




 Washington State Hospital Association		WSHA Top Priority State Rule Making	4/2/2024						
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	Audio-Only Telemedicine	Health Care Authority	HCA is developing and revising rules to provide for audio-only telemedicine, in alignment with ESSB 1196. During the course of this review, the health care authority may identify additional related changes that are required in order to improve clarity or update policy.	Pre-Proposal	Proposal			No sooner than December 7, 2022	MONITOR	Remy Kerr remyk@wsha.org
1	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	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


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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	Andrew Busz Andrewb@wsha.org
1	Transfer practices for a dispensed prescription drug for the purpose of redispensing or subsequent administration to a patient. The PQAC is proposing to create a new section(s) in chapter 246-945 WAC related to the regulation of the practices of "white bagging" and "brown bagging".	Department of Health Pharmacy Quality Assurance Commission	According to a 2018 report prepared by the National Association of Boards of Pharmacy, "white bagging" refers to "the distribution of patient-specific medication from a pharmacy ... to the physician's office, hospital, or clinic for administration" and "brown bagging" refers to "the dispensing of a medication from a pharmacy ... directly to the patient, who then transports the medication(s) to the physician's office for administration." Certain drugs are often the subject of white bagging and brown bagging practices. In 2015, 28 percent of medical benefit drugs, drugs that are injected or infused by a health care professional in an infusion center, were distributed to physician offices via brown bagging. As of 2016, 28 percent of oncology drugs were distributed through white bagging and brown bagging practices. There is currently a lack of clear regulatory standards on these practices in Washington state. These drug transfer practices represent a different approach to the traditional chain of custody for prescribed medications. Concerns have been raised over ensuring the integrity and quality of these medications is maintained if such practices are used by prescribers, hospitals, or patients because these practices can create an unknown chain of custody.	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	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	Behavioral Health Agency Rules	Department of Health	This rule-making project is phase two of a multi-phase project to overhaul the licensing and certification rules for behavioral health agencies. The first phase focused on bringing the regulations up-to-date with recent legislation and addressing areas of clean up that had been identified since the department began regulating behavioral health agencies in 2018. In phase two of this work, the areas that will be considered include: 1. Supporting a behavioral health agency's ability to provide services for cooccurring mental health and substance use disorders. 2. Improving the ability for an individual to have continuity as they transition through levels of care. 3. Scoping rules to align more closely with the specific rule-making authority in RCW 71.24.037. 4. Further examining specific topics identified during phase 1 such as deeming, telehealth, and applied behavioral analysis. 5. Implementing changes made by the 2021 legislature.	Pre-Proposal					MONITOR	Cara Helmer Carah@wsha.org
1	Rules to Establish Standards for Designation of Crisis Call Centers as Crisis Hubs Within the 988 Hotline System.	Department of Health	The Federal Communications Commission promulgated rules under 47 C.F.R. § 52.200 designating "988" as the three-digit code "for a national suicide prevention and mental health crisis hotline system." In 2021, the Washington state legislature passed E2SHB 1477 with the intent to establish crisis call center hubs and expand the crisis response system. The bill requires the department to adopt rules "to establish standards for designation of crisis call centers as crisis call center hubs."	Pre-Proposal					MONITOR	Cara Helmer Carah@wsha.org


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1	Charity care	Department of Health	The Department of Health will consider rulemaking to revise the state regulations pertaining to charity care (WAC 246-453) to comply with legislation passed in 2018.	Pre-Proposal		Rulemaking activity			CONCERNS	Cara Helmer Carah@wsha.org Zosia Stanley zosiaS@wsha.org
1	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	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	Implementation of 2022 legislation (SSB 5722, chapter 177, Laws of 2022) directing commerce to adopt a state energy management and benchmarking requirement for "tier 2 covered buildings." Requirements will relate to energy management planning, operations and maintenance planning, and energy use analysis through benchmarking and associated reporting and administrative procedures	Department of Commerce	The 2022 legislation (in part codified in RCW 19.27A.250) requires commerce to adopt energy management and benchmarking requirements for covered commercial and multifamily buildings. Requirements will relate to energy management planning, operations and maintenance planning, and energy use analysis through benchmarking and associated reporting and administrative procedures (including exemptions for financial hardship and an appeals process for administrative determinations, including penalties imposed by the department).	Pre-Proposal					CONCERNS	Remy Kerr remyk@wsha.org


