




 Washington State Hospital Association	WSHA Top Priority State Rule Making		9/1/2023						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impa	WSHA CONTACT
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	Proposal		07/18/23		MONITOR	Zosia Stanley zosiaS@wsha.org
1	The department of health (department) is considering adopting the health equity continuing education (CE) model rules, will also consider whether additional CE hours and course topics should be included.	Department of Health	The goal of health equity CE training is to equip health care workers with the skills to recognize and reduce health inequities in their daily work. The content of the health equity trainings include instruction on skills to address structural factors, such as bias, racism, and poverty, which manifest as health inequities.	Pre-Proposal	Proposal		07/24/23		MONITOR	Katerina LaMarche katerinal@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	Proposal		09/05/23		MONITOR	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	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	Proposal		No earlier than June 7, 2023		SUPPORT	Zosia Stanley zosiaS@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


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1	Implementation of E2SHB 1357 (2023).	Office of the Insurance Commissioner	This rule making will ensure that necessary rules are adopted by OIC in a timely manner. These proposed rules will facilitate implementation of the law by ensuring that all affected health care entities understand their rights and obligations under the new law. OIC is promulgating administrative regulations related to the commercial plans that it regulates. However, the state department of health (DOH) and health care authority (HCA) are also affected by this new legislation for prior authorizations. Therefore, OIC will coordinate on this rule making with DOH and HCA by offering notices and opportunities for written comment or feedback with multiple participation forums. This legislation also requires coordination in relation to proposed rules by the federal Centers for Medicare and Medicaid, so OIC will continue to regularly monitor the status of those rules.	Pre-Proposal					MONITOR	Andrew Busz Andrewb@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
1	Behavioral health agency regulations as they relate to 23-hour crisis relief centers in Washington state	Department of Health	Section 2 of 2SSB 5120 directs the department to adopt rules to develop standards for licensure or certification of 23-hour crisis relief centers, a new type of facility that will provide mental health and substance use crisis response to adults for no more than 23 hours and 59 minutes at a time. The rules must include standards for determining medical stability before an emergency medical services drop-off, the number of licensed or certified recliner chairs allowed in the facility, and specify physical environment standards for the construction review process. The department may also consider amendments to other behavioral health agency rules in chapter 246-341 WAC to align with statutory changes passed by the 2023 Washington state legislature, including 2SHB 1724 (chapter 425, Laws of 2023).	Pre-Proposal					SUPPORT	Cara Helmer Carah@wsha.org


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1	Twenty-three-hour crisis relief centers in Washington state	Department of Health	Section 2 of 2SSB 5120 directs the department to adopt rules to develop standards for licensure or certification of 23-hour crisis relief centers, a new type of facility that will provide mental health and substance use crisis response to adults for no more than 23 hours and 59 minutes at a time. As part of this requirement, the department must coordinate with the health care authority (HCA) to establish rules that prohibit a hospital that is licensed under chapter 70.41 RCW from discharging or transferring a patient to a 23-hour crisis relief center unless the hospital has a formal relationship with the 23-hour crisis relief center.	Pre-Proposal					SUPPORT	Cara Helmer Carah@wsha.org
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


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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
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	The nursing care quality assurance commission is considering amendments to blood glucose testing and monitoring rules in response to SHB 1124	Department of Health	SHB 1124, Glucose testing and monitoring, makes two changes that require rule making by the commission. The bill expands the allowance for the registered nurse (RN) to delegate glucose monitoring and testing beyond community-based and home settings to all settings where the nursing assistant-registered, nursing assistant-certified, and home care aids work, and it removes from statute the timelines for RN supervision and evaluation of the delegated task of administering insulin and directs the commission to determine the interval in rule. Rules on blood glucose monitoring and nurse delegation may be needed to comply with SHB 1124 and the rule-making process will provide the opportunity for interested party engagement, rule clarification, and possible amendments to address SHB 1124.	Pre-Proposal					STRONG CONCERNS	Katerina LaMarche katerinal@wsha.org
1	PTSD as a presumptive occupational disease for certain direct care RNs	Department of Labor & Industries	In 2023, the Washington state legislature passed 2SSB 5454, chapter 370, Laws of 2023, 2SSB 5454, amending RCW 51.08.142, established posttraumatic stress disorder as a presumptive occupational disease for certain direct care registered nurses covered under workers' compensation laws. 2SSB 5454 expressly requires rule making to explain when the presumption exists for direct care registered nurses identified in 2SSB 5454 and when the presumption does not exist. Process for Developing New Rule: Parties interested in these rules may contact the individual listed below. The public may also participate by commenting after amendments are proposed by providing written comments and/or testimony during the public hearing and comment process. Public hearings will be held after the proposed language is filed.	Pre-Proposal					CONCERNS	Remy Kerr remyk@wsha.org


