




 Washington State Hospital Association	WSHA Top Priority State Rule Making		3/1/2023						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impact	WSHA CONTACT
1	2021 Energy Code Updates	Washington State Building Code Council	The state building code council regularly reviews the Washington state building code, as outlined in chapter 51-04 WAC and RCW 19.27A.025, to evaluate revisions made to the codes by the national model code committees, and to consider proposals for statewide code amendments. Additionally, RCW 19.27A.160 directs the council to adopt energy codes that incrementally move towards achieving a seventy percent net energy consumption compared to the 2006 Washington State Energy Code. The estimated effective date of the 2021 codes is July 1, 2023.	Pre-Proposal	Proposal		04/15/22	07/01/23	CONCERNS	Remy Kerr remyk@wsha.org
1	Hospital Construction Review	Department of Health	Hospital Construction Review - The Department of Health (DOH) is considering amending licensing regulations to align with the 2018 federal and national construction standards, namely the Facility Guidelines Institute (FGI)'s Guidelines for Design and Construction of Hospitals and Guidelines for Design and Construction of Outpatient Facilities. According to the Pre-Proposal, adopting current standards would allow facilities to take advantage of newer construction methods. This change would also provide the opportunity to be consistent with widely-recognized standards that are vital to the health and safety of hospital patients and staff. A report detailing draft proposals in response to the initial draft of revisions to the WAC was recently released. (WAC 246-320-500 thru 600).	Pre-Proposal		Report on Draft Proposals (10.18.18)	Intended: Spring 2019		MONITOR	Remy Kerr remyk@wsha.org
1	Audio-Only Telemedicine	Health Care Authority	HCA is developing and revising rules to provide for audio-only telemedicine, in alignment with ESSB 1196. During the course of this review, the health care authority may identify additional related changes that are required in order to improve clarity or update policy.	Pre-Proposal	Proposal		No sooner than December 7, 2022		MONITOR	Remy Kerr remyk@wsha.org
1	Hospital licensing fee increase	The Department of Health	Hospital licensing fee increase. The Department of Health is planning to propose increases to initial and renewal licensing fees for acute care, psychiatric, and chemical dependency hospitals. Current fees do not provide sufficient funds to license, inspect, investigate, and perform other regulatory work to protect patient safety.	Issue Brief	Hospital Fee Cost				MONITOR	Andrew Busz Andrewb@wsha.org
1	Public Option Health Care Contracting	Health Care Authority	HCA is developing rules to align with the requirements of E2SSB 5377. This bill provides that if a public option plan is not available in each county during plan year 2022 or later, hospitals licensed under chapter 70.41 RCW receiving payment from one of the agency's benefit programs or its medical assistance program must contract with at least one public option plan to provide in-network services to that plan's enrollees. The bill also provides that the agency may adopt rules including levying fines and taking other actions necessary to enforce compliance when a hospital must contract with a public option plan. During the course of this review, the agency may identify additional related changes that are required in order to improve clarity or update policy.	Pre-Proposal	Proposal				STRONG CONCERNS	Andrew Busz Andrewb@wsha.org


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1	Hospital Charity Care	Department of Health	The department is considering amending chapter 246-453 WAC, Hospital charity care, to align with changes made in SSB 6273 and SHB 1616. Both bills add several definitions to RCW 70.170.020 that modify or replace definitions currently in chapter 246-453 WAC. Additionally, both bills amend RCW 70.170.060; SSB 6273 creates new opportunities for patients to apply for charity care that are not currently addressed in chapter 246-453 WAC and SHB 1616 increases income thresholds for charity care eligibility and requires hospitals to provide prescriptive discounts in lieu of discounts based on a sliding scale. To comply with changes made by SSB 6273 and SHB 1616, the rules may need revisions. The department will also consider adding a new section to address requirements for clarity and conciseness. Additionally, the department had previously worked with interested parties on a rules project responsive to SSB 6273 under CR-101 filed as WSR 18-18-073 and CR-102 filed as WSR 22-02-016, but is withdrawing that project to refile a new CR-101 that allows the implementation of additional statutory changes made by SHB 1616 in 2022.	Pre-Proposal					MONITOR	Cara Helmer Carah@wsha.org
1	Right of involuntarily detained/committed individuals to refuse antipsychotic medication	Health Care Authority	The agency intends to develop rules regarding the right of involuntarily detained/committed individuals to refuse antipsychotic medication as required by RCW 71.05.215	Pre-Proposal					MONITOR	Cara Helmer Carah@wsha.org
1	Behavioral Health Agency Rules	Department of Health	This rule-making project is phase two of a multi-phase project to overhaul the licensing and certification rules for behavioral health agencies. The first phase focused on bringing the regulations up-to-date with recent legislation and addressing areas of clean up that had been identified since the department began regulating behavioral health agencies in 2018. In phase two of this work, the areas that will be considered include: 1. Supporting a behavioral health agency's ability to provide services for cooccurring mental health and substance use disorders. 2. Improving the ability for an individual to have continuity as they transition through levels of care. 3. Scoping rules to align more closely with the specific rule-making authority in RCW 71.24.037. 4. Further examining specific topics identified during phase 1 such as deeming, telehealth, and applied behavioral analysis. 5. Implementing changes made by the 2021 legislature.	Pre-Proposal					MONITOR	Cara Helmer Carah@wsha.org
1	Rules to Establish Standards for Designation of Crisis Call Centers as Crisis Hubs Within the 988 Hotline System.	Department of Health	The Federal Communications Commission promulgated rules under 47 C.F.R. § 52.200 designating "988" as the three-digit code "for a national suicide prevention and mental health crisis hotline system." In 2021, the Washington state legislature passed E2SHB 1477 with the intent to establish crisis call center hubs and expand the crisis response system. The bill requires the department to adopt rules "to establish standards for designation of crisis call centers as crisis call center hubs."	Pre-Proposal					MONITOR	Cara Helmer Carah@wsha.org


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1	Charity care	Department of Health	The Department of Health will consider rulemaking to revise the state regulations pertaining to charity care (WAC 246-453) to comply with legislation passed in 2018.	Pre-Proposal		Rulemaking activity			CONCERNS	Cara Helmer Carah@wsha.org Zosia Stanley zosiaS@wsha.org
1	Implementation of 2022 legislation (SSB 5722, chapter 177, Laws of 2022) directing commerce to adopt a state energy management and benchmarking requirement for "tier 2 covered buildings." Requirements will relate to energy management planning, operations and maintenance planning, and energy use analysis through benchmarking and associated reporting and administrative procedures	Department of Commerce	The 2022 legislation (in part codified in RCW 19.27A.250) requires commerce to adopt energy management and benchmarking requirements for covered commercial and multifamily buildings. Requirements will relate to energy management planning, operations and maintenance planning, and energy use analysis through benchmarking and associated reporting and administrative procedures (including exemptions for financial hardship and an appeals process for administrative determinations, including penalties imposed by the department).	Pre-Proposal					CONCERNS	Remy Kerr remyk@wsha.org
1	Prescription Label Translation and Accessibility Requirements	Pharmacy Quality Assurance Commission	On September 8, 2021, the commission received a petition requesting pharmacies provide accessible medication label options for patients. On October 22, 2021, the commission voted to approve the petition and consider rule making. Minimum requirements for outpatient prescription labeling are described in WAC 246-945-016, but does not reference accommodations for patients who are visually impaired, blind, or have other disabilities requiring additional prescription label options provided by their pharmacy. Clear comprehension of prescription drug label information is a matter of public health and safety for all persons, regardless of ability, and opening chapter 246-945 WAC would help align state regulatory standards with patient needs. The commission also received a petition on January 13, 2022, requesting that translations of prescription directions on prescription labels be made available in multiple languages for ambulatory (community-based) patients. The petition included an additional request to amend WAC 246-945-417 in order to establish a deadline by which pharmacy outpatient dispensing systems must comply with a requirement to translate prescription medication directions. The commission voted to approve the petition and consider rule making pertaining to the provision of translated prescription information by pharmacies on January 28, 2022. Improving prescription information comprehension for individuals for whom English is not their primary language is also a matter of public health.	Pre-Proposal					MONITOR	Remy Kerr remyk@wsha.org


