



July 3, 2024

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

**Re: Comments relating to SSB 5300 in Consolidated Health Care (R2024-05)**

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 healthcare rulemaking.

SB 5300 was intended to ensure continuity of coverage for prescription drugs used in behavioral health treatment. We respectfully request clarification through this rulemaking to prevent destabilization for members receiving refills for medications for mental health disorders.

We acknowledge that the underlying statute defines “serious mental illness” in RCW 48.43.0961 and that this consolidated rulemaking references this term. Specifically, we are concerned about the consistent implementation of this definition by health carriers and seek clarification via this rulemaking. The statutory definition is not something that health carriers can systematically program for claims adjudication for the reasons listed below and will require a manual pending and review process. If the regulation addresses how health carriers are to administer this, it will help provide consistency.

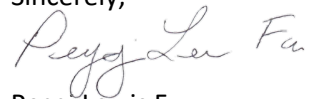
To explain, “serious mental illness” is a designation, not a diagnosis. The “test” of a serious mental illness requires two parts to be met: (1) a behavioral health diagnosis, and (2) functional impairment resulting from the behavioral health diagnosis. Carriers do not have insight through claims, or codes used on claims, whether the second part of the test has been met. Carriers would need a manual pending and review process to outreach to the prescriber to confirm the second test has indeed been met regarding that specific patient. This will delay cases as carriers ask every prescriber to attest that, in addition to a mental health diagnosis, the patient indeed has a serious mental illness.

Without additional clarification, the industry and insurers will implement and apply the definition inconsistently, especially as it relates to the broad terminology of (1) “or other drug prescribed to treat a serious mental illness.” We ask that the OIC clarify “other drugs” and specifically list all relevant drug categories such as anti-anxiety drugs, sleep disorder drugs, and drugs used to treat ADHD, PTSD, eating disorders, and SUD.

Lastly, carriers cannot determine from a prescription alone whether a physician has established either of the two parts above, as prescriptions typically prescribed for a mental health condition may have off-label usage, and there may be no underlying mental health condition at all.

We appreciate the opportunity to comment and your consideration of our feedback. Please do not hesitate to contact me with any questions or to discuss further.

Sincerely,

A handwritten signature in cursive script that reads "Peggy Lewis Fu".

Peggy Lewis Fu

Executive Director

Association of Washington Healthcare Plans