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1	Prescription drug label accessibility standards.	Department of Health Pharmacy Quality Assurance Commission	<p>On October 22, 2021, the commission approved a petition requesting pharmacies provide accessible medication label options for patients. Minimum requirements for outpatient prescription labeling are described in WAC 246-945-016, but do not reference accommodations for patients who are visually impaired, blind, or have other disabilities requiring additional prescription label options. 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.</p> <p>The commission also received and approved a petition in January 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. Improving prescription information comprehension for individuals for whom English is not their primary language is also a matter of public health.</p> <p>Other Federal and State Agencies that Regulate this Subject and the Process Coordinating the Rule with These Agencies: The Food and Drug Administration (FDA) Safety and Innovation Act of 2012 (FDASIA) expanded the FDA's authorities and strengthened the agency's ability to advance public health. Section 904 of the FDASIA established a working group to develop best practices regarding prescription drug label standards to better accommodate visually impaired or blind individuals. This led to a 2016 United States Government Accountability Office report recommending the provision of accessible prescription drug labels, including the use of large print, Braille, and audible labels. The commission</p> <p>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).</p>	Pre-Proposal					CONCERNS	Remy Kerr remyk@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		Pre-Proposal					CONCERNS	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	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	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
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


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1	Emergency Medical Services (EMS) and Trauma Care Systems - WAC 246-976	Department of Health	Department of Health the 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
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	The agency is amending rules to provide continuous enrollment in medicaid through age five for children with household income below 215 percent of the federal poverty level at the time of application.	Health Care Authority	The legislature directed the agency to pursue an 1115 Medicaid waiver to extend continuous eligibility for Washington apple health covered children ages zero through five. Section 211(71), chapter 334, Laws of 2021 (ESSB 5092). The agency received federal government approval effective April 14, 2023, of an 1115 Medicaid waiver application to provide the continuous eligibility described in the purpose section. This emergency filing is necessary to ensure eligible children ages zero to six do not lose their coverage due to the eligibility redetermination process related to the unwinding of the public health emergency.					06/30/23	SUPPORT	Andrew Busz Andrewb@wsha.org Mary Storace marys@wsha.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	Proposal		No earlier than August 23, 2023		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
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


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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	Proposal		05/23/23		CONCERNS	Katerina LaMarche katerinal@wsha.org
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	Proposal		08/11/23		MONITOR	Remy Kerr remyk@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	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
2	Health care benefit manager (HCBM) registration	Office of the Insurance Commissioner	Existing HCBM rules require the submission of a significant amount of documentation for registration. It has been determined that some of the requirements for submission are excessive and do not assist in the registration process. The purpose of this rule making is to modify the existing HCBM rules to reduce the overall amount of documentation required for registration. Additionally, the rules will be updated to require HCBMs to disclose federal violations.	Pre-Proposal					MONITOR	Andrew Busz Andrewb@wsha.org
2	Implementation of ESSB 5122 (2011-12), ESHB 1222 (2023-24), E2SHB 1357 (2023-24), SB 5036 (2023-24), SB 5066 (2023-24), SB 5242 (2023-24), SSB 5396 (2023-24), and other related legislation incorporated as consolidated health care rule making.	Office of the Insurance Commissioner	The office of the insurance commissioner (OIC) is considering consolidated health care rule making due to the recent passage of insurance related legislation. Currently, multiple provisions of health care and insurance regulations in WAC may need to be updated by OIC to be consistent with the legislation passed and codified in RCW. These rules will facilitate implementation of the new laws by ensuring that all affected health care and insurance entities understand their legal rights and obligations under the enacted legislation. This effort may include, but is not limited to, updating regulatory definitions for emergency medical condition and prior authorizations, clarifying hearing instrument coverage requirements, updating telemedicine time frames, providing guidance for health care benefit manger [manager] and health carrier contract reporting requirements, and clarifying cost sharing for abortion and diagnostic or supplemental breast exams. This rule making may impact the following authorities: WAC 284-43-0160, 284-43-7220, 284-44-046, 284-50-270, 284-170-130, 284-180-460, and new sections in chapters 284-43 and 284-46 WAC.	Pre-Proposal					MONITOR	Andrew Busz Andrewb@wsha.org