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1	Hospital Financial Transparency	Department of Health	E2SHB 1272 addresses many health system transparency topics. Specific to this rule making the bill strives to increase transparency in hospital financial data. Rule making is being considered to implement this portion of E2SHB 1272. The bill requires the department to revise the uniform, hospital financial reporting system to further delineate hospital expenses and revenue, and monies received by federal, state, or local government in response to national or state-declared emergencies. Instructions for hospital financial reporting are provided by the department in the Accounting and Reporting Manual for Hospitals, which may need updates to comply with the new requirements.	Pre-Proposal					CONCERNS	Remy Kerr remyk@wsha.org
1	Unemployment Eligibility for Health Care Workers During a Public Health Emergency	Employment Security Department	The employment security department (ESD) is seeking to adopt rules regarding unemployment benefits eligibility for health care workers during a public health emergency to implement ESSB 5190 (2021).	Pre-Proposal	Proposal				CONCERNS	Remy Kerr remyk@wsha.org
1	Drug Take-Back Program	Department of Health	DOH is considering rule making to implement 2SHB 1161 (chapter 155, Laws of 2021). Rule making will consider aligning existing rules with 2SHB 1161 and adopting other amendments necessary to regulate the state drug take-back program, also known as the "safe medication return" program. Amendments may include clarifying how multiple program operators participate in the drug take-back program, setting fees, and other changes as appropriate.	Pre-Proposal					MONITOR	Remy Kerr remyk@wsha.org
1	Occupational Exposure to Infectious or Contagious Diseases	Department of Labor & Industries	In accordance with 2021's ESSB 5092, section 220(8), the department is initiating rule making for occupational health protections related to infectious diseases to ensure the state has general guidelines to follow in the case of an infectious disease outbreak. This would include when there is an outbreak subject to a public health emergency under a national or state declared state of emergency.	Pre-Proposal					MONITOR	Remy Kerr remyk@wsha.org
1	OUD Remote Dispensing Sites	Pharmacy Quality Assurance Commission	SSB 6086 mandates that the commission adopt rules to establish the minimum standards for opioid use disorder (OUD) medication remote dispensing sites. Consequently, there is no alternative to adopting rules. Current rules related to storing drugs outside of a pharmacy do not adequately cover the minimum standards and exclude certain facilities from having remote dispensing sites, which does not align with the intent of the law. Furthermore, these regulations must be in rule to [be] enforceable.	Pre-Proposal					MONITOR	Remy Kerr remyk@wsha.org
1	EMS Data Reporting for SUD Treatment	Department of Health	Updates to existing sections of chapter 246-976 WAC and the establishment of new sections may be needed to align existing ambulance and aid service requirements with RCW 70.168.090, as revised under SSB 5380. RCW 70.168.090 now requires licensed ambulance and aid services to report patient data electronically to the department and allow for certain data sharing for the purpose of substance abuse treatment. It is anticipated that amendments to existing EMS data rules and new sections may need to be created to ensure clear and concise data submission standards and to produce quality, usable data for improving standards of care and best practice for the benefit and safety of the public.	Pre-Proposal		Rule Page			MONITOR	Remy Kerr remyk@wsha.org
1	Allopathic CDTA	Washington Medical Commission	The Washington Medical Commission is considering creating new rule sections to regulate the use of collaborative drug therapy agreements (CDTA).	Pre-Proposal					MONITOR	Remy Kerr remyk@wsha.org


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1	Certificate of Need Chapter Updates	Department of Health	Certificate of Need- The Department of Health is opening all rules related to Certificate of Need (CN) in chapter 246-310 WAC. The Department is considering amending, creating, and repealing some or all rules to clarify, streamline, develop progressive enforcement tools, and modernize language. This review will include examining general and specific facility type need methodologies. Updates to rules will take into account incorporating national optimal approaches, providing clear and consistent guidance, and reducing litigation. As part of the rulemaking process, the department will consider the rulemaking topics in recently withdrawn Preproposals (CR-101's) as well as recent petitions regarding updates to need methodologies. WSHA is in active discussions with the Department to more clearly understand the approach and breadth in this rulemaking.	Pre-Proposal					MONITOR	Remy Kerr remyk@wsha.org
1	Emergency Medical Services (EMS) and Trauma Care Systems - WAC 246-976	Department of Health	Department of Health he Department of Health (DOH) is updating EMD sections to align with national standards and respond to legislative requirements by: (1) considering updates to align with current national standards; (2) making regulations more clear and concise; (3) responding to statutory requirements; and (4) streamlining initial and renewal application processes for prehospital services licenses and EMS provider certification. ((Ch. 246-976 WAC))	Pre-Proposal					MONITOR	Remy Kerr remyk@wsha.org
1	LTSS Eligibility	Department of Social and Health Services	The department is adding a new section in chapter 388-106 WAC describing LTSS presumptive eligibility and functional eligibility criteria for clients who are discharging from acute care hospitals or diverting from community psychiatric facilities into an in-home setting with home and community-based services.	Pre-Proposal					SUPPORT	Zosia Stanley zosiaS@wsha.org
1	Trauma Designation Process and Criteria	Department of Health	Since the trauma system's inception, there has not been a review of the process or criteria by which the trauma care regions and department make min/max decisions. The first established criteria have not been formalized in rule and have been used in varying degrees by trauma care regions. As the trauma system matures, trauma centers have expressed interest in applying for level I trauma designation and there is currently no process or criteria in place to objectively evaluate the need and impact of additional trauma centers.	Pre-Proposal					MONITOR	Zosia Stanley zosiaS@wsha.org
2	Medicaid SPA: Grouper Updates	Health Care Authority	HCA intends to submit medicaid SPA 22-0004 to update references to the 3M APR-DRG software grouper used to group hospital claims for payment.		Notice		07/01/22	07/01/22	NEUTRAL	Andrew Busz Andrewb@wsha.org
2	DDA Oversight and Enforcement of Provider Practices	Department of Social and Health Services	The rule making is necessary to incorporate 2SHB 1651 (chapter 271, Laws of 2020) into rules. This passed legislation requires the department to adopt rules as necessary to provide oversight and enforcement of provider practices related to developmental disabilities administration client rights for providers licensed or certified by the department.	Pre-Proposal	Proposal		12/22/21		MONITOR	Zosia Stanley zosiaS@wsha.org
2	Administrative Day Rate and Swing Bed Day Rate	Health Care Authority	The agency is amending WAC 182-550-4550 to provide hospitals an administrative day rate for days in which a postpartum client does not meet criteria for acute inpatient level of care but their infant is still an inpatient being observed for potential neonatal abstinence/opioid withdrawal syndrome and the primary and appropriate first line treatment for the infant is continuous care by the parent. During the course of this review, the agency may identify additional related changes that are required in order to improve clarity or update policy.	Pre-Proposal	Proposal		01/25/22		SUPPORT	Andrew Busz Andrewb@wsha.org


