To offer health plans in Washington State, health carriers must meet network access standards established by the Office of the Insurance Commissioner (OIC).² Health carriers establish their provider networks by entering into contracts with a broad range of health care providers and facilities. Washington state law establishes standards for health carrier/provider contracting, including: terms and conditions of payment; standards for parties to a contract to notify the other party of contract termination without cause; requirements for carriers to notify OIC when they receive a notice of a potential contract termination from a provider or facility, and standards for carriers to provide health plan enrollees advance notice of a potential contract termination.³

Health carrier contracts with hospitals, health systems, and other health care providers are often multi-year contracts. Over the past two years, OIC has observed an increasing trend of mid-term contract termination notices, with 48 notices issued between July 2023 and July 2025. Notice of contract termination initiates negotiations between the parties to the contract. During this period, it is not unusual for parties to the contract to communicate publicly, whether through op-eds in local

¹ This advisory is an interpretive policy statement released to advise the public of the OIC’s current opinions, approaches, and likely courses of action. It is advisory only. RCW 34.05.230(1).

² [Chap. 284-170 WAC, Subchapter B.](#)

³ [WAC 284-170-401](#); [WAC 284-170-421](#).

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newspapers, press releases, websites, communication with legislators, or communication with enrollees or patients.⁴

The Legislature enacted SSB 5579 (Chapter 389, Laws of 2025), finding that public communications and notices to health plan members by carriers, health care providers, or health care facilities during contract negotiations have raised concerns for enrollees, patients, and affected communities.⁵ The Legislature's stated intent for enacting the new law is to provide consistent policies for communication with enrollees and affected communities regarding potential contract terminations.⁶ The law applies to fully-insured health plans regulated by OIC, as well as health plans offered to state and public school employees and retirees through the Public Employee Benefits Board (PEBB) and School Employees Benefits Board (SEBB) programs under Chapter 41.05 RCW.⁷

Recently, carriers and providers have contacted the OIC to inquire about when the provisions of the bill take effect.

Authority

Subsections 2(1) through (3) of Chapter 389, Laws of 2025, provide as follows:

(1) In the case of a provider contract that is expiring by its own terms or for which one party has given notice to the other party of an intended termination without cause in accordance with the terms of the provider contract, neither the health care provider, the health care facility, any health care provider employed by, contracted with, or otherwise affiliated with the facility, nor the carrier may make or cause to be made public statements, including by directly communicating with impacted health plan enrollees and patients, regarding such expiration or termination until 45 days prior to the termination date, unless: (a) The disclosure is required to satisfy a specific legal obligation; or (b) the expiration or termination has already been disclosed publicly because of a legal obligation. Communications exclusively with the governor, legislators, or state agency staff regarding a potential or intended contract termination do not constitute a public statement.

(2) Nothing in this section requires a carrier, health care facility, or health care provider to provide notice of a potential termination to enrollees, unless required to do so as a regulatory or legal requirement.

⁴ See, e.g., "[Information about Providence's negotiation with Regence and Asuris in Washington State](#)", March 31, 2025; "[Samaritan Healthcare ends contract with Premera amidst ongoing rate dispute](#)", Sept. 8, 2023.

⁵ [Sec. 1 of Chap. 389, Laws of 2025](#).

⁶ *Id.*

⁷ This law does not apply to a provider contract that is expiring or being terminated by an independent individual provider or single-specialty or multispecialty group practice of five or fewer providers. [Sec. 2\(8\) of Chap. 389, Laws of 2025](#).

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(3) Public statements or communication with health plan enrollees or patients by a carrier, health care facility, or health care provider may not occur prior to the date the carrier, health care facility, or health care provider has given written notice of the termination to the other party, unless agreed upon by both parties.

Subsection 2(4) directs the Commissioner, in consultation with health carriers, health care providers, health care facilities, and consumers, to develop standard template language for notices sent to health plan enrollees and patients by health carriers, health care facilities, or health care providers by December 1, 2025. The minimum required elements of the notice template are clearly stated in statute. Subsection 2(5) directs OIC to ensure carriers include the requirements in Section 2 of the Act in all provider contracts by January 1, 2027. Subsection 2(6) authorizes the Commissioner to enforce the provisions of the Act related to carriers beginning January 1, 2026. It also gives the Commissioner authority to submit information regarding potential violations of Section 2 to the Department of Health or the applicable health profession disciplinary authority.

Analysis

There are various dates that impact compliance with this statute. Statutes that do not include a specific effective date are effective 90 days after the Legislature adjourns. The Legislature did not impose a specific effective date for any provision of SSB 5579. Therefore, the substantive provisions of SSB 5579, including Section 2, went into effect on July 27, 2025, and are in effect now. This includes Sec. 2(1) of the law, which prohibits a health care provider, health care facility, or carrier from making or causing to be made public statements, including by directly communicating with impacted health plan enrollees and patients, regarding such expiration or termination until 45 days before the contract termination date when one party has given notice to the other of an intended contract termination without cause. It also includes Sec. 2(3) that prohibits public statements or communication with health plan enrollees or patients by a carrier, health care facility, or health care provider before the date the carrier, health care facility, or health care provider has given written notice of the termination to the other party, unless agreed upon by both parties.

As directed by the Legislature in Section 2(4) of the law, the OIC is developing standard template language for consumer notices regarding potential contract termination or expiration that carriers and providers can use without needing to obtain the OIC's prior approval. Section 2(4)(b) establishes the minimum information that must be included in any notice developed pursuant to Section 2(4). OIC will be distributing drafts of the template language for public comment and review and will finalize the template language on or before December 1, 2025, as required by statute. Notices developed pursuant to Sec. 2(4) of the law must include, at a minimum:

(i) A reference to the specific facility or facilities by name that would be affected by the potential contract termination or expiration, and an indication of whether the potential termination or expiration would apply to hospital-based providers;

(ii) Direction to enrollees related to appointments that are scheduled past the date of the potential contract termination or expiration date; and

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(iii) Information concerning the enrollee's continuity of care rights pursuant to the federal no surprises act, 42 U.S.C. Sec. 300gg-111.

As directed by Section 2(6), the Commissioner will forebear initiating any enforcement action against a carrier until January 1, 2026. Similarly, the OIC will not provide any formal referrals to health care providers' licensing authorities until January 1, 2026. The Commissioner will provide informational notices to carriers and providers if the Commissioner discovers violations of the provisions in Sec. 2 that occur or occurred between July 27, 2025, and January 1, 2026. Any informational notices issued by the OIC will be public records and may be subject to disclosure.

Conclusion:

Because there is no other effective date clause in SSB 5579, the substantive provisions of the Act, including Section 2, went into effect on July 27, 2025. Although the Commissioner will forebear initiating any enforcement action against a carrier, or any formal referral to a health care provider's licensing authority until January 1, 2026, she will provide informational notices to carriers and providers if she discovers violations of the provisions in Sec. 2 that occur between now and January 1, 2026. The Commissioner will distribute drafts of the enrollee/patient notice template language for public comment and review, and will finalize the template language on or before December 1, 2025.

Please direct any questions about this advisory to Jennifer Kreitler, who may be contacted at Jennifer.Kreitler@oic.wa.gov or by phone at 360-725-7127.