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2	Reproductive health services—Definitions, Family planning only programs—Eligibility; other related rules as appropriate.	Health Care Authority	RCW 74.09.830 provides full-scope coverage for 12 months postpartum for pregnant or postpartum persons. This coverage is more generous than and thus replaces the limited scope "Family planning only—Pregnancy related program." The health care authority (HCA) intends to remove language related to this superseded program from chapter 182-532 WAC. During this review, HCA may identify additional related changes that are required to improve clarity or update policy.	Pre-Proposal					SUPPORT	Andrew Busz Andrewb@wsha.org
2	Implement a program with coverage comparable to the categorically needy medicaid program for certain adults age 19 and older	Health Care Authority	This legislation directs the agency to implement a program with coverage comparable to the categorically needy medicaid program for certain adults age 19 and older who: (a) Have an immigration status making them ineligible for medicaid or federal subsidies through the health benefit exchange; and (b) are not eligible for another full scope federally funded medical assistance program. 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					SUPPORT	Andrew Busz Andrewb@wsha.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@wsha.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@wsha.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@wsha.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@wsha.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@wsha.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@wsha.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@wsha.org
2	Reimbursement—Compo unded prescriptions, Reimbursement—Miscellaneous, Drugs purchased under the Public Health Services (PHS) Act, Definitions, Outpatient hemophilia treatment requirements—Center of excellence, Reproductive health services—Definitions, Reproductive health services—Reimbursement and payment limitations, and Family planning only programs—Payment limitations; other related rules as appropriate.	Health Care Authority	The health care authority (HCA) is amending these rules to add clarity and provide more detail on program requirements for how fee-for-service drugs must be billed to HCA for providers that are subject to the 340B program requirements. 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
2	Washington apple health—Certification periods for categorically needy programs, Washington apple health—Renewals, and Eligibility for children; other related rules as appropriate.	Health Care Authority	The legislature directed the agency to pursue an 1115 medicaid waiver to extend continuous eligibility for Washington apple health covered children ages zero through five. Section 211(71), chapter 334, Laws of 2021 (ESSB 5092). The legislature provided funds for the agency to extend continuous eligibility for Washington apple health to children ages zero through five with income at or below 215 percent of the federal poverty level, with implementation conditioned on federal government approval. Section 211(36), chapter 475, Laws of 2023 (ESSB 5187). The agency received federal government approval of an 1115 medicaid waiver application to provide continuous enrollment in medicaid through age five for children with household income below 215 percent of the federal poverty level at the time of application. The agency is amending rules to implement this continuous enrollment. The agency filed an emergency rule under WSR 23-14-090 to give this change immediate effect. During this review, the health care authority may identify additional related changes that are required to improve clarity or update policy.	Pre-Proposal					SUPPORT	Andrew Busz Andrewb@wsha.org Mary Storage marys@wsha.org


	 Washington State Hospital Association		WSHA Top Priority State Rule Making	9/1/2023						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impact	WSHA CONTACT
2	Coverage after the public health emergency (PHE) ends; other related rules as appropriate.	Health Care Authority	The Federal Consolidated Appropriations Act of 2023 amended Section 6008 of the Families First Coronavirus Response Act to change the end date of medicaid continuous coverage from the end date of the PHE to March 31, 2023. The agency filed an emergency rule (WSR 23-08-051), effective April 1, 2023, so that WAC 182-521-0200 conforms to federal law. This rule project will make permanent changes to the rule. During this review, the health care authority may identify additional related changes that are required to improve clarity or update policy.	Pre-Proposal					MONITOR	Mary Storce marys@wsa.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@wsa.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@wsa.org


	 Washington State Hospital Association		WSHA Top Priority State Rule Making	9/1/2023						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impa	WSHA CONTACT
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	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	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@wsha.org