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2	E2SHB 1477 Implementation: Next Day Appointments	Office of the Insurance Commissioner	The commissioner is considering adopting rules to implement E2SHB 1477 concerning access to next day appointments required in the legislation. The commissioner may also consider utilizing this rule to consolidate office of the insurance commissioner (OIC) rule making if necessary to ensure that rules related to recently enacted legislation are adopted by OIC prior to January 1, 2022. Currently, multiple provisions of OIC rules in chapters 284-43 and 284-170 WAC may need to be amended to be consistent with recent laws. These rules will facilitate implementation of recent laws by ensuring that all affected health care entities understand their rights and obligations under the recent laws.	Pre-Proposal	Proposal	Rule Page	03/25/22		MONITOR	Cara Helmer Carah@wsha.org
2	Verification for Presumptive Coverage of Frontline Employees and Health Care Workers.	Department of Labor & Industries	ESSB 5115 and ESSB 5190, 2021 legislative session, created a new presumption for frontline and health care workers that any infectious or contagious diseases which are the subject of a public health emergency are occupational diseases during a health emergency. Both bills became law in 2021 with the creation of RCW 51.32.181 and 51.32.390. As part of this presumption, these RCW explain that, frontline and health care workers must provide verification that they contracted the infectious or contagious disease that is the subject of the public health emergency. A new rule is needed in order to define "verification" and any associated processes the workers must follow in order to prove contraction of the infectious or contagious disease.	Pre-Proposal	Proposal		01/31/23		MONITOR	Andrew Busz Andrewb@wsha.org
2	Overpayment for Individual Providers (Ch. 388-71 WAC)	The Department of Social and Health Services	Overpayment for Individual Providers (Ch. 388-71 WAC) - The Department of Social and Health Services (DSHS), Aging and Long-Term Support Administration is adding a new overpayment section for individual providers to chapter 388-71 WAC to define the circumstances in which an Individual Provider is subject to an overpayment, clarify the department's authority to collect an overpayment, clarify an Individual Provider's right to an administrative hearing when they receive an overpayment notice, and provide information about how an Individual Provider requests an administrative hearing related to an overpayment.		Proposal		No earlier than November 28, 2018		NEUTRAL	Andrew Busz Andrewb@wsha.org
2	Presumptive Eligibility for Long-Term Services	Health Care Authority	The agency is creating new sections in chapters 182-513 and 182-515 WAC to create presumptive eligibility for long-term services and supports authorized by home and community services in home and alternate living facilities. During this review, the agency may identify additional related changes that are required to improve clarity or update policy.	Pre-Proposal	Proposal		No later than Jan 25, 2023		SUPPORT	Andrew Busz Andrewb@wsha.org
2	Outpatient hospital services—Conditions of payment and payment methods	Health Care Authority	The agency is correcting subsection (3)(c) of this rule to align with the medicaid state plan	Pre-Proposal	Proposal		No sooner than June 22, 2022		SUPPORT	Andrew Busz Andrewb@wsha.org


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2	Primary care transformation model (PCTM) centralized provider certification	Health Care Authority	The health care authority (HCA) is developing new rules for a centralized provider certification process as part of its implementation of the Washington multi-payer PCTM. Providers statewide will be able to voluntarily participate in the model through the centralized certification process administered by HCA. Through this process, providers will be assigned a certification level from Level 1 to Level 3 based on their capacity to provide comprehensive, whole-person, primary care as delineated under the model. This certification process will provide a common measuring stick for gauging provider status under PCTM. During the course of this review, HCA may identify additional related changes that are required in order to improve clarity or update policy.	Pre-Proposal					MONITOR	Andrew Busz Andrewb@wsaha.org
2	Prescription Drug Affordability Board.	Health Care Authority	To implement the prescription drug affordability board as required in SSSB [2SSB] 5532, chapter 153, Laws of 2022.	Pre-Proposal					MONITOR	Andrew Busz Andrewb@wsaha.org
2	Prescription Drug Cost Sharing—Enrollee Contribution Calculation.	Office of the Insurance Commissioner	SSB 5610 (chapter 228, Laws of 2022) was passed to address ongoing consumer complaints about the inconsistency with the use of discount prescription drug cards, assistance programs, and/or coupons. SSB 5610 (chapter 228, Laws of 2022) provides direction for applying payments to cost-sharing amounts and the out-of-pocket maximum, except in specified conditions. Given the input of interested parties during the legislative session, rule making is needed to clarify any potential ambiguity in implementation, thereby providing the consumer protection the legislation intended.	Pre-Proposal					MONITOR	Andrew Busz Andrewb@wsaha.org
2	Nursing Facility Medicaid Methodology	Department of Social and Health Services	The department of social and health services (DSHS) intends to amend chapter 388-96 WAC regarding its nursing facility medicaid methodology to implement a low-wage worker wage equity funding and verification and other related rules as may be required.	Pre-Proposal					MONITOR	Andrew Busz Andrewb@wsaha.org
2	Retroactive Certification Period - Postpartum Coverage	Health Care Authority	The agency is amending WAC 182-504-0005 and sections of chapter 182-500 WAC, Medical definitions, to implement requirements in RCW 74.09.830 regarding postpartum health care coverage. The amended rules will provide for retroactive postpartum coverage and define after-pregnancy coverage, continuous eligibility, and full scope coverage. During this review, health care authority may identify additional related changes that are required to improve clarity or update policy.	Pre-Proposal					MONITOR	Andrew Busz Andrewb@wsaha.org
2	Chapter 182-51 WAC Drug Price Transparency Program	Health Care Authority	The agency is amending sections of chapter 182-51 WAC, the drug price transparency program, to add agency flexibility to reporting deadlines and increase program clarity by adding definitions and rewording requirements. During this review, the health care authority may identify additional related changes that are required to improve clarity or update policy.	Pre-Proposal					MONITOR	Andrew Busz Andrewb@wsaha.org
2	Anesthesia providers and covered physician-related services; other related rules as appropriate	Health Care Authority	The health care authority (HCA) is amending WAC 182-531-0300(1) to include a doctor of medicine or osteopathy (other than an anesthesiologist) to the list of providers HCA reimburses for performing covered anesthesia services. During this review, HCA may identify additional related changes that are required to improve clarity or update policy.	Pre-Proposal					MONITOR	Andrew Busz Andrewb@wsaha.org


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2	Reimbursement for Mental Health Diagnostic of Children	Health Care Authority	HCA is amending WAC 182-531-1400 to implement changes directed by the legislature in 2SHB 1325, section (2)(11), chapter 126, Laws of 2021. For mental health diagnostic assessment of children birth through age five, HCA is directed to reimburse providers for up to five sessions per assessment and for travel costs when a session is conducted in a home or community setting. During the course of this review, HCA may identify additional related changes that are required in order to improve clarity or update policy.	Pre-Proposal					MONITOR	Andrew Busz Andrewb@wsaha.org
2	Washington Apple Health Postpartum Coverage	Health Care Authority	The agency is amending these rules to align with SSB 5068, which extends the period of postpartum coverage through Washington apple health, and to make other updates. During the course of this review, the agency may identify additional related changes that are required to improve clarity or update policy.	Pre-Proposal					MONITOR	Andrew Busz Andrewb@wsaha.org
2	Chapter 246-08 WAC, Practice and Procedure	Department of Health	Department of Health (DOH) - Chapter 246-08 WAC, Practice and Procedure. DOH has opened this chapter to review its rules regarding adjudicative proceedings for declaratory orders; public record requests; agency indexes; and general agency administrative processes. The department is reviewing existing rules within the chapter to identify amendments that may be necessary as a result of changes in statutes, changes in internal operations, opportunities to streamline processes to reduce regulatory burden without compromising public health and safety, and to provide clear, concise and reasonable rules. This rulemaking excludes: WAC 246-08-390 Acquisition, security, disclosure and destruction of health information; and WAC 246-08-400, How much can a health care provider charge for searching and duplicating health care records.	Pre-Proposal					MONITOR	Cara Helmer Carah@wsaha.org
2	Licensure for Mental Health counselors, Marriage and Family Therapists, and Social Workers (Ch. 246-809 WAC)	Department of Health	Licensure for Mental Health counselors, Marriage and Family Therapists, and Social Workers (Ch. 246-809 WAC) - The Department of Health (DOH) is considering developing new and revised requirements related to supervision of associates and the approved supervisor requirements in order to better prepare associates for independent licensure. In addition, the department is considering amending the recordkeeping, education, and continuing education requirements to strengthen the requirements and align them with current trends in practice. The department will also consider making clarifications and technical changes in other licensing standards, as needed.	Pre-Proposal					MONITOR	Cara Helmer Carah@wsaha.org
2	Inpatient Psychiatric Services	Health Care Authority	The agency is amending this section to replace outdated terms such as "residential support network (RSN)" and "mental health designee," to delete references to the department of mental health, and to update language regarding authorization and certification for inpatient psychiatric care consistent with the current managed care and administrative services organization structure. During the course of this review, the agency may identify additional related changes that are required in order to improve clarity or update policy.	Pre-Proposal					MONITOR	Cara Helmer Carah@wsaha.org


