

January 21, 2022

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 and Consolidated Health Care Rulemaking

Dear Ms. Beyer:

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 second stakeholder draft related to access to next-day appointments for behavioral health services for those who have contacted the 988 Crisis Hotline. 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 Crisis Hotline. 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. While the committee has begun its work, it is not yet clear how carriers will be notified that members have called the 988 Crisis Hotline and need next-day services and what kind of data will be shared to support this work. We thank the OIC for recognizing that work is still being done to establish the behavioral health crisis call center system platform and the behavioral health integrated client referral system and removing components in the regulation of unknown data fields until more information is known.

We support the concept in the proposed regulation 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. The proposed regulation, however, also requires significant reporting, with latitude from the OIC to request as frequent as weekly, that would be burdensome on physicians, health care providers, and health carriers and would also take time to implement. While we have previously advocated for the removal of this reporting requirement, we understand the OIC believes this reporting is necessary. With this in mind, we urge the OIC to consider a frequency range of no more frequent than monthly and no less often than twice a year to help reduce the overall administrative burden on physicians, health care providers, and health carriers.

The proposed regulation also notes that carriers must follow the Form D instructions. We support the approach that these technical requirements will exist in a document outside of the regulations

and may be updated over time without triggering a new rulemaking process. As the OIC works to develop these technical reporting requirements, we continue to encourage the OIC to circulate stakeholder drafts for feedback, as well as hold stakeholder meetings to allow technical data experts from the carriers to discuss the instructions and raise any questions. We recognize that as the state program is more fully implemented, the types of data available may change. For future updates to reporting requirements, we recommend that the OIC allow ample time for all parties to make the necessary changes and report the new components.

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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