	 Washington State Hospital Association	WSHA Top Priority State Rule Making		9/1/2023						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impa	WSHA CONTACT
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@wsha.org
2	The DDA will amend rules to allow companion home providers to access respite through overnight planned respite services providers and to access planned respite from residential habilitation centers.	Department of Social and Health Services	The developmental disabilities administration (DDA) is planning to amend these rules to allow companion home providers to access respite through overnight planned respite services providers and to access planned respite from residential habilitation centers. During the course of this review, the department may make additional changes that are necessary to improve clarity or update policy.	Pre-Proposal					SUPPORT	Zosia Stanley zosias@wsha.org
2	To Extend Timelines for Resident Assessments and Related Rules As Required	Department of Social and Health Services	Because of the COVID-19 public health emergency, home and community services (HCS) temporarily suspended completing reassessments for HCS clients living in adult family homes, assisted living facilities, and enhanced services facilities. The department filed emergency rules suspending the required deadlines for completing these assessments on February 24, 2022, under WSR 22-06-042. The intent of the suspension is to allow case managers to focus on completing assessments on patients in hospitals, easing the capacity challenges in hospitals by allowing those patients to be discharged to long-term care facilities. Because HCS clients must have an assessment completed by a case manager, facilities are not able to complete this regulatory requirement while HCS is not completing reassessments. DSHS is considering rule making to capture the timeline of this emergency suspension in rule.	Pre-Proposal					MONITOR	Zosia Stanley zosias@wsha.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@wsha.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@wsha.org


	 Washington State Hospital Association		WSHA Top Priority State Rule Making	9/1/2023						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impa	WSHA CONTACT
3	The health care authority is revising this section to allow for payment of office visits for clients under the alien emergency medical (AEM) program when the visit is specifically for the assessment and treatment of the COVID-19 virus.	Health Care Authority	This rule making is in response to the Governor's Proclamation 20-05 declaring a state of emergency for all counties throughout the state of Washington because of the coronavirus disease 2019 (COVID-19) and the secretary of the federal department of health and human services declaration of a public health emergency related to COVID-19. This emergency rule making is necessary to preserve the public health, safety, and general welfare by allowing payment for the office visit for an AEM client for the assessment and treatment of the COVID-19 virus. This emergency filing replaces the emergency rules filed under WSR 22-22-014 on October 21, 2022. The agency is refiling to continue the emergency rule. The agency's CR-101 preproposal statement of inquiry, filed under WSR 20-15-077, remains in effect while the agency continues to monitor the changing conditions presented by COVID-19 and its variants.					02/17/23	SUPPORT	Andrew Busz Andrewb@wsha.org
3	Definitions related to long-term services and supports (LTSS)	Health Care Authority	Section 5115 of the federal Consolidated Appropriations Act, 2023, amends Section 2404 of the Patient Protection and Affordable Care Act (42 U.S.C. 1396r-5 note) to extend spousal impoverishment protections to September 30, 2027. The agency is amending the rules identified above to replace "September 30, 2023" with "September 30, 2027" to comply with this change in federal law. The agency is also making technical changes to remove or amend references to outdated programs. During this review, the health care authority may identify additional related changes that are required to improve clarity or update policy.	Pre-Proposal	Proposal		No sooner than May 10, 2023	06/11/23	MONITOR	Zosia Stanley zosiaS@wsha.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@wsha.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@wsha.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@wsha.org


	 Washington State Hospital Association	WSHA Top Priority State Rule Making		9/1/2023						
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