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2	Nursing Assistant Standards Update	Nursing Care Quality Assurance Commission	NCQAC identified that chapter 246-841 WAC, excluding WAC 246-841-520, 246-841-720, and 246-841-990; and chapter 246-842 WAC need to be updated to reflect best practices, eliminate redundancy, and make other necessary revisions. Legislated work by NCQAC with key interested parties in 2018-2020 confirms the identified need for updating the rules. The coronavirus disease 2019 (COVID-19) pandemic magnifies the need and urgency for changes to the rules which may eliminate barriers to career advancement for nursing assistants to help address the nursing assistant shortage in health care. Specifically NCQAC is considering: (1) Repealing chapter 246-842 WAC. Chapters 246-841 and 246-842 WAC are similar. Repealing chapter 246-842 WAC may eliminate unnecessary redundancy, which creates confusion about requirements. Any requirements that may need to be retained could be moved to chapter 246-841 WAC; (2) updating the rules overall to reflect the most current standards and practice, clarifying and updating curriculum and testing requirements for training programs, and eliminating barriers to career advancement for nursing assistants to help address the nursing assistant shortage in health care; and (3) standardizing the scope of practice for nursing assistance as allowed by law. The scope of practice for nursing assistants varies depending on the work setting. NCQAC believes standardizing the scope of practice across work settings could eliminate confusion.	Pre-Proposal					MONITOR	Katerina LaMarche katerinal@wsha.org
2	Donor Human Milk Bank Standards	Department of Health	E2SSB 5702 requires the department to adopt standards to help ensure the safety of human milk donated to milk banks. Beginning January 1, 2023, health carriers shall provide coverage for medically necessary donor human milk for inpatient use when ordered by a licensed health care provider with prescriptive authority or an international board certified lactation consultant. The statute sets specific criteria for coverage.	Pre-Proposal					CONCERNS	Katerina LaMarche katerinal@wsha.org
2	Whistleblower Protections (HB 1097 (2021))	Department of Labor & Industries	L&I is initiating this rule making in response to ESHB 1097, an act relating to increasing worker protections. The rule making will change the requirement to file a complaint of a discriminatory act from 30 to 90 days, expands the definition of discrimination, and establishes the division of occupational safety and health's (DOSH) ability to penalize an employer for discriminating against one of their employees. This rule making will also address changes in how complaints will be resolved with final orders. Under ESHB 1097, L&I now has the authority to issue administrative orders related to discrimination differing from the current process which has proceedings go to superior court if a matter is not settled.	Pre-Proposal					MONITOR	Remy Kerr remyk@wsha.org
2	Medical Assistant Credentialing	Department of Health	DOH is considering rule amendments to several sections of medical assistant rules to update credentialing requirements and ensure that the rules are current and align with best practices. The department will also consider adding a new section to address telemedicine supervision.	Pre-Proposal					MONITOR	Remy Kerr remyk@wsha.org


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2	Chapter 246-926 WAC Radiological technologists	The Department of Health	Chapter 246-926 WAC Radiological technologists - The Department of Health (department) is considering opening rules to clarify, streamline, and modernize the regulations for cardiovascular invasive specialists, radiologic technologists, radiologist assistants, and X-ray technicians. This may include repealing or adding new sections of rules, clarifying competency requirements and identifying authorized duties.	Pre-Proposal					MONITOR	Remy Kerr remyk@wsaha.org
2	Workers' Comp COVID-19 Relief	Department of Labor & Industries	Data shows that the COVID-19 pandemic and resulting government required shutdowns disproportionately impacted employers who reported hours in forty-two risk classes thereby reducing the options to help workers return to work. This may lead to increased claim losses for businesses in the affected classes compared to other employers. For affected retro participants who experience increased loss ratios, they may be subject to a negative bias resulting in their refunds being reduced or additional premium assessed. Conversely, the less affected retro participants may experience a positive bias whereby they may receive enhanced refunds that they would not have otherwise received but for the pandemic's adverse impact on their peers.	Pre-Proposal					SUPPORT	Remy Kerr remyk@wsaha.org
2	New rules to implement chapter 220, Laws of 2017 (SSB 5514), Emergency department patient care information—Department of health collection—Confidentiality	Department of Health	Department of Health - DOH is considering creating new rules to implement chapter 220, Laws of 2017 (SSB 5514), Emergency department patient care information—Department of health collection—Confidentiality, by establishing reporting and data release requirements for emergency department data collection.	Pre-Proposal		RHINO rulemaking website			MONITOR	Remy Kerr remyk@wsaha.org
2	WAC 388-97-0300 Notice of rights and services	Department of Social and Health Services	Federal rules regarding nursing home clinical records were amended by the Centers for Medicare and Medicaid Services (CMS) through an 1135 blanket waiver in response to the COVID-19 public health emergency. The amended federal rules are effective March 1, 2020, through the end of the national emergency declaration. The department will monitor federal nursing home communication to ensure this rule making reflects the same span of time as the suspended federal rule regarding clinical records. This will help ensure federal and state rules remain similar and provide for consistent application of clinical record rules during the investigation process.	Pre-Proposal					SUPPORT	Zosia Stanley zosias@wsaha.org
2	TB Screening Waiver	Department of Social and Health Services	The department is considering amending the following rules to identify the period of time tuberculosis testing is suspended or waived during the declared emergency of COVID-19 per Proclamation by the Governor 20-05.	Pre-Proposal					MONITOR	Zosia Stanley zosias@wsaha.org
2	Reinstatement or Amendment of Nursing Home Admissions Rules	Department of Social and Health Services	This rule making is necessary to establish a timeframe when the portions of the rules were suspended during the COVID-19 pandemic, and nursing homes were not required to comply with the suspended portions of the rules.	Pre-Proposal					MONITOR	Zosia Stanley zosias@wsaha.org


	 Washington State Hospital Association		WSHA Top Priority State Rule Making	3/1/2023						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impact	WSHA CONTACT
2	WAC 388-97-1260 Physician services, and other related rules as may be required to identify the period of time that portions of the rule was held in suspension during the declared emergency of COVID-19 per Proclamation by the Governor 20-05.	Department of Social and Health Services	This rule making is necessary to establish a timeframe when the portions of the rules were suspended during the COVID-19 pandemic, and nursing homes were not required to comply with the suspended portions of the rules.	Pre-Proposal					MONITOR	Zosia Stanley zosias@wsna.org
3	Allowing Master's Level Therapists to Treat Injured Workers	Department of Labor & Industries	Allowing Master's Level Therapists to Treat Injured Workers- L&I rules don't currently allow master's level therapists (MLTs) to treat injured workers. Stakeholders requested L&I change the rules and allow these providers to treat workers for accepted conditions within the providers' scope of practice. L&I decided to initiate a pilot to help determine how MLTs can best be incorporated into the workers' compensation setting. Under this pilot these current provisions related to treatment by MLTs are waived for pilot participants only. The pilot will begin on January 1, 2020 and the exceptions granted are effective throughout a four-year pilot period or as otherwise specified. Labor & Industries may pay qualified providers participating in the project to deliver appropriate behavioral and mental health interventions to workers with an open workers' compensation claim. Pilot program results, including billing patterns, submission of required documentation, and referrals for further services will be considered in developing final rule language, medical coverage decisions, and/or payment policy. L&I has determined this waiver is in the public interest and necessary to conduct this pilot project.	Pre-Proposal			12/03/19		SUPPORT	Remy Kerr remyk@wsna.org
3	Independent Medical Examination Specialist Availability	Department of Labor & Industries	The rule will address how to accommodate the injured worker if no approved independent medical examiner in the specialty needed is available in a reasonably convenient location as well as how telemedicine IMEs may be used.	Pre-Proposal				04/07/21	MONITOR	Remy Kerr remyk@wsna.org
3	Health Care Sharing Ministries	Office of the Insurance Commissioner	The commissioner is considering adopting rules relating to the exemption for health care sharing ministries (HCSM) found in RCW 48.43.009 and the sale of HCSM plans by licensed producers.	Pre-Proposal	Proposal	Rule Page		11/29/21	SUPPORT	Cara Helmer Carah@wsna.org
3	Independent Medical Exam Appeals	Department of Labor & Industries	ESSB 6440, 2020 legislative session, limited the reasons IMEs could be used. One reason is to resolve an appeal, but there was no indication of when or under what circumstances such an IME would be appropriate. The changes affect employers who purchase workers' compensation coverage from the department (state fund) as well as self-insurers by limiting IMEs. Rule making allows the department of labor and industries to define criteria and/or determine limitations for these IMEs.	Pre-Proposal	Proposal			01/25/22	CONCERNS	Remy Kerr remyk@wsna.org
3	Medical marijuana consultant certification	Department of Health	The department is opening this chapter of rules to consider amendments that would enhance and clarify training requirements and practice parameters of a medical marijuana certified consultant.	Pre-Proposal	Proposal			03/01/22	MONITOR	Remy Kerr remyk@wsna.org