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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	Certificate of Need Chapter Updates	Department of Health	Certificate of Need- The Department of Health is opening all rules related to Certificate of Need (CN) in chapter 246-310 WAC. The Department is considering amending, creating, and repealing some or all rules to clarify, streamline, develop progressive enforcement tools, and modernize language. This review will include examining general and specific facility type need methodologies. Updates to rules will take into account incorporating national optimal approaches, providing clear and consistent guidance, and reducing litigation. As part of the rulemaking process, the department will consider the rulemaking topics in recently withdrawn Preproposals (CR-101's) as well as recent petitions regarding updates to need methodologies. WSHA is in active discussions with the Department to more clearly understand the approach and breadth in this rulemaking.	Pre-Proposal					MONITOR	Remy Kerr remyk@wsha.org
1	Emergency Medical Services (EMS) and Trauma Care Systems - WAC 246-976	Department of Health	Department of Health he Department of Health (DOH) is updating EMD sections to align with national standards and respond to legislative requirements by: (1) considering updates to align with current national standards; (2) making regulations more clear and concise; (3) responding to statutory requirements; and (4) streamlining initial and renewal application processes for prehospital services licenses and EMS provider certification. ((Ch. 246-976 WAC))	Pre-Proposal					MONITOR	Remy Kerr remyk@wsha.org


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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 Washington Medical Commission is considering creating new rule sections to regulate the use of collaborative drug therapy agreements (CDTA).</p>	Pre-Proposal					CONCERNS	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	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	Adult family home minimum licensing requirements	Department of Social and Health Services	The purpose for the change is to consolidate the rules related to background checks, negative actions, and character, competence, and suitability (CC&S) determinations between home and community services, residential care services, and developmental disabilities administration (DDA). The consolidated chapter will provide clarity and understanding for the public and contracted entities, reduce the amount of WAC language, and help preserve the health and safety of our clients.	Pre-Proposal					MONITOR	Zosia Stanley zosias@wsha.org
2	Medicaid SPA: Grouper Updates	Health Care Authority	HCA intends to submit medicaid SPA 22-0004 to update references to the 3M APR-DRG software grouper used to group hospital claims for payment.		Notice		07/01/22	07/01/22	NEUTRAL	Andrew Busz Andrewb@wsha.org


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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 Storage marys@wsha.org
2	General occupational health standards, Part R-1—Surgical smoke	Department of Labor & Industries	The purpose of this proposal is to add a new part (R-1—Surgical smoke) to chapter 296-62 WAC, General occupational health standards. The new part is necessary for the department of labor and industries (L&I) to implement and enforce SHB 1779, passed by the Washington state legislature in 2022 (codified as RCW 49.17.500), which becomes effective January 1, 2024. SHB 1779 requires employers in hospitals and ambulatory surgical centers to adopt and adhere to policies covering the use of smoke evacuation systems to protect workers who may be exposed to surgical smoke.		Expedited Rulemaking			01/01/24	NEUTRAL	Remy Kerr remyk@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
2	Amending and consolidating nursing assistant rules regarding expired licenses, mandatory reporting, and fees.	Department of Health	The commission is considering repealing chapters 246-841 and 246-842 WAC and consolidating nursing assistant requirements into new chapter 246-841A WAC. The commission is considering these changes to nursing assistant standards to eliminate duplication, update competencies, and revise program requirements.	Pre-Proposal	Proposal			08/30/23	CONCERNS	Katerina LaMarche katerinal@wsha.org


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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	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 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 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	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	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	Hospital fees. The department of health (department) is considering rule amendments to update fees	Department of Health	The department is considering updates to rules regarding acute care and private psychiatric hospital fees to address funding needs. An update may be necessary to adequately fund the hospital inspection, investigation, and licensing programs to protect patients. RCW 43.70.250 requires that fees must cover regulatory program expenses which necessitates the program(s) to be self-funding and changes to rules are the only way to make fee adjustments.	Pre-Proposal					MONITOR	Andrew Busz Andrewb@wsha.org
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 Storaice marys@wsha.org