	 Washington State Hospital Association	WSHA Top Priority State Rule Making		9/1/2023						
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3	SSI-related medical—Special income disregards, Modified adjusted gross income (MAGI), MAGI income—Persons subject to the modified adjusted gross income (MAGI) methodology; and other related rules as appropriate.	Health Care Authority	The agency is adding the 1915(i) income disregard equal to the difference between 150 percent of the federal poverty level and 300 percent of the federal benefit rate. This disregard is targeted to individuals seeking community behavioral health services. 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		05/10/23		SUPPORT	Andrew Busz Andrewb@wsha.org
3	Eligible provider types; new chapter 182-561 WAC, Community behavioral support services benefit.	Health Care Authority	WAC is a new chapter to establish the community behavioral [health] support services (CBHS) benefit. The CBHS benefit assists eligible clients with obtaining the skills necessary to reside successfully in home and community-based settings. The chapter includes the eligibility criteria for clients; apple health rules requiring medical necessity do not apply to this benefit. The chapter also includes CBHS provider requirements, eligible diagnoses, covered services, and the appeal process.		Proposal		05/10/23		SUPPORT	Andrew Busz Andrewb@wsha.org
3	Billing requirements—Pharmacy claim payment; and other related rules as appropriate.	Health Care Authority	The agency is amending this rule to clarify that signature for proof of delivery can be provided by either the client, the client's designee, or the provider. Currently, the rule does not include the "client's designee." This revision will bring the rule in alignment with the health care authority's (HCA) current practice. 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		06/07/23		SUPPORT	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	Proposal		08/09/23		NEUTRAL	Andrew Busz Andrewb@wsha.org
3	Pharmacist continuing education and 246-945-220 Pharmacy technician—Continuing education.	Department of Health Pharmacy Quality Assurance Commission	PerRCW 43.70.613(1), "each health profession licensed under Title 18 RCW subject to continuing education requirements." There are two professions under the jurisdiction of the commission subject to CE requirements under Title 18 RCW: Pharmacists and pharmacy technicians. The department is responsible for conducting model rule making that, once complete, the commission can either adopt the minimum requirements or establish its own rule making pertaining to health equity training as an element of existing CE requirements. The commission's CE requirements must meet, at a minimum, the same requirements as the model rules. The commission must complete its rule making on this issue by January 1, 2024. The purpose of health equity CE training is to develop skills among licensed health care personnel to "address structural factors, such as bias, racism, and poverty that manifest as health inequities" per RCW 43.70.613 (3)(c). Establishing training requirements for pharmacists and pharmacy technicians will help identify and address ongoing health inequities in Washington state and promote overall patient safety.	Pre-Proposal	Proposal		10/19/23		SUPPORT	Remy Kerr remyk@wsha.org


	 Washington State Hospital Association		WSHA Top Priority State Rule Making	9/1/2023						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impa	WSHA CONTACT
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	Proposal		10/31/23		SUPPORT	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: <ul style="list-style-type: none"> •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	Proposal		11/29/23		MONITOR	Remy Kerr remyk@wsha.org
3	How does DDA determine the daily rate?, What is respite and where can a companion home client access respite?, How does DDA determine the amount of waiver-funded respite a companion home client may receive?, Other WACs as appropriate	Department of Social and Health Services	The purpose of these amendments is to allow companion home providers to access respite through overnight planned respite services (OPRS) providers, and planned respite through residential habilitation centers. Other changes notification to a primary caregiver when a client receiving OPRS experiences an emergency.		Proposal		No earlier than April 26, 2023		NEUTRAL	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@wsha.org


	 Washington State Hospital Association		WSHA Top Priority State Rule Making	9/1/2023						
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3	Noncovered physician-related and health care professional services—General and administrative and Office and other outpatient physician-related services; other related rules as appropriate.	Health Care Authority	The agency is amending these rules to align with Section 11405 of the Inflation Reduction Act (P.L. 117-169), which requires states to cover approved adult vaccines recommended by the Advisory Committee on Immunization Practices. 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@wsha.org
3	Medical assistance definitions	Health Care Authority	The agency is amending medical assistance definitions to add a person's resources to the reasonable compatibility processes for eligibility renewals. During this review, the health care authority (HCA) may identify additional related changes that are required to improve clarity or update policy.	Pre-Proposal					MONITOR	Andrew Busz Andrewb@wsha.org
3	Third-party resources; other related rules as appropriate	Health Care Authority	The agency intends to develop rules to align with Sec. 1902 (a)(25)(I) of the Consolidated Appropriations Act of 2022 (CAA, 2022; P.L. 117-103). The rules will bar liable third-party payers from refusing to pay for a service or item furnished to a medicaid-eligible person if the service or item did not receive prior authorization under the third-party payer's rules. 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	Hospital care—General, Hospital discharge planning services, Payment—Non-SCA participating hospitals, and Upper payment limit (UPL) payments for inpatient hospital services.	Health Care Authority	The health care authority (HCA) is amending WAC 182-550-2750 to correct a typographical error in a WAC reference. The rule references chapter 246-318 WAC; the correct citation is chapter 246-320 WAC. HCA is repealing WAC 182-550-4700 because the hospital selective contracting program to which it applies ended June 30, 2007. HCA is repealing WAC 182-550-5425 because the upper payment limit program to which it applies ended July 1, 2007. HCA is amending WAC 182-550-1100 by deleting subsection (3)(b) because it applies only to HCA's selective contracting program that ended June 30, 2007.		Expedited Rulemaking				SUPPORT	Andrew Busz Andrewb@wsha.org
3	Medical assistance definitions, Core provider agreement (CPA), Termination of provider agreement—For cause, Review of agency's provider dispute decision; Prescription drugs (outpatient); Who can provide and bill for physician-related and health care professional services; and other related rules as appropriate.	Health Care Authority	The agency is amending these rules to update language in WAC 182-502-0030 to remove the term "agreement" from the WAC title and replace it with "enrollment." The agency is also removing "core provider agreement" from subsection (1) and replacing it with "enrollment" to provide clarity that all providers (not just those with a CPA) are subject to the rules. Additionally, the agency will update the WAC reference in subsection (1)(a)(ii) from WAC 246-934-100 to chapter 246-16 WAC to align with the correct department of health definition of sexual misconduct. The agency will amend the definition of provider in WAC 182-500-0085 to include servicing providers, nonbilling providers, providers with a CPA, and providers with other contracts with the medicaid agency. The agency will also update the term "performing provider" to "servicing provider" in WAC 182-531-0250, 182-530-1000, and 182-502-0005 to align with consistent agency language. 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