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PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impa	WSHA CONTACT
3	Verification of Underlying Health Conditions for Unemployment Claims	Employment Security Department	ESSB 5061 (2021) provides, among other things, good cause to leave work when during a public health emergency, the claimant was unable to perform their work for the employer from the claimant's home; the claimant is able and available to perform, and can actively seek suitable work which can be performed for an employer from the claimant's home; and the claimant or another individual residing with the claimant is at higher risk of severe illness or death from the disease that is the subject of the public health emergency because the higher risk individual has an underlying health condition, verified as required by the department by rule, that is identified as a risk factor of a disease that is the subject of a public health emergency. ESSB 5061, section 10, chapter 2, Laws of 2021 (codified at RCW 50.20.050 (b)(xii)(C)(II)). ESSB 5061 (2021) also provides that during the weeks of a public health emergency, an unemployed individual may meet the availability requirements of RCW 50.20.010 (1)(c) if they are able and available to perform, and actively seeking, suitable work which can be performed for an employer from the individual's home; and if the unemployed individual or another individual residing with the unemployed individual is at higher risk of severe illness or death from the disease that is the subject of the public health emergency because the higher risk individual has an underlying condition, verified as required by the department by rule, that is identified as a risk factor for the disease that is the subject of the public health emergency. Section 8, chapter 2, Laws of 2021 (codified at RCW 50.20.010 (4)(b)(ii)). The rule making will detail how the department will verify underlying health conditions for purposes of RCW 50.20.010 (4)(b)(ii) and 50.20.050 (2)(b)(xii)(C)(II).	Pre-Proposal	Proposal		03/31/22		MONITOR	Remy Kerr remyk@wsha.org
3	Colon Hydrotherapist Practice	Department of Health	SB 5124 (chapter 179, Laws of 2021) creates a new certified profession, colon hydrotherapist. The new law requires the board to create rules for the new profession, which are needed to establish minimum education, examination, affiliation relationship, and certification requirements. Existing rules may also be updated to support requirements for this new profession. The fees will be established in a separate rule project under the secretary's authority.	Pre-Proposal	Proposal		04/08/22		NEUTRAL	Andrew Busz Andrewb@wsha.org
3	Colon Hydrotherapist Professional Fees	Department of Health	DOH is considering establishing a new section of rule to implement SB 5124, which establishes the colon hydrotherapist profession. The department is required to adopt rules to specify the fees, as well as to ensure clarity and consistency of fees that are standard across all professions.	Pre-Proposal	Proposal		04/15/22		NEUTRAL	Andrew Busz Andrewb@wsha.org
3	Chapter 246-928 WAC, Respiratory Care Practitioners,	Department of Health	SHB 1383 (chapter 114, Laws of 2021) makes several amendments to the respiratory care practitioner profession, including changing the profession's scope of practice and required qualifications and giving the department authority to create regulations on training requirements and hospital protocols for particular medical procedures. The department will also consider updates and housekeeping changes to clarify and streamline chapter 246-928 WAC.	Pre-Proposal	Proposal		05/04/22		MONITOR	Remy Kerr remyk@wsha.org


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PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impact	WSHA CONTACT
3	Fee amendments	Department of Health	fees amendments are being considered by the department of health (department) for the following professions: Acupuncturist or acupuncture and Eastern medicine practitioner, licensed mental health counselor, licensed advanced social worker and licensed independent clinical social worker, certified counselor, certified adviser, registered agency affiliated counselor (excluding interns), dental hygienist, dentist, registered dental assistant, certified dental anesthesia assistant, licensed expanded function dental auxiliary, audiologist, speech-language pathologist, hearing aid specialist, speech-language pathology assistant, nursing pool operator, physical therapist, physical therapist assistant, sex offender treatment provider, affiliate treatment provider certificate, and home care aide. Additional updates may be considered to ensure clarity and consistency of fees that are standard across all professions.	Pre-Proposal	Proposal		01/25/23		NEUTRAL	Andrew Busz Andrewb@wsha.org
3	Billing for clients eligible for medicare and medicaid; other related rules as appropriate.	Health Care Authority	The agency is revising this section to remove subsections regarding payment for services covered by medicare and replace these subsections with a cross reference to the health care authority's (HCA) general rules for medicare coinsurance, payments, and deductibles found in WAC 182-502-0110. During the course of this review, HCA may identify additional related changes that are required in order to improve clarity or update policy.	Pre-Proposal	Proposal		02/22/23		MONITOR	Andrew Busz Andrewb@wsha.org
3	Nursing Home Inspections	Department of Social and Health Services	This rule making is necessary to implement ESHB 1120 (chapter 203, Laws of 2021). The additions or amendments to chapter 388-97 WAC will reestablish inspection (survey) timelines and identify the period of time that inspections were held in suspension during the COVID-19 pandemic, in accordance with Governor's Proclamation 20-18.	Pre-Proposal	Proposal		No earlier than July 27, 2022		MONITOR	Zosia Stanley zosiaS@wsaha.org
3	Radiation machine facility fees	Department of Health	DOH has completed an initial assessment of the radiation machine program fiscal resources and determined the program is not generating sufficient revenue to cover the cost of the program over the fiscal planning period. The program is also reviewing machine categories to better align with current classifications and may update or restructure existing fees and may propose new fees for radiation machine facilities. This rule making will not alter or change any professional license fees that radiation professionals currently pay (e.g., radiation technician, radiation technologist). This fee rule applies to facilities that pay registration fees for radiation machine facilities and tube fees for radiation machines.	Pre-Proposal					MONITOR	Andrew Busz Andrewb@wsaha.org


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PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impact	WSHA CONTACT
3	Medical aid rules updates, rate setting for most professional health care services for injured workers.	Department of Labor & Industries	The current rules describe elements used in the process of updating the maximum allowable payments for most professional health care services. These elements are set in rule in order to follow the established methodologies of the department of labor and industries (L&I) and maintain consistency with the health care authority (HCA) and medicaid purchasing administration. Specifically, any proposed rule changes will consider the following: <ul style="list-style-type: none"> •WAC 296-20-135: Updating the conversion factors used by L&I for calculating reimbursement rates for most professional health care and anesthesia services. Updating the conversion factors to correspond to changes in the medical procedure codes, the relative value units, and anesthesia base units. These changes would enable L&I to continue a reimbursement methodology consistent with other state agencies. Cost-of-living adjustments may be incorporated into the changes in the conversion factors. •WAC 296-23-220 and 296-23-230: Updating the maximum daily reimbursement level for physical and occupational therapy services so L&I may, if necessary, give cost-of-living adjustments to affected providers. 	Pre-Proposal					MONITOR	Andrew Busz Andrewb@wsha.org
3	Transportation services—Nonemergency transportation (NEMT)	Health Care Authority	Transportation services—Nonemergency transportation (NEMT), WAC 182-546-5000 NEMT—General, 182-546-5100 NEMT—Definitions, 182-546-5550 NEMT—Exclusions and limitations, 182-546-5600 NEMT—Intermediate stops or delays, 182-546-5800 NEMT—Trips out-of-state/out-of-country, 182-546-5900 NEMT—Meals, lodging, escort/guardian, and 182-546-6200 NEMT—Reimbursement. Other related rules as appropriate.	Pre-Proposal					MONITOR	Andrew Busz Andrewb@wsha.org
3	Services exempt from DRG payment	Health Care Authority	The health care authority (HCA) is amending WAC 182-550-4400 to change a reference to the chemical-using pregnant (CUP) women program to the substance-using pregnant people program in subsection (2)(b). HCA is also amending subsection (2)(g) to reflect that HCA no longer denies payment for claims grouped to DRG 469 or DRG 470. HCA may identify additional related changes that are required in order to improve clarity or update policy.	Pre-Proposal					MONITOR	Andrew Busz Andrewb@wsha.org
3	Health care coverage—Program benefit packages—Scope of service categories, and from the medical nutrition therapy chapter	Health Care Authority	The agency intends to amend these rules to provide medical nutrition therapy for certain at-risk adult medicaid clients. This coverage would align with Results Washington Goal 4 - Healthy and safe communities. During the course of this review, the health care authority may identify additional related changes that are required in order to improve clarity or update policy.	Pre-Proposal					MONITOR	Andrew Busz Andrewb@wsha.org
3	Patient Review and Coordination (PRC) Related to Obtaining Certain Prescription Items	Health Care Authority	The health care authority (HCA) is amending WAC 182-501-0135 to: (a) Change the time period in which a client may request an administrative hearing from 90 days to 120 days; (b) state that HCA may determine on a case-by-case basis that a client may obtain certain prescription items at any pharmacy; and (c) add that HCA may remove a client from PRC placement if the client has successfully stabilized due to the utilization of treatment medications, including but not limited to, Buprenorphine. During the course of this review, HCA may identify additional related changes that are required in order to improve clarity or update policy.	Pre-Proposal					MONITOR	Andrew Busz Andrewb@wsha.org