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2	Osteopathic physicians and surgeons general provision for opioid prescribing and tapering rules. The board of osteopathic medicine and surgery (board) is considering amending WAC 246-853-661 Exclusions, 246-853-730 Periodic review, and 246-853-755 Tapering requirements, to modernize the language, add clarity, and align rules with the Washington medical commission (WMC).	Department of Health	On November 3, 2022, the Centers for Disease Control and Prevention (CDC) released an update to their 2016 "Clinical Practice Guideline for Prescribing Opioids for Chronic Pain," entitled "CDC Clinical Practice Guideline for Prescribing Opioids for Pain" (guideline). The guideline expands its scope to include opioid prescribing for all pain (with certain exemptions). As such, the guideline more closely parallels the Washington state opioid prescribing rules developed in 2017-2018 and implemented in January of 2019, mandated by ESHB 1427 (chapter 297, Laws of 2017), and covering all Washington state opioid prescriber groups, including all allopathic physicians and physician assistants overseen by WMC. However, there are some differences. WMC contracted with Gregory Terman, MD, who is a former pro tempore commissioner of WMC, as well as a professor of anesthesiology and pain medicine at the University of Washington in Seattle, to do a comprehensive comparison of WMC's opioid prescribing rules covering physicians (WAC 246-919-850 through 246-919-990) and physician assistants (WAC 246-918-800 through 246-918-835) to the guideline. Dr. Terman was also asked to recommend changes to WMC's opioid prescribing rules based on the differences found between WMC's opioid prescribing rules and the guideline. Dr. Terman provided WMC with a report, titled "Comparing and Contrasting the 2022 CDC Opioid Prescribing Guideline and the 2019 Washington State Prescribing Rules" (report). Based on the recommendations in the report, WMC voted to initiate rule making on the following items: (1) Exempting patients with sickle cell disease. (2) State in rule that not all chronic pain patients need to be tapered off opioids. (3) Clearer rules regarding biological specimen testing. 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@wsha.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@wsha.org
2	The Washington state board of nursing (board) is considering amendments to nursing education rules in response to E2SSB 5582 (chapter 126, Laws of 2023).	Department of Health	E2SSB 5582 Nurses—Educational opportunities, directs and authorizes the board, formally known as the nursing care quality assurance commission, to adopt rules which allow for one hour of simulated learning to be counted as equivalent to two hours of clinical placement learning, with simulated learning accounting for up to a maximum of 50 percent of the required clinical hours (E2SSB 5582, section (8)). The board is considering amendments to nursing education rules for registered nurses and licensed practical nurses. On May 12, 2023, the board moved to initiate the rule-making process to fulfill the purposes of E2SSB 5582. Rules are necessary to comply with E2SSB 5582 and the rule-making process will provide the opportunity for interested party engagement, rule clarification, and possible amendments to address any identified concerns.	Pre-Proposal					SUPPORT	Katerina LaMarche katerinal@wsha.org


	 Washington State Hospital Association		WSHA Top Priority State Rule Making	4/2/2024						
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 mater 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
2	Adult elective percutaneous coronary intervention (PCI) certificate of need (CN) requirements	Department of Health	Pursuant to RCW 34.05.330(1), in response to a petition for rule making, an agency may deny the petition or initiate rule-making proceedings. The department approved the rule-making petition regarding WAC 246-310-720 and is initiating rule making in accordance with RCW 34.05.330(1) to consider the petitioner's requested amendments.	Pre-Proposal					MONITOR	Remy Kerr remyk@wsha.org


	 Washington State Hospital Association		WSHA Top Priority State Rule Making	4/2/2024						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impa	WSHA CONTACT
2	Aligning hospital licensing regulations with the current national construction standards.	Department of Health	The department is considering aligning the construction requirements of chapter 246-320 WAC with current national construction standards, so as to comply with RCW 70.41.030. The current rules reference the 2014 edition of the Guidelines for Design and Construction of Health Care Facilities. In August 2018, the department filed a preproposal statement of inquiry under WSR 18-17-045 to consider updating the rules to reference the 2018 edition of these guidelines. This rule-making project was underway when the coronavirus disease 2019 (COVID-19) emerged and subsequent emergency response by department staff resulted in the cessation of activities for the project. Recently, the 2022 edition of the guidelines was published. Adopting current standards would allow facilities to take advantage of newer construction methods and provide the opportunity to be consistent with widely recognized standards that are vital to the health and safety of hospital patients and staff. The department is withdrawing the original CR-101, filed as WSR 18-17-045.	Pre-Proposal					SUPPORT	Remy Kerr remyk@wsha.org
2	New rules to implement chapter 220, Laws of 2017 (SSB 5514), Emergency department patient care information—Department of health collection—Confidentiality	Department of Health	Department of Health - DOH is considering creating new rules to implement chapter 220, Laws of 2017 (SSB 5514), Emergency department patient care information—Department of health collection—Confidentiality, by establishing reporting and data release requirements for emergency department data collection.	Pre-Proposal		RHINO rulemaking website			MONITOR	Remy Kerr remyk@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


