



August 16, 2023

Rules Coordinator
Washington Office of the Insurance Commissioner
P.O. Box 40260
Olympia, WA 98504-0260
Submitted via email to: rulescoordinator@oic.wa.gov

Re: Comments on Consolidated Health Care Rulemaking CR-101 Rule (R 2023-07)

To whom it may concern,

On behalf of the Association of Washington Healthcare Plans (AWHP), thank you for the opportunity to provide comments on the consolidated health care rulemaking.

We understand the Office of the Insurance Commissioner (OIC) is considering rules to implement several pieces of recently passed legislation and to ensure the Washington Administrative Code is updated to be consistent with those laws. Generally, we request the OIC closely mirror the language from the final bills, however, we have identified some provisions that would benefit from further clarification. The goal of our feedback is to promote a common understanding of the legislative requirements and ensure consistent implementation across our industry.

ESHB 1222 – Requiring coverage for hearing instruments

ESHB 1222 generally requires health plans to cover hearing instruments and certain associated services without applying an enrollee’s health plan deductible. However, the bill is silent regarding the application of other types of health plan cost-sharing, such as co-pays and co-insurance. Because ESHB 1222 does not explicitly prohibit it, we recommend the rules clarify that normal plan cost-share design may be applied to the required hearing instruments and services coverage, except for a deductible.

E2SHB 1222 does not differentiate coverage requirements for hearing instruments and services received from participating versus non-participating providers. Consistent with our recommendation above, we respectfully request that the rules clarify that normal plan design may be applied in terms of network structure. For example, if a health plan does not have out-of-network benefits for other services, that structure should be applied consistently to a hearing instrument benefit as well.

SB 5242 – Prohibiting cost-sharing for abortion

SB 5242 generally prohibits health plans from imposing cost-sharing for abortion of pregnancy. Again, we respectfully request clarification through this rulemaking whether the intent of the legislation was to prohibit cost-sharing for services received from both participating and non-participating providers. Related, we would like the rulemaking to clarify whether carriers can apply utilization management

criteria such as prior authorization if the OIC determines the intent of SB 5242 is to prohibit cost-sharing for abortion services from non-participating providers.

Additionally, the underlying legislation does not define the scope of services included in the cost-sharing prohibition. Carriers need to understand whether the cost-sharing prohibition applies to other ancillary services associated with the abortion, such as an office visit and/or additional tests and procedures. We would ask the OIC consider the operational challenges associated with linking ancillary services to a procedure in our systems when drafting these rules.

SSB 5396 – Cost-sharing for diagnostic and supplemental breast examinations

SSB 5396 generally prohibits health plans from imposing cost-sharing for supplemental breast examinations and diagnostic breast examinations. Again, we respectfully request clarification through this rulemaking regarding whether the intent of the legislation was to prohibit cost-sharing for services received from both participating and non-participating providers. Related, we would like the rulemaking to clarify if carriers may apply utilization management criteria such as prior authorization for supplemental breast examinations and diagnostic breast examinations.

We appreciate the opportunity to comment and your consideration of our feedback. Please don't hesitate to contact me with any questions or to discuss.

Sincerely,

Peggi Lewis Fu
Executive Director
Association of Washington Healthcare Plans