



Providence Health & Services  
Valley Office Park  
1801 Lind Ave SW  
Renton, WA 98057  
providence.org

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Rules Coordinator  
Office of the Insurance Commissioner  
P.O. Box 40255  
Olympia, WA 98504  
Submitted via email: [rulescoordinator@oic.wa.gov](mailto:rulescoordinator@oic.wa.gov)

RE: CR-102 Final Draft Language Implement Substitute Senate Bill (SSB) 5579

To the Office of Insurance Commissioner,

On behalf of Providence, thank you for the opportunity to submit comments on the final draft language to implement 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 updated language, Providence has identified some edits in the language that will ensure the scope of the law is not expanded. Our thoughts are outlined below.

**WAC 284-170-131 Definitions applicable to RCW 48.43.732**

The use of “general public” in the definition of “public statement” without further clarification of who that encompasses will allow it to be interpreted very broadly and will cause confusion with implementation.

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

Additionally, the definition of “notice” needs to be narrowed to ensure clarity that the contract termination provisions laid out in the rule as required by SSB 5579 only apply to the initial contract termination notice sent by carriers and health care providers, which is the understanding of the intent of the law. The current definition is too broad, exceeds statutory authority, and appears to capture any subsequent communications that either party may send to patients and enrollees that could include additional resources and continuity of care updates. These additional and ongoing communications should not be subject to approval by the OIC.

**WAC 284-170-421 Provider contracts—Standards—Hold harmless provisions**

In our previous comments, Providence requested removal of the following language in Section (4),

“This provision must be placed in the provisions of the provider contract addressing contract expirations or terminations.”

The OIC has declined to make this change, but we request reconsideration. The language required for provider contracts should not be part of the base contract language but instead included in the addendum that is specific to Washington regulated insurance carriers. Including the language in the base contract suggests that these provisions would apply to self-insured plans not governed by the state and would cause confusion. We recommend placing it in an addendum to reduce the likelihood of confusion regarding whether it applies to self-insured plans.

**WAC 284-170-445 Provider contract terminations under RCW 48.43.732 – Notice requirements**

As the OIC builds its process for notice approvals, Providence requests the inclusion of a confirmation receipt from OIC as part of this process and an explicit approval timeline. This allows predictability for providers and carriers to meet other deadlines to communicate with patients and enrollees. If no action is taken within that timeline, then providers and carriers should be able to move forward with communication to patients and enrollees with the submitted language and not face penalty.

Providence appreciates the opportunity to engage in this rulemaking and we look forward to additional opportunities for partnership. 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

