

August 5, 2021

Washington State Office of the Insurance Commissioner  
P.O. Box 40258  
Olympia, WA 98504-0258  
Submitted via email to: [rulescoordinator@oic.wa.gov](mailto:rulescoordinator@oic.wa.gov)

Re: Comments on R 2021-16 E2SHB 1477 stakeholder draft

Dear Ms. Weeks-Green

Kaiser Foundation Health Plan of the Northwest, Kaiser Foundation Health Plan of Washington, and Kaiser Foundation Health Plan of Washington Options, Inc. (collectively “Kaiser Permanente”), appreciate the opportunity to provide feedback to the Office of the Insurance Commissioner (“OIC”) on the stakeholder draft related to access to next-day appointments for behavioral health services. Kaiser Permanente is an integrated health care system that covers and cares for more than 760,000 members in Washington State. We are committed to delivering affordable, coordinated, and high-quality care and coverage that supports not only our members but also the communities we serve.

The state of Washington is undertaking a significant project to implement the 988 behavioral health crisis line. This includes the formation of a Crisis Response Improvement Strategy Committee which will inform how the crisis line functions and will be able to share data with health carriers, physicians, and health care providers. To date, we are not aware of this committee beginning its work. As we reviewed the draft regulation, it surfaced many questions about how the new crisis line will function, including how carriers will be notified if someone has called this crisis line. The work of the committee will help inform implementation for health carriers. Given where the state is at in implementing the new law, we believe it is premature to establish a detailed reporting requirement for carriers.

We support the concept in the stakeholder draft that a health carrier’s access plan should include language about the process for ensuring access to next-day appointments for urgent, symptomatic behavioral health. Carriers are required to monitor their provider networks and to file alternate access delivery requests (AADR) if there is a gap in network access to services. The stakeholder draft, however, also requires significant weekly reporting that would be burdensome on physicians, health care providers, and health carriers and would also take time to implement. We note that the underlying legislation does not actually require the OIC to receive reports from health carriers on access to appointments after a patient calls the crisis line. We urge the OIC to remove the weekly reporting requirement and instead utilize the access plans and AADR to monitor health carrier compliance.

However, if the OIC determines that reporting is necessary now or in a future rulemaking effort, we offer these recommendations on the content and timing of reports. The draft regulation has a

detailed list of data elements. These data elements are not the most meaningful data elements to understand access to services. For example, the data element of number of available appointments does not align with how services are provided and would therefore be a challenging data element for medical practices to report on to health carriers. Physicians and medical practices will often use the technique of scheduling patients with urgent needs into time slots that otherwise look booked and then fit in those patients to meet the need for that day.

Instead of the data elements called out in the draft regulation, we recommend the following data elements:

- Masked patient identifier.
- Date of outreach to patient.
- Follow-up visit within one day (Y/N)
- A category field to cover “If ‘N’, why?”. This could be a free text comment field or include categories to select from such as “patient did not return call”; “patient requested an appointment at a more convenient date/time that was more than 24 hours in the future”; patient declined a follow-up visit”.

We also note that reports would be more meaningful if they showed trends over time (such as a 12-month period) instead of being a weekly snapshot.

Again, we recommend that the OIC start with a limited scope of rulemaking that addresses the access plan and does not include a Form D reporting requirement.

We thank you for the opportunity to provide comments on this stakeholder draft and for the OIC’s willingness to consider our feedback. We look forward to our continued collaboration throughout this rulemaking process. Please do not hesitate to contact us with questions.

Sincerely,



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