



October 3, 2025

Mr. Nico Janssen
Senior Health Policy Advisor
Washington Office of the Insurance Commissioner
Submitted via email: rulescoordinator@oic.wa.gov

Re: Prepublication Draft to Implement SSB 5579 (Contract Terminations, R 2025-10)

Dear Mr. Janssen,

On behalf of Cambia Health Solutions, thank you for the opportunity to provide comments on the Office of the Insurance Commissioner's (OIC) prepublication draft rules to implement SSB 5579 regarding health carrier and provider public statements on contract terminations. We appreciate the OIC's efforts to develop implementing regulations for this new statutory framework and offer the following comments for your consideration.

WAC 284-170-131 Definitions Applicable to RCW 48.43.732

The proposed definition of "public statement" is problematically broad. The definition encompasses "written or verbal communication, whether made electronically, orally, or through physical documents" to "health plan enrollees, patients, or the general public."

The inclusion of "verbal" communications without qualification could prohibit confidential, one-on-one conversations between carriers and members who directly inquire about potential network changes. This definition would prevent carriers from responding truthfully to direct member inquiries about network status. We recommend narrowing the definition to communications intended for public dissemination or modifying it to exclude confidential, individual member communications made in response to direct inquiries.

The definition also fails to clarify who constitutes the "general public," creating uncertainty about communications with specific stakeholder groups. Would producer communications be considered communications to the "general public"? Producers are critical partners to carriers as they guide customers through the health plan selection process. We are concerned about being unable to respond to producer inquiries about network status or prepare them with information ahead of member notification.

Additionally, carriers are sometimes required to file Alternate Access Delivery Requests (AADRs) under the general network access standards (WAC 284-170-200). To comply with mandated filing timelines for AADRs (WAC 284-170-230), carriers often must file AADRs earlier than 45 days prior to a potential termination, and those filings become publicly available. We understand that communications with agency staff are exempt

from the requirements under SSB 5579, however, we request clarity surrounding scenarios where those communications are conducted through filing systems that create public records that may conflict with the 45-day restriction.

For cleaner drafting in subsection (8), we also recommend striking “...obligating a carrier, health care provider, or health care facility...” from the definition of “specific legal obligation.”

WAC 284-170-365 Continuity of Care Protections

The proposed language in subsection (2) stating that continuity of care services begin "on the date of contract termination" directly contradicts both federal No Surprises Act requirements and existing Washington state law. The federal law explicitly states that continuity of care begins "on the date on which the notice under subparagraph (A) is provided" (42 U.S.C. 300gg-113), while RCW 48.43.515 requires carriers to provide continuity of care "for at least sixty days following notice of termination to enrollees." This creates a logical inconsistency, as the draft rule implies that provider termination notifications are sent on the date the contract ends, which conflicts with state law requiring notice be provided at least 30 days in advance of the termination effective date.

This changed interpretation represents a significant departure from current operational practices. Continuity of care serves as an important transition period for members, allowing carriers to communicate network changes and help members establish care with in-network providers before their current provider leaves the network. We recommend revising WAC 284-170-365(2) to align with federal and state law by providing that continuity of care begins on the date notice is provided to enrollees, not the contract termination date.

We also recommend using this rulemaking opportunity to clarify what it means to “cover” services under the continuity of care protections. We recommend a similar approach as the No Surprises Act (42 U.S.C.300gg-113) by continuing coverage according to the same terms and conditions of the member’s health benefit plan as would have applied had a termination not occurred.

WAC 284-170-421 Provider Contracts—Standards—Hold Harmless Provisions

The proposed requirement in subsection (4) to include specific regulatory language in provider contracts creates operational and legal concerns. Requiring verbatim statutory/regulatory language necessitates contract amendments whenever underlying laws change, rather than allowing contracts to reference applicable laws generally. Additionally, subsections (4)(e) and (4)(f) inappropriately require carriers to include OIC enforcement provisions in third-party contracts with providers. We recommend only retaining subsection (4)(a), which is the general provision requiring both parties to



comply with the applicable RCWs and WACs. This approach would ensure compliance while avoiding the need for contract amendments when underlying laws are revised.

WAC 284-170-445 Provider Contract Terminations Under RCW 48.43.732 – Notice Requirements

When considering the draft definition of “notices,” other member communications related to provider terminations could inadvertently be pulled into the scope of these regulations. For example, when a provider rescinds their contract termination, it is standard business practice to send members a retraction notification to ensure they know their provider is staying in the network. We recommend this section of the rule acknowledge that other communications, like a retraction notification, are exempt from the notice template and OIC approval requirements.

WAC 284-170-447 Enforcement – Public Statements and Notices Regarding Contract Terminations

The provision in subsection (3) is unclear whether enforcement applies only to actions taken after January 1, 2026, or whether there is potential for retroactive enforcement of actions taken after July 27, 2025. We recommend clarifying that enforcement will apply only to actions taken on or after January 1, 2026, providing certainty and a clear safe harbor during the transition period.

We appreciate the OIC's efforts to implement SSB 5579 in a manner that balances legislative intent with practical operational considerations. The concerns outlined above reflect our commitment to ensuring workable regulations that protect consumers while allowing carriers to fulfill their regulatory obligations and maintain appropriate member communications.

We respectfully request that the OIC consider these comments as it finalizes the regulations. We remain available to discuss these issues further and provide additional technical assistance as needed.

Thank you for your consideration of these comments.

Sincerely,

A handwritten signature in black ink, appearing to read "Jane Douthit", written in a cursive style.

Jane Douthit
Cambia Health Solutions
Sr. Public & Regulatory Affairs Specialist