

December 10, 2025

Rules Coordinator
Office of the Insurance Commissioner
rulescoordinator@oic.wa.gov
Submitted via email

Re: WSHA Comments: CR-102 for SSB 5579

On behalf of more than 100 hospital and health system members, the Washington State Hospital Association (WSHA) appreciates the opportunity to provide comments on the proposed rule implementing SSB 5579.

We appreciate the work that has gone into this proposed rule. We believe the proposed rule conforms reasonably well to the language of SSB 5579 and what we understand to be its legislative intent. We do have some concerns, specifically for patients, we ask you to consider.

Definitions (WAC 284-170-131)

We do request modification to the definitions of “notice” and “public statement” in the proposed rule. We are concerned that as written, the definitions used in the rule would preclude hospitals, providers, and carriers from follow-up conversations with patients or enrollees for purposes of care planning and care changes needed because of an expected termination. It would be difficult to have these conversations without referencing the need for these changes due of a termination. We do not believe it is the intent of the legislature or the OIC to prevent conversations needed to make necessary care arrangements for patients.

We request the definitions of “notice” and “public statement” be modified to exclude subsequent communications needed with patients or enrollees for care planning purposes, provided that discussions of the termination do not exceed the level needed to make the necessary arrangements. We believe this would preserve the ability of hospitals, providers, and carriers to facilitate needed care planning while still supporting the intent of the bill.

Continuity of Care Provisions. (WAC 284-170-365)

We see the new section takes existing language from WAC 284-170-360 and put it into a new section. While this provision is not the focus of this bill, limiting the continuity of care requirements to primary care fails to address the impact to patients of changes to coverage for specialty services, such as active cancer treatment or specialty treatment for chronic conditions. For some conditions, there are very few alternatives for the patient. We request OIC consider broadening this requirement to include continuity of specialty care for such conditions either in this or a future rulemaking.

Obligations of Providers, Facilities, and Carriers. Definitions (WAC 284-170-131)

The definitions of “control” and “otherwise affiliated with” and “affiliated with” are limited to relationships among provider and facilities. It does not include entities that are controlled or affiliated with the carrier such pharmacy benefit managers. We think the definition should be clarified to ensure

entities related to the carrier are subject to the same requirements and restrictions concerning these types of communications.

Provider Contract Standards (284-170-421)

We noted that the language in Section (6) that pertains to penalties for improper collection from enrollee seems to make more sense in its original location following (3) rather than following the new provisions related to SSB 5579. We ask that OIC consider this change. While we recognize carriers have flexibility in the order these provisions are listed in the contract, they often follow the order they are listed in the WAC.

Thank you again for the opportunity to comment. If you have questions, please contact Andrew Busz, WSHA Policy Director, Finance at (206) 216-2533 or andrewb@wsha.org.



Andrew Busz
Policy Director, Finance
Washington State Hospital Association



Chelene Whiteaker
Senior Vice President, Government Affairs
Washington State Hospital Association