	 Washington State Hospital Association	WSHA Top Priority State Rule Making		9/1/2023						
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3	Definitions—, Administration of medical programs—Providers, specifically, Eligible provider types, Alternatives to hospital services; and other related rules as appropriate.	Health Care Authority	The agency is reviewing these rules and may amend them as needed to comply with the CURES Act of 2016; P.L. 114-255, which implements the electronic visit verification requirement for home health care service claims to be paid. In addition, the health care authority (HCA) is amending chapter 182-551 WAC to update the rules to be consistent with the other rules for administration of the medicaid program. 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
3	Premium payment program (PPP); other related rules as appropriate.	Health Care Authority	The agency intends to amend this chapter to update eligibility requirements for clients enrolled in a qualified health plan. The agency also plans to revise the overpayments and administrative hearings sections to clarify when and how the agency can recover overpayments from PPP clients. 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	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@wsha.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@wsha.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@wsha.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@wsha.org


	 Washington State Hospital Association	WSHA Top Priority State Rule Making		9/1/2023						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impa	WSHA CONTACT
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: <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	Proposal				NEUTRAL	Andrew Busz Andrewb@wsha.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@wsha.org
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	Establishing chapter 246-929 WAC, Certified peer specialists	Department of Health	During the 2023 legislative session, the legislature passed 2SSB 5555 to create the new certified peer specialist credentials, to establish authority of the department and the health care authority (HCA) over aspects of the profession, and to direct the department to begin issuing credentials by July 1, 2025. 2SSB 5555 also authorizes the secretary of health to adopt any rules necessary to implement the new profession, including rules on fees, forms and procedures, education and training requirements, scope of practice, equivalency with other states, supervised experience, continuing competency requirements, and appeal procedures. In addition to fulfilling the intent of 2SSB 5555, creating rules for this profession will allow the department to consistently uphold standards that protect patient safety.	Pre-Proposal					MONITOR	Cara Helmer Carah@wsha.org


	 Washington State Hospital Association		WSHA Top Priority State Rule Making	9/1/2023						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impa	WSHA CONTACT
3	Licensing standards for the new behavioral health support specialist (BHSS) profession	Department of Health	Establishing licensing standards for the new behavioral health support specialist (BHSS) profession in Title 246 WAC. The department of health (department) is considering establishing rules for the new BHSS profession created by SSB 5189 (chapter 270, Laws of 2023). The department will consider establishing requirements for application, education, curriculum, experience, continuing education, and fees. In collaboration with partners, the University of Washington, and other interested parties, the department may also consider any other rules appropriate to establish and regulate the BHSS profession.	Pre-Proposal					MONITOR	Cara Helmer Carah@wsha.org
3	To allow DDA-contracted entities to provide intensive habilitation services for children	Department of Social and Health Services	The developmental disabilities administration (DDA) is planning to amend this chapter to allow DDA-contracted entities to provide intensive habilitation services for children. During the course of this review, the department of social and health services (DSHS) may make additional changes that are necessary to improve clarity or update policy.	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
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


	 Washington State Hospital Association		WSHA Top Priority State Rule Making	9/1/2023						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impa	WSHA CONTACT
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 colocating 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
3	SUDP Training	Department of Health	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. 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. 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. 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.	Pre-Proposal					SUPPORT	Cara Helmer Carah@wsha.org
3	Limited Prescriptive License Extension for Midwives	Department of Health	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.	Pre-Proposal					NEUTRAL	Katerina LaMarche katerinal@wsha.org


	 Washington State Hospital Association		WSHA Top Priority State Rule Making	9/1/2023						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impact	WSHA CONTACT
3	Kidney disease treatment center temporary emergency exemptions.	Department of Health	SSB 5569 adds a new section to chapter 70.38 RCW, Health planning and development, which creates an exemption allowing kidney disease centers to exceed their authorized number of dialysis stations during a temporary emergency situation. SSB 5569 defines "temporary emergency situation," provides examples, and allows the department to identify additional "temporary emergency situations" by rule. The bill also directs how kidney disease centers can apply for exemptions and authorizes the department to adopt any rules necessary to implement the bill. The department is also considering updates to kidney disease center need methodologies and rules to reflect the impact of kidney disease centers exceeding their authorized number of kidney dialysis stations.	Pre-Proposal					SUPPORT	Remy Kerr remyk@wsha.org
3	Vital statistics—Certificates	Department of Health	Three significant statutory changes to vital records caused a need for rule making. First, passage of ESSB 6037 (chapter 6, Laws of 2018), Uniform Parentage Act (UPA), expanded surrogacy rights and duties, included surrogacy in the birth registration process, and recognized the diversity of families and nonbiological parent-child relationships. UPA updates also included broader definitions of the term "parent" and "parentage" to recognize and protect the diversity of families and nonbiological parent-child relationships. Second, in 2019, the legislature repealed chapter 70.58 RCW and replaced it with chapter 70.58A RCW, Vital statistics, to modernize vital record processes. Chapter 70.58A RCW includes the following new or clarified elements: •Limits access to certified copies of birth and death records to qualified applicants. •Gives the department authority to amend vital records and transfer custody of records to state archives. •Updates references and definitions that reflect the 2018 changes to the UPA. •Creates a right to appeal some decisions made by the state registrar. Third, the legislature added a certification of birth resulting in stillbirth through HB 1031 (chapter 55, Laws of 2021) (RCW 70.58A.530). The department created a new certificate that provides families a way to honor stillbirth. The new certificate uses data from the fetal death record and took effect on October 1, 2022.	Pre-Proposal					NEUTRAL	Remy Kerr remyk@wsha.org

	 Washington State Hospital Association		WSHA Top Priority State Rule Making	9/1/2023						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impa	WSHA CONTACT
3	Amending the Hazardous Waste Planning Fee (planning fee)	Department of Ecology	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. In this rule making, we intend to: •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	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.	Pre-Proposal					SUPPORT	Remy Kerr remyk@wsha.org
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
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
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	10/29/23	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/Impa	WSHA CONTACT
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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PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impa	WSHA CONTACT
4	Physical therapy licensure compact—Compact commission rules.	Department of Health	The purpose of this proposal is to update the effective date in WAC to the compact rules most recent version, October 30, 2022. The compact commission rules are not effective in Washington unless the board approves and adopts the rules. The physical therapy compact commission rules, effective October 30, 2022, amended existing rules to: (1) Conform with the model compact language. (2) Change the time frame for reporting disciplinary actions to the compact commission. (3) Clarify the change of home state notification requirements. (4) Add a new definition of "Initial." (5) Clarify the jurisprudence requirements. (6) Clarify the National Physical Therapy Examination (NPTE) as the requirement for licensure.		Proposal		02/27/23		SUPPORT	Remy Kerr remyk@wsha.org
4	The occupational therapy practice board is considering amendments to continuing competency, to create a health equity continuing education requirement.	Department of Health	The occupational therapy practice board (board) is considering amendments to WAC 246-847-065 Continuing competency, to implement ESSB 5229 creating a health equity continuing education requirement.	Pre-Proposal	Proposal		07/14/23		NEUTRAL	Remy Kerr remyk@wsha.org
4	Acupuncture and Eastern medicine practitioner. DOH is considering adopting the health equity continuing education (CE) model rule	Department of Health	DOH is considering adopting the health equity continuing education (CE) model rules, WAC 246-12-800 through 246-12-830, to comply with RCW 43.70.013. The department will also consider whether additional CE hours and course topics should be included.	Pre-Proposal	Proposal		07/21/23		NEUTRAL	Remy Kerr remyk@wsha.org
4	Orthotics and prosthetics. The department of health (department) is considering adopting the health equity continuing education (CE), will also consider whether additional CE hours and course topics should be included.	Department of Health	The department adopted model rules for health equity CE minimum standards in November 2022. Any rules developed for orthotic or prosthetic licensees must meet or exceed the minimum standards in the model rules found at WAC 246-12-800 through 246-12-830. The goal of health equity CE training is to equip health care workers with the skills to recognize and reduce health inequities in their daily work. The content of the health equity trainings include instruction on skills to address structural factors, such as bias, racism, and poverty, which manifest as health inequities.	Pre-Proposal	Proposal		07/24/23		MONITOR	Katerina LaMarche katerinal@wsha.org