	 Washington State Hospital Association		WSHA Top Priority State Rule Making	4/2/2024						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impact	WSHA CONTACT
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
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. 1396i-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	Narcan as over-the-counter (OTC) status and adding a new section in chapter 246-945 WAC.	Pharmacy Quality Assurance Commission	Narcan as over-the-counter (OTC) status and adding a new section in chapter 246-945 WAC. In March 2023, the United States Food and Drug Administration (FDA) approved the 4 mg nasal spray naloxone under the brand Narcan as an OTC drug. Narcan is an opioid antagonist indicated for the emergency treatment of known or suspected opioid overdose. Currently, WAC 246-945-030 incorporates the 39th edition of the Approved Drug Products with Therapeutic Equivalence Evaluations, or "Orange Book," which has Narcan listed as a prescription drug. The pharmacy quality assurance commission (commission) considers the ongoing opioid epidemic to be a public health emergency in Washington state. In order to combat this epidemic in Washington, the commission is amending WAC 246-945-030 and adding new WAC 246-945-034 classifying Narcan as an OTC drug. The timeline for the availability of Narcan is set by the manufacturers. The adoption of this emergency rule would prepare Washington state for the moment that the drug becomes available by manufacturers. The proposed new section in chapter 246-945 WAC would also allow for expansion of different formularies if the FDA makes further changes. This preparation would allow for a faster release of the drug throughout the state, meaning this life-saving drug would be in the hands of Washingtonians faster. Increasing patient access to the drug is critical to reduce opioid overdoses.					08/11/23	SUPPORT	Remy Kerr remyk@wsha.org


	 Washington State Hospital Association		WSHA Top Priority State Rule Making	4/2/2024						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impact	WSHA CONTACT
3	HCA is revising this rule in accordance with the settlement agreement in the case of National Association of Chain Drug Stores, et al., v. Washington State Health Care Authority, et al. (Case No. 51489-3-II) and for the purpose of ensuring the continuation of federal medicaid funding.	Health Care Authority	The agency is revising this rule in accordance with the settlement agreement in the case of National Association of Chain Drug Stores, et al., v. Washington State Health Care Authority, et al. (Case No. 51489-3-II) and for the purpose of ensuring the continuation of federal medicaid funding. This emergency is necessary while the permanent rule process is being completed.					10/26/23	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	Proposal		10/11/23	01/01/24	SUPPORT	Andrew Busz Andrewb@wsha.org
3	The health care authority (agency) is amending these rules to expand screening and preventative services for certain sexually transmitted infections, to include HIV testing, viral hepatitis B and C, and hepatitis A/B combination vaccines, when clinically appropriate or according to nationally recognized guidelines	Health Care Authority	These rules are necessary to expand family-planning only coverage to support preventative screenings and family planning services while the permanent rule-making process is completed. The agency began the permanent rule-making process under WSR 23-24-065. The family planning only program operates under a federal waiver allowing changes to be in response to state needs. These changes have recently been approved by the Centers for Medicare and Medicaid Services as eligible additions to the state program.					01/01/24	MONITOR	Andrew Busz Andrewb@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	4/2/2024						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impact	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	4/2/2024						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impact	WSHA CONTACT
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	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	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	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	Proposal			10/11/23	MONITOR	Andrew Busz Andrewb@wsha.org


	 Washington State Hospital Association		WSHA Top Priority State Rule Making	4/2/2024						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impa	WSHA CONTACT
3	Pharmacist continuing education and 246-945-220 Pharmacy technician—Continuing education.	Department of Health Pharmacy Quality Assurance Commission	<p>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.</p> <p>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.</p>	Pre-Proposal	Proposal		10/19/23		SUPPORT	Remy Kerr remyk@wsha.org
3	Implementation of Hydrofluorocarbons—Emissions reduction (E2SHB 1050), chapter 315, Laws of 2021	Department of Ecology	<p>This rule making may:</p> <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	Initial licensure via an out-of-state traditional nursing education program approved by another United States Nursing Board, applicants applying via interstate endorsement, and other related licensure requirements.	Department of Health	<p>The commission is considering amendments to WAC 246-840-030, 246-840-090, and other related rule sections to clarify specific licensing requirements for RN and LPN applicants. The rules as currently written state that a nurse who has graduated from another state's approved nursing program or from a substantially equivalent program may be licensed. The commission became aware that certain nursing programs in Florida and elsewhere had programs that were fraudulently granting diplomas. The commission is considering amending these rules to ensure that the rules cannot be read to mean that because their fraudulent nursing program was approved by another state, the commission must accept it and license these individuals. The commission must protect the people of Washington by only licensing qualified, properly trained nurses. As a preliminary step, the commission has filed emergency rules to address these amendments and assess whether to make the emergency rule language permanent or add additional language to set clear minimum standards for RN and LPN licensure.</p>	Pre-Proposal	Proposal		03/08/24		MONITOR	Mary Storce marys@wsha.org


	 Washington State Hospital Association		WSHA Top Priority State