

CONCISE EXPLANATORY STATEMENT

SUBJECT: Concise Explanatory Statement as required by RCW 34.05.325

WAC: Chapter 82-75 WAC, All-Payer Health Care Claims Database, Procedures for data release and reasons to deny a request

Pursuant to RCW 34.05.325(6)(a):

(6)(a) Before it files an adopted rule with the code reviser, an agency shall prepare a concise explanatory statement of the rule:

- (i) Identifying the agency's reasons for adopting the rule;
- (ii) Describing differences between the text of the proposed rule as published in the register and the text of the rule as adopted, other than editing changes, stating the reasons for differences; and
- (iii) Summarizing all comments received regarding the proposed rule, and responding to the comments by category or subject matter, indicating how the final rule reflects agency consideration of the comments, or why it fails to do so.

In accordance with this requirement, the Office of Financial Management (OFM) prepared this concise explanatory statement for the rules related to chapter 82-75 WAC, the all-payer health care claims database, procedures for data release and reasons to deny a request.

Reasons for adopting the rule.

Chapter 43.371 RCW directs the Office of Financial Management (OFM) to establish a statewide all-payer health care claims database to support transparency by reporting certain health care information. Chapter 43.371 RCW, as amended by ESSB 5084, provides that the OFM director shall adopt rules necessary to implement this chapter and provides specific areas in which rules should be adopted. Two specific areas are:

- Procedures for data release (RCW 43.371.070(g); and.
- Reasons to deny a request for data (RCW 43.371050(2)).

Differences between the text of the proposed rule as published and the text of the rule as adopted.

There is only one difference in the text of the rules as adopted from the text of the proposed rules as published in the Washington State Register. The change is found in WAC 82-75-210 Procedures for data requests. The change derives from a written comment received during the comment period. The comment pointed out that the requirement in subsection (2)(a)(iii) is only applicable to certain types of requests, and

that not all requests require Institutional Review Board (IRB) approval. To reflect that this requirement may not always be applicable, the phrase "if applicable" was added to this subsection.

Summary of comments, OFM response and reflection in the final rule.

Initial draft rules were substantially changed in response to the many comments, both written and oral, received during the extensive stakeholder outreach period during the rule development process. OFM reviewed all comments and considered them in developing the final proposed rules filed in the register with the CR 102.

OFM received additional written comments from three entities after the publication of the proposed rules published with the CR 102: Kaiser Foundation Health Plan of the Northwest, Cambia Health Solutions, and SEIU Healthcare 1199NW. Attachment 1 is a summary of the comments and OFM's response. In addition, OFM held a hearing on September 29, 2016, to take comments on the proposed rules. No one who attended the hearing provided verbal comments.