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3	Payment Methodology for Physician-Related Services	Health Care Authority	The health care authority (HCA) is amending this rule to explain how HCA updates the state-only composite rate and to clarify language throughout. During the course of this review, HCA may identify additional related changes that are required in order to improve clarity or update policy.	Pre-Proposal					MONITOR	Andrew Busz Andrewb@wsaha.org
3	Medicaid LTSS Eligibility Determinations Being Completed By Federally Recognized Indian Tribes	Department of Social and Health Services	The department of social and health services (DSHS) is planning to amend WAC to support the passage of SB 5866, an act relating to medicaid long-term services and supports eligibility determinations being completed by federally recognized Indian tribes. DSHS is planning to amend WAC 388-71-0503	Pre-Proposal					MONITOR	Andrew Busz Andrewb@wsaha.org
3	Conditions of payment and prior authorization requirements—Medicare coinsurance, copayments, and deductibles; other related rules as appropriate	Health Care Authority	The health care authority (HCA) is amending WAC 182-502-0110 to add that for long-term civil commitments, if medicare and medicaid cover the service, HCA pays the greater of medicare or medicaid's allowed amount, minus what medicare paid. During the course of this review, HCA may identify additional related changes that are required in order to improve clarity or update policy.	Pre-Proposal					SUPPORT	Andrew Busz Andrewb@wsaha.org
3	Washington apple health—How to apply	Health Care Authority	The health care authority (HCA) is amending WAC 182-503-0005(3) to include language regarding a telephonic signature option when applying for apple health coverage. During this review, HCA may identify additional related changes that are required to improve clarity or update policy.	Pre-Proposal					SUPPORT	Andrew Busz Andrewb@wsaha.org
3	L&I Medical Aid Rate Updates	Department of Labor & Industries	The current rules describe elements used in the process of updating the maximum allowable payments for most professional health care services. These elements are set in rule in order to follow the established methodologies of L&I and maintain consistency with HCA and Medicaid purchasing administration. Specifically, any proposed rule changes will consider the following: •WAC 296-20-135: Updating the conversion factors used by L&I for calculating reimbursement rates for most professional health care and anesthesia services. Updating the conversion factors to correspond to changes in the medical procedure codes, the relative value units, and anesthesia base units. These changes would enable L&I to continue a reimbursement methodology consistent with other state agencies. Cost-of-living adjustments may be incorporated into the changes in the conversion factors. •WAC 296-23-220 and 296-23-230: Updating the maximum daily reimbursement level for physical and occupational therapy services so L&I may, if necessary, give cost-of-living adjustments to affected providers.	Pre-Proposal	Proposal				NEUTRAL	Andrew Busz Andrewb@wsaha.org
3	Coverage for Doula Services	Health Care Authority	ESSB 6168, Ch. 357, Sec. 211(32), Laws of 2020 requires the Health Care Authority (HCA) to reimburse maternity services provided by doulas. During the course of this review, the agency may identify additional related changes that are required in order to improve clarity or update policy	Pre-Proposal					MONITOR	Andrew Busz Andrewb@wsaha.org


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PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impact	WSHA CONTACT
3	RN Staffing Levels in Nursing Homes	Department of Social and Health Services	This rule making is necessary to implement ESHB 1120 (chapter 203, Laws of 2021). The amendments to WAC 388-97-1080 will reestablish requirements for registered nurse (RN) staffing levels in nursing homes, and the exception process for the RN standard. The amendments to WAC 388-97-1090 will reestablish requirements for direct care staffing, as well as associated oversight activities and penalties for noncompliance. These rules were held in suspension during the COVID-19 pandemic, in accordance with Governor's Proclamation 20-18.	Pre-Proposal					NEUTRAL	Ashlen Strong AshlenS@wsha.org
3	"Student Intern" Definition	Department of Health	Recent legislation passed during the 2021 legislative session amended the statutory definition of "agency affiliated counselor" to include "a student intern, as defined by the department." Agency affiliated counselors are counselors whose credential is dependent on employment at a behavioral health agency. Some individuals without a credential, such as students under the supervision of agency staff, may also provide services at an agency under statutory exemption. Rule making is necessary to implement E2SHB 1504 and define "student intern" and when a student may be considered an agency affiliated counselor.	Pre-Proposal					MONITOR	Cara Helmer Carah@wsha.org
3	Addition of Interstate Licensure Compacts into BAP Process	Department of Health	Washington state provides a streamlined process that allows certain professions, such as allopathic physicians, osteopathic physicians and surgeons, and physical therapists to become licensed in multiple states through a interstate compact license. The appropriate licensing authority determines whether a physician or physical therapist is eligible for expedited licensure through the compact and issues a letter of qualification (LOQ) verifying or denying the eligibility to the interstate commission. The LOQ is considered a license under the Administrative Procedure Act, chapter 34.05 RCW, but not regulated under the Uniform Disciplinary Act. A denial does not result in an adverse report to the National Practitioner Data Base. Individuals receiving a denial letter are entitled to an appeal process appealing the decision. While appeals of the denial letters may qualify under the application of a brief adjudicative proceedings rule, WAC 246-11-420 (1)(a), the department will consider adding additional language to make it clear that a brief adjudicative proceeding would apply to interstate compact licensure.	Pre-Proposal					MONITOR	Cara Helmer Carah@wsha.org
3	WAC 182-559 Foundational Community Supports Program	Health Care Authority	The agency is amending these rules to correct outdated WAC citations and to make other clarifying changes. During the course of this review, the agency may identify additional related changes that are required in order to improve clarity or update policy.	Pre-Proposal	Proposal				MONITOR	Cara Helmer Carah@wsha.org


