



December 5, 2025

Nico Janssen
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Washington Office of the Insurance Commissioner
P.O. Box 40260
Olympia, WA 98504-0260
Submitted via email to: rulescoordinator@oic.wa.gov

Re: SSB 5579 – CR-102 (R2025-10)

Dear Mr. Janssen

On behalf of the Association of Washington Healthcare Plans (AWHP), thank you for the opportunity to provide comments on the CR-102 for SSB 5579. Carriers support the statutory objectives of improving transparency surrounding provider terminations and ensuring that members receive timely, accurate notice regarding changes in network status. To support those objectives, we request several clarifications to ensure operational feasibility, alignment with governing law, and consistency across markets.

AWHP continues to recommend, as stated in our August 2025 comment letter, that the Office of the Insurance Commissioner review submitted notices within thirty calendar days and refrain from self-directed extensions. If no action is taken within this timeframe, we request that the submission be deemed approved. The language, “If the commissioner takes no action within thirty calendar days after submission, the form is deemed approved,” is consistent with the structure of WAC 284-170-480(3) and provides the predictability needed for carriers to meet statutory deadlines for distributing enrollee notices. This recommendation remains essential due to the time-sensitive nature of provider contract terminations.

AWHP also requests revisions to WAC 284-170-365 to address conflicts between the draft rule language and federal and state continuity-of-care requirements. The CR-102 indicates that continuity of care begins on the date of contract termination. This interpretation is inconsistent with the federal No Surprises Act, which requires that continuity of care protections begin on the date notice is provided to the enrollee, and with RCW 48.43.515, which likewise establishes continuity-of-care protections beginning at the time notice is issued. Under the current wording, continuity of care would not begin until the final day of the contract, which contradicts both governing authorities and eliminates the intended transition period for members. Carriers request that the final rule clarify that continuity-of-care protections begin on the date the enrollee receives notice and that coverage during the protection period continues under the same terms and conditions that would have applied had the provider remained in network.

AWHP further requests clarification regarding the scope of what constitutes a public statement for purposes of SSB 5579. The CR-102 creates uncertainty about whether carriers may be held responsible for statements issued by providers, health systems, or unaffiliated entities regarding



the status of ongoing negotiations or potential terminations. Carriers request confirmation that only communications issued directly by the carrier fall within the definition of a public statement under this rule. Without clarification, a broad interpretation could create exposure for communications that carriers do not issue, do not control, and may not even receive in real time. Clear definitions are essential to support consistent compliance and to prevent attribution of statements beyond the carrier's authority.

Carriers also request that the rule exempt circumstances where a provider relationship ends outside of a contractual termination event. These circumstances include the death of a provider, permanent practice closure, and retirement. These situations do not follow standard contracting timelines, and carriers must often notify members immediately once the information becomes available. Applying the full requirements of SSB 5579 to these scenarios would delay member communication and would not align with the purpose of the statute.

Across these issues, AWHP requests that OIC ensure that the final rules align with federal and state requirements governing timing, notice standards, and continuity-of-care protections. Clarity will support member understanding, reduce administrative burden, and allow carriers to implement the law consistently across products and provider types.

Thank you for the opportunity to provide comments on the CR-102. AWHP and its member carriers remain committed to working collaboratively with OIC to ensure a clear, workable, and consumer-focused implementation of SSB 5579. We welcome the opportunity for further discussion.

Sincerely,

Peggi Lewis Fu
Executive Director
Association of Washington Healthcare Plans

cc: Todd Lovshin