
SENATE BILL 5845

State of Washington

69th Legislature

2026 Regular Session

By Senators Slatter, Muzzall, Chapman, Harris, Riccelli, Cleveland, Hasegawa, Krishnadasan, Nobles, and Valdez

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1 AN ACT Relating to modernizing and clarifying timely payment
2 requirements for health carriers; reenacting and amending RCW
3 41.05.017; adding a new section to chapter 48.43 RCW; and creating a
4 new section.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 NEW SECTION. **Sec. 1.** (1) The legislature finds that timeliness
7 of payment and administrative burden related to obtaining payment
8 from health carriers are contributing factors to the financial
9 vulnerability for health care providers and health care facilities
10 and impact availability of care and delay the determination of cost
11 sharing for patients.

12 (2) It is the intent of the legislature to increase transparency
13 and accountability for claims payment timeliness by updating payment
14 standards to better reflect claims operations and provide an
15 objective and quantifiable standard.

16 NEW SECTION. **Sec. 2.** A new section is added to chapter 48.43
17 RCW to read as follows:

18 (1)(a) Except as provided in (b) of this subsection, for health
19 care services provided to covered persons, a carrier shall pay or

1 deny a claim from a provider or facility as soon as practical, but no
2 later than 30 days after the receipt of a clean claim by the carrier.

3 (b) For claims that are not clean, within 14 days of receipt of
4 the claim, the carrier shall send a written notice to the provider or
5 facility acknowledging the date of receipt of the claim and one of
6 the following:

7 (i) That the carrier is denying payment on all or part of the
8 claim and the specific reason for the denial. The denial shall
9 identify the portion of the claim that is denied and the specific
10 reasons for the denial; or

11 (ii) That additional information or documentation is needed to
12 process the claim. This notice must include a request for the
13 specific information or documentation needed to process the claim.
14 The carrier shall make a good faith effort to request all information
15 or documentation needed to process the claim in a single request.

16 (c) Following receipt of all information or documentation
17 requested by the carrier in a notice issued pursuant to (b)(ii) of
18 this subsection, the carrier shall consider the claim a clean claim
19 and shall pay or deny the claim within 30 days, except as agreed to
20 in writing by the parties on a claim-by-claim basis.

21 (d) The receipt date of a claim or additional information or
22 documentation is the date a carrier receives either written or
23 electronic notice of the claim or additional information or
24 documentation. A carrier must establish a reasonable method for
25 confirming receipt of claims and additional information or
26 documentation and responding to provider and facility inquiries about
27 claims.

28 (2)(a) A carrier shall pay interest on the amount of any claims
29 for which the carrier fails to comply with the timeline and notice
30 requirements of subsection (1) of this section. Interest shall accrue
31 on each such claim until the claim is resolved by payment, denial, or
32 the final outcome of an appeals process.

33 (b) Interest shall be assessed at the following rates and shall
34 be calculated monthly as simple interest prorated for any portion of
35 a month:

36 (i) Beginning on day one and through day 60 following a carrier's
37 failure to comply with any notice or claim settlement requirement in
38 subsection (1)(a) or (b) of this section, interest shall be assessed
39 at the rate of one percent per month on the amount of the unresolved
40 claim.

1 (ii) Beginning on day 61 following a carrier's failure to comply
2 with any notice or claim settlement requirement in subsection (1)(a)
3 or (b) of this section and until the claim is resolved, interest
4 shall be assessed at the rate of one and one-half percent per month
5 on the amount of the unresolved claim.

6 (c) Any interest paid under this subsection shall be the
7 carrier's responsibility and not be applied by the carrier to a
8 covered person's deductible, copayment, coinsurance, or any similar
9 obligation of the covered person.

10 (d) The carrier shall add the interest payable to the amount of
11 the unpaid claim and may not require or request the provider or
12 facility to submit an additional claim.

13 (e) For any claim for which the carrier failed to comply with the
14 requirements of subsection (1)(a) or (b) of this section that is
15 unresolved for more than 90 days, the carrier shall be subject to an
16 administrative penalty as determined by the commissioner in rule.

17 (3) The requirements of this section do not apply to claims about
18 which there is substantial evidence of fraud or misrepresentation by
19 providers, facilities, or covered persons.

20 (4) Providers, facilities, and carriers are not required to
21 comply with the requirements of this section if the failure to comply
22 is occasioned by any act of God, bankruptcy, act of a governmental
23 authority responding to an act of God or other emergency, or the
24 result of a strike, lockout, or other labor dispute.

25 (5) Health carriers are responsible for compliance with the
26 provisions of this chapter and are responsible for the compliance of
27 any person or organization acting on behalf of or at the direction of
28 the carrier or acting pursuant to carrier standards or requirements
29 concerning the coverage of, payment for, or provision of health care
30 services. A carrier may not offer as a defense to a violation of any
31 provision of this chapter that the violation arose from the act or
32 omission of a participating provider or facility, network
33 administrator, claims administrator, health care benefit manager, or
34 other person acting on behalf of or at the direction of the carrier,
35 or acting pursuant to carrier standards or requirements under a
36 contract with the carrier rather than from the direct act or omission
37 of the carrier.

38 (6) Nothing in this section limits any existing authority of the
39 office of the insurance commissioner under this title to oversee and
40 enforce carrier compliance with applicable statutes and rules.

1 (7) The requirements of this section apply to plans filed or
2 renewed on or after January 1, 2027.

3 (8) The commissioner may adopt rules to implement this section.

4 (9) For purposes of this section, "clean claim" means a claim
5 that has no defect or impropriety, including any lack of any required
6 substantiating documentation, or particular circumstances requiring
7 special treatment that prevents timely payments from being made on
8 the claim. A claim does not lose the status of "clean claim" due to
9 issues related to carrier internal processing or systems.

10 **Sec. 3.** RCW 41.05.017 and 2025 c 389 s 3 and 2025 c 171 s 2 are
11 each reenacted and amended to read as follows:

12 Each health plan that provides medical insurance offered under
13 this chapter, including plans created by insuring entities, plans not
14 subject to the provisions of Title 48 RCW, and plans created under
15 RCW 41.05.140, are subject to the provisions of RCW 48.43.500,
16 70.02.045, 48.43.505 through 48.43.535, 48.43.537, 48.43.545,
17 48.43.550, 70.02.110, 70.02.900, 48.43.190, 48.43.083, 48.43.0128,
18 48.43.780, 48.43.435, 48.43.815, 48.200.020 through 48.200.280,
19 48.200.300 through 48.200.320, 48.43.440, 48.43.845, 48.43.732,
20 section 2 of this act, and chapter 48.49 RCW.

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