

ATTN: Rules Coordinator  
Washington State Office of the Insurance Commissioner  
P.O. Box 40258  
Olympia, WA 98504

December 10, 2025

To whom it may concern:

This letter is in response to the SB 5579 proposed rulemaking filed November 4<sup>th</sup>, 2025. Premera Blue Cross (“Premera”) appreciates the opportunity to review and provide feedback.

#### **WAC 284-170-365 – Continuity of Care**

Premera requests that the proposed Continuity of Care provisions outlined in WAC 284-170-365(2) be amended to indicate that the carriers must provide continuity of care beginning on the date of notification of contract termination to enrollees, rather than beginning on the date of termination. This aligns with the continuity of care provisions in the Federal No Surprises Act.

#### **WAC 284-170-421 – Provider Contacts**

WAC 284-170-421(4) in the proposed rule requires a provision titled “ENROLLEE/PATIENT NOTICE REQUIREMENTS FOR EXPIRING OR TERMINATING CONTRACTS”, requiring a contract provision statement which includes the provider/facility name and carrier name. It is unclear whether the language must include the actual legal names of the provider and carrier throughout the section, or if generic terms such as “provider” and “carrier” may be used when the first iteration defines such terms. Requiring legal names throughout creates unnecessary complexity and administrative burden, whereas using generic terms aligns with standard drafting practices. Premera urges the OIC to adopt this flexibility within the final rule.

#### **WAC 284-170-441 – Public Statements**


Alternate Access Delivery Requests (AADR): While AADRs do not meet the definition of “public statement” as defined in SB 5579 or the proposed rule, they can create unique challenges for carriers. Carriers must comply with the AADR reporting requirements set forth in WAC [284-170-200](#) and WAC [284-170-280](#), and such reports are available to the public once submitted to the OIC. Under Premera’s provider agreement, provider’s must give notice of termination at least 90 days in advance. This means that an AADR could be available approximately 75 days

prior to the termination date. If a member, provider, producer, employer group, or other entity locates the AADR, which is a public document, they may contact the carrier with questions about the AADR and associated provider termination. However, to comply with SB 5579 and the implementing regulations, carriers would not be able to address such questions. This puts carriers in a difficult position and creates a frustrating experience for our members, providers, and/or producers. Premera strongly urges the OIC to address this issue in the final rule or to adopt an internal process which aligns the date in which AADRs are made available publicly with the timeframes established in SB 5579.

### **Exempt Circumstances**

Premera understands that, in part, the intent of SB 5579 is to prevent undue stress on enrollees during provider/carrier contract negotiations. While RCW 48.43.732 addresses certain exclusions, Premera recommends expanding upon the exempt circumstances to address additional situations in which network participation ends without a contract termination. Such circumstances include facility/practice closure, retirement, or death. These situations do not involve contract negotiations and occur for reasons other than simple contract termination. Granting these exceptions provides enrollees clear communication and ample time to establish care with a new provider, especially in situations where continuity of care provisions would not apply. Additionally, in situations such as provider group acquisitions or name changes, the contract may remain in-network and notification may not be required. Premera recommends an update to the final rule specifying that the requirements set forth in SB 5579 do not apply to the scenarios listed herein.

Sincerely,



Megan M. Hartman  
Manager, Regulatory Compliance  
Premera Blue Cross