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3	Applied Behavioral Analysis Licensing	Department of Health	Since chapter 246-805 WAC became effective in 2017, the department has acquired several years of experience regulating these professions. After consultation with the applied behavioral analysis advisory committee, the department is taking the opportunity to consider updates for a variety of issues. Updates may be needed to clarify requirements as well as possible alignment with current best practices and national standards. Rules may be needed to create a temporary license as allowed by RCW 18.380.080, as well as consider establishing a corresponding temporary license fee. Fees for duplicate licenses or license verification may need to be reduced to align with similar department fees for other professions. The department may update terms, references, and citations as needed, and will consider repealing requirements for AIDS training per recently passed legislation (ESHB 1551; chapter 76, Laws of 2020).	Pre-Proposal					MONITOR	Cara Helmer Carah@wsha.org
3	Curricula for Persons in Long-Term Care Facilities with Behavioral Health Needs	Department of Social and Health Services	The legislature directed department of social and health services (DSHS) to adopt rules to establish minimum competencies and standards for the approval of curricula for facility-based caregivers serving persons with behavioral health needs and geriatric behavioral health workers. The curricula must include at least 30 hours of training specific to the diagnosis, care, and crisis management of residents with a mental health disorder, traumatic brain injury, or dementia. The curricula must be outcome-based, and the effectiveness measured by demonstrated competency in the core specialty areas through the use of a competency test.	Pre-Proposal					NEUTRAL	Cara Helmer Carah@wsha.org
3	Home and Community-Based Medication Assistance	Department of Health	The commission completed a nearly three-year process in July 2020 to update and consolidate all rules under its authority, resulting in the creation of chapter 246-945 WAC. Although this process included extensive work with interested parties, it was brought to the commission's attention, once the new chapter was published, that the repeal of chapter 246-888 WAC resulted in unintended disruptions for medication assistance in the community-based and in-home care settings permitted under chapter 69.41 RCW.	Pre-Proposal					NEUTRAL	Cara Helmer Carah@wsha.org
3	Suicide Prevention Training for Mental Health Counselors	Department of Health	ESHB 2411 requires the department to create minimum standards for new, advanced six-hour suicide prevention trainings. Part 14 of chapter 246-12 WAC contains minimum standards for the current suicide prevention trainings; amending and adopting new sections of rule in Part 14 will allow the department to permanently adopt minimum standards for the new trainings, while collocating the new section with existing rule on similar trainings.	Pre-Proposal					MONITOR	Cara Helmer Carah@wsha.org
3	Psychologist Licensure	Examining Board of Psychology	The examining board of psychology (board) is considering amending the requirements for licensure: (1) For consistency with the American Psychology Association (APA) and other accreditation standards; (2) to address new national examination options; and (3) to address concerns with minimum competency. The board may also consider housekeeping changes to clarify and streamline these sections of rule as necessary.	Pre-Proposal					MONITOR	Cara Helmer Carah@wsha.org


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3	SUDP Training	Department of Health	<p>The department is considering several changes to increase the substance use disorder professional (SUDP) workforce, which is understaffed, and to remove a reference to a repealed training.</p> <p>First, the department will consider amending the national certification requirements in WAC 246-811-070 to facilitate SUDPs from other states becoming certified in Washington.</p> <p>Second, the department will consider amending WAC 246-811-076 based on a petition received by the department in 2018. This potential amendment would add pharmacists as a profession eligible for the alternative training path, which allows members of certain health professions to be credentialed after completing abbreviated education and experience requirements.</p> <p>Finally, the department will consider removing the reference to an obsolete training from WAC 246-811-300, as the original statutory requirement for AIDS training was repealed in 2020 and subsequently removed from department rules.</p>	Pre-Proposal					SUPPORT	Cara Helmer Carah@wsha.org
3	Limited Prescriptive License Extension for Midwives	Department of Health	<p>This bill creates two levels of limited prescriptive license extension for midwives to prescribe, obtain, and administer medications and therapies for the prevention and treatment of common prenatal and postpartum conditions, family planning methods, medical devices and implants. The bill also gives the secretary the authority to establish education requirements. The department will also replace gendered terms with gender-neutral terms throughout the chapter. The department intends to open the complete chapter for these potential revisions.</p>	Pre-Proposal					NEUTRAL	Katerina LaMarche katerinal@wsha.org
3	Amending the Hazardous Waste Planning Fee (planning fee)	Department of Ecology	<p>Ecology establishes the planning fee in part on the risk associated with the type of waste generated. Fees for EHW are subject to a risk factor (a multiplier) that is 10 times higher than for DW. However, WAC 173-305-220 doesn't state which risk factor applies to an individual waste stream that is both DW and EHW. This lack of clarity leads to inequitable fees for some businesses. Businesses that generate and report a waste stream that is both DW and EHW pay a higher fee than businesses that generate the same waste stream but don't report the EHW code. We will consider adding language to WAC 173-305-220 to clarify that fees for these waste streams should be calculated as DW only.</p> <p>In this rule making, we intend to:</p> <ul style="list-style-type: none"> •Prevent an inequitable financial impact to facilities that report both DW and EHW codes for an individual waste stream without changing how those facilities manage waste. •Increase transparency by clarifying how ecology applies risk factors to the planning fee formula. •Codify the practice outlined in the interim policy for the hazardous waste planning fee, or closely related modifications to this practice. 	Pre-Proposal					MONITOR	Remy Kerr remyk@wsha.org
3	Sexual Assault Kit Tracking System	Washington State Patrol	<p>The proposed changes will provide clean up and clarification to the existing language to ensure the rules reference and comply with current laws in the state of Washington.</p>	Pre-Proposal					SUPPORT	Remy Kerr remyk@wsha.org

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3	Chapter 246-329 WAC Childbirth Centers	Department of Health	The department is considering updates to sections of chapter 246-329 WAC, Childbirth centers, as part of a comprehensive review. Department staff, licensees, and interested parties have identified numerous areas of the rules that require clarification, consolidation, and modernization since the rules were last reviewed in 2007. Licensing fees may be considered as part of this review. The department received two petition requests in March and May of 2021 requesting a broad range of updates to the rules. These requests will be considered as part of this review. The department is also considering revising the chapter name from childbirth centers to birthing centers to align with chapter 18.46 RCW.	Pre-Proposal					MONITOR	Remy Kerr remyk@wsha.org
3	Newborn Screening	Washington State Board of Health	WSBOH is considering adding ornithine transcarbamylase deficiency [deficiency] (OTCD) to the list of mandatory conditions for newborn screening conducted by the Department of Health.	Pre-Proposal					MONITOR	Remy Kerr remyk@wsha.org
3	Implementation of Hydrofluorocarbons—Emissions reduction (E2SHB 1050), chapter 315, Laws of 2021	Department of Ecology	This rule making may: •Establish maximum global warming potential (GWP) thresholds for HFCs used in new stationary refrigeration and air conditioning equipment. •Establish a refrigerant management program with registration, leak detection, and reporting requirements for certain stationary refrigeration and air conditioning systems. •Amend product labeling and disclosure requirements. •Establish fees to support the refrigerant management program. •Update chapter 173-443 WAC to reflect other changes in the law.	Pre-Proposal					MONITOR	Remy Kerr remyk@wsha.org
3	Retired Active Pharmacist License	Pharmacy Quality Assurance Commission	PQAC is considering adding a new section to the chapter to allow retired pharmacists to apply for a retired active pharmacist license status and practice pharmacy under certain conditions. The commission may also amend other sections in chapter 246-945 WAC to correspond to the new section.	Pre-Proposal	Proposal				SUPPORT	Remy Kerr remyk@wsha.org
3	Nursing Home TB Rules	Department of Social and Health Services	The department is considering amending WAC 388-97-1380 Tuberculosis—Testing required, 388-97-1580 Tuberculosis—Reporting—Required; and other related rules as may be necessary to ensure nursing homes are not obstructed from offering the COVID-19 vaccine to residents and staff because of clinical interference from required tuberculosis (TB) testing.	Pre-Proposal					MONITOR	Zosia Stanley zosias@wsha.org
3	Nursing Home Admissions Rules Suspensions	Department of Social and Health Services	The department of social and health services (DSHS), aging and long-term support administration, is considering amending WAC 388-97-0120 Individual transfer and discharge rights and procedures, 388-97-0920 Participation in resident and family groups, 388-97-1000 Resident assessment, 388-97-1020 Comprehensive plan of care, 388-97-1915 PASRR requirements prior to admission of new residents, 388-97-1975 PASRR requirements after admission of a resident, and other related rules as may be required to identify the period of time portions of these rules were suspended or waived during the declared emergency of COVID-19 per Proclamation by the Governor 20-05 and extensions thereto.	Pre-Proposal					MONITOR	Zosia Stanley zosias@wsha.org
4	Adoption of International Building Code- Structural Provisions	Washington State Building Code Council	The state building code council regularly reviews the Washington State Building Code, as outlined in chapter 51-04 WAC and RCW 19.27.074, to evaluate revisions made to the International Building Code, and to consider proposals for statewide code amendments. The estimated effective date of the 2021 codes is July 1, 2023.	Pre-Proposal				07/01/23	MONITOR	Remy Kerr remyk@wsha.org