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PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impa	WSHA CONTACT
4	Health equity continuing education for genetic counselors.	Department of Health	By January 1, 2024, RCW 43.70.613(1) requires each health profession credentialed under RCW 18.130.040 with a CE requirement to adopt rules requiring completion of health equity CE training at least once every four years. This includes the genetic counselor profession. RCW 43.70.613 (3)(b) also directed the department to create model rules establishing minimum standards for health equity CE programs. The department filed proposed rules for health equity CE minimum standards on August 23, 2022, under WSR 22-17-141. Any rules developed for genetic counselors must meet or exceed the minimum standards in the model rules found at WAC 246-12-800 through 246-12-830. The goal of health equity CE training is to equip health care workers with the skills to recognize and reduce health inequities in their daily work. The content of the health equity trainings include instruction on skills to address structural factors, such as bias, racism, and poverty, which manifest as health inequities.	Pre-Proposal	Proposal		07/24/23		MONITOR	Katerina LaMarche katerinal@wsha.org
4	The board of physical therapy (board) is considering adopting the health equity continuing education (CE) model rules	Department of Health	By January 1, 2024, RCW 43.70.613(1) requires each health profession credentialed under RCW 18.130.040 with a CE requirement to adopt rules requiring completion of health equity CE training at least once every four years. RCW 43.70.613 (3)(b) also directed the department to create model rules establishing minimum standards for health equity CE programs. The department adopted model rules for health equity CE minimum standards in November 2022. Any rules developed by the board must meet or exceed the minimum standards in the model rules found at WAC 246-12-800 through 246-12-830. The goal of health equity CE training is to equip health care workers with the skills to recognize and reduce health inequities in their daily work. The content of the health equity trainings include instruction on skills to address structural factors, such as bias, racism, and poverty, which manifest as health inequities.	Pre-Proposal	Proposal		08/21/23		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	Proposal		08/22/23		MONITOR	Remy Kerr remyk@wsha.org

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4	The board of optometry (board) is considering adopting the health equity continuing education (CE) model rules	Department of Health	By January 1, 2024, RCW 43.70.613(1) requires each health profession credentialed under RCW 18.130.040 with a CE requirement to adopt rules requiring completion of health equity CE training at least once every four years. RCW 43.70.613 (3)(b) also directed the department to create model rules establishing minimum standards for health equity CE programs. The department filed proposed rules for health equity CE minimum standards on August 23, 2022, under WSR 22-17-141. Any rules developed by the board must meet or exceed the minimum standards in the model rules found at WAC 246-12-800 through 246-12-830. The goal of health equity CE training is to equip health care workers with the skills to recognize and reduce health inequities in their daily work. The content of the health equity trainings include instruction on skills to address structural factors, such as bias, racism, and poverty, which manifest as health inequities.	Pre-Proposal	Proposal		09/08/23		MONITOR	Katerina LaMarche katerinal@wsha.org
4	Respiratory care practitioners, requiring health equity continuing education for respiratory care practitioners.	Department of Health	Rule making is necessary to align chapter 246-928 WAC with recent legislation. ESSB 5229, which passed during the 2021 legislative session, requires respiratory care practitioners and many other Washington health care professionals to complete continuing education on health equity. As part of this rule making, the department will consider: (1) Whether two or more hours of health equity continuing education hours will be required for respiratory care practitioners; (2) the total amount of continuing education hours required; and (3) other issues related to continuing education. The department will also consider amendments to update and streamline WAC 246-928-442 as appropriate.	Pre-Proposal	Proposal		09/20/23		MONITOR	Katerina LaMarche katerinal@wsha.org