	 Washington State Hospital Association	WSHA Top Priority State Rule Making		3/1/2023						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impa	WSHA CONTACT
4	WA Adoption of International Building Code	Washington State Building Code Council	The state building code council regularly reviews the Washington state building code, as outlined in chapter 51-04 WAC and RCW 19.27.074, to evaluate revisions made to the International Building Code, and to consider proposals for statewide code amendments. The estimated effective date of the 2021 codes is July 1, 2023.	Pre-Proposal	Proposal			07/01/23	MONITOR	Remy Kerr remyk@wsha.org
4	PFML Rule Clarity	Employment Security Department	The paid family and medical leave (PFML) program (Title 50A RCW) requires updating existing rules and promulgating new rules to ensure clarity and make necessary changes based on programmatic needs. This preproposal statement of inquiry includes, but is not limited to, adding definitions of "illegal acts" and "successor," updating the definition of "health care provider," clarifying references to "hours worked," for the purposes of job protection and program consistency, clarification regarding small business grants, and adding information regarding closed hearings and appeal withdrawals.	Pre-Proposal	Proposal	Supplemental Notice	04/14/21		MONITOR	Remy Kerr remyk@wsha.org
4	Exemption from Managed Care- Children with Special Health Care Needs	Health Care Authority	The agency is amending WAC 182-538-130 to permit children with special health care needs to request an exemption from, or an end to enrollment in, managed care. The agency is making this amendment to align the rule with the medicaid state plan and federal regulation (42 C.F.R. 438.50 (d)(3)). During this review, health care authority may identify additional related changes that are required to improve clarity or update policy.	Pre-Proposal	Proposal			03/23/22	SUPPORT	Andrew Busz Andrewb@wsha.org
4	Long-Term Care Work Training	Department of Social and Health Services	RCW 18.20.270(9) stipulates that "the coordinated system of long-term care training and education must include the use of innovative types of learning strategies such as internet resources, videotapes, and distance learning using satellite technology coordinated through community colleges or other entities, as defined by the department." Under gubernatorial suspension of training rules and coordinated efforts to expand opportunities for remote training during the COVID-19 pandemic, DSHS contracted with a DSHS approved training company to conduct a pilot basic training program in which skills would be taught, demonstrated, reinforced, and remediated remotely. Data from student Prometric skills test pass rates for students involved in the pilot revealed success at a rate equal to that of students trained in person. The success of the pilot indicates that remote skills training is not only feasible but can also be effective. Remote skills training has the potential to greatly increase the ability for students in remote areas to access training, and in turn augment an already strained long-term care workforce. Currently, there are no rules in place that allow for remote skills training or set standards for training programs that might offer it.	Pre-Proposal	Proposal			04/06/22	MONITOR	Zosia Stanley zosias@wsha.org
4	Midwife Licensure	Department of Health	The department is considering revisions to several sections of the midwifery chapter in order to modernize and reduce barriers in the rules.	Pre-Proposal	Proposal			05/05/22	MONITOR	Cara Helmer Carah@wsha.org
4	Radiation Protection—Medical Use of Radioactive Material	Department of Health	Radioactive materials—Specific licenses; and chapter 246-240 WAC, Radiation protection—Medical use of radioactive material. The department of health (department) is proposing to revise these chapters to be consistent with the United States Nuclear Regulatory Commission's (NRC) rules and to make nonsubstantive editorial changes.	N/A	Proposal			08/30/22	NEUTRAL	Remy Kerr remyk@wsha.org

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4	Temporary Practice Permits for Nurses	Department of Health	In 2009, the commission and the department of health (department) began processing FBI fingerprint background checks. The process took several months. To remedy this delay in licensure, the commission's current practice is to issue a temporary practice permit after the applicant meets all other licensure requirements aside from receipt of the FBI fingerprint background check, allowing the nurse to begin working in Washington state. Under WAC 246-840-095, the temporary practice permit is valid for 180 days or until the commission issues a permanent Washington state license to the nurse. WAC 246-840-095 also allows for an additional 180-day extension of the temporary practice permit if the department has not received the fingerprint results during the initial 180-day period. The commission intends to engage in rule making to decrease the length of time a temporary practice permit is effective and align the rules with the current commission practice to issue a temporary practice permit.	Pre-Proposal					MONITOR	Katerina LaMarche katerinal@wsha.org
4	Nursing Assistants	Department of Health	The department is considering technical amendments to WAC 246-841-520, including clarifying what section in chapter 246-12 WAC is being referenced and changing the WAC section number to align with chapter revisions. The department is also considering amending WAC 246-841-720 to adopt mandatory reporting requirements in chapter 246-16 WAC, which pertain to impaired practice and unprofessional conduct. Rule making is necessary to bring these sections up-to-date and ensure the rules are clear for the public's safety and well-being.	Pre-Proposal					MONITOR	Katerina LaMarche katerinal@wsha.org
4	Retrospective Rating for workers' compensation insurance.	Department of Labor & Industries	When WAC 296-17B-010 was updated in 2017, the department of labor and industries (L&I) made a commitment to "repeat the studies that resulted in the hazard group assignments and changes to retrospective plan tables that are shown in WAC 296-17-901, 296-17B-300, 296-17B-560, 296-17B-830, and 296-17B-910 through 296-17B-990. The repeated studies will determine whether the results are consistent with the expectation of improved fairness in the distribution of the retrospective rating refunds among participants. These repeated studies will be done by April 1, 2020. The department will evaluate and if necessary update the tables beginning at WAC 296-17B-910 every five (5) years." (WSR 17-12-020)	Pre-Proposal					MONITOR	Remy Kerr remyk@wsha.org
4	WA Adoption of International Mechanical Code and Fuel Gas Code	Washington State Building Code Council	The council is reviewing the 2021 changes to the national model code and associated codes and standards and soliciting changes to these documents and the existing state amendments: The 2021 International Mechanical Code, the 2021 International Fuel Gas Code, the 2021 National Fuel Gas Code (NFPA 54), and the 2020 Liquefied Petroleum Gas Code (NFPA 58).	Pre-Proposal					MONITOR	Remy Kerr remyk@wsha.org
4	Definition of "Minimal Sedation" in WAC 246-853-650	Department of Health	In response to a rule petition, the board is considering updates and amendments to WAC 246-853-650. The petition requested the definition of "minimal sedation" include demand flow nitrous oxide systems with a fixed 50/50 mix of oxygen and nitrous oxide. This change will be considered. In review of the rule, the board has determined other general updates may also be needed. All amendments to the rule will ensure providers are regulated by current best practice standards in office-based analgesia and anesthesia administration.	Pre-Proposal					MONITOR	Remy Kerr remyk@wsha.org

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4	Long-Term Care Worker Training	Department of Social and Health Services	The department is considering adding four new sections in chapters 388-71 and 388-112A WAC. The intent is to require long-term care workers to complete training requirements by certain dates that would reduce the impact of clients accessing qualified long-term care workers to provide personal care services.	Pre-Proposal					MONITOR	Zosia Stanley zosias@wsha.org
4	Long-Term Care Work Training	Department of Social and Health Services	RCW 18.20.270(9) stipulates that "the coordinated system of long-term care training and education must include the use of innovative types of learning strategies such as internet resources, videotapes, and distance learning using satellite technology coordinated through community colleges or other entities, as defined by the department." Under gubernatorial suspension of training rules and coordinated efforts to expand opportunities for remote training during the COVID-19 pandemic, DSHS contracted with a DSHS approved training company to conduct a pilot basic training program in which skills would be taught, demonstrated, reinforced, and remediated remotely. Data from student Prometric skills test pass rates for students involved in the pilot revealed success at a rate equal to that of students trained in person. The success of the pilot indicates that remote skills training is not only feasible but can also be effective. Remote skills training has the potential to greatly increase the ability for students in remote areas to access training, and in turn augment an already strained long-term care workforce. Currently, there are no rules in place that allow for remote skills training or set standards for training programs that might offer it.	Pre-Proposal	Proposal		04/06/22		MONITOR	Zosia Stanley zosias@wsha.org
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	Long-Term Care Ombudsman Grievance Process	Department of Commerce	Align the state rules with the federal C.F.R., to include an opportunity for reconsideration of any decision of the state long-term care ombudsman to grant, refuse, suspend, or remove the designation and certification of an individual long-term care ombudsman.	Pre-Proposal	Proposal				Take off list - do not need to monitor	Andrew Busz Andrewb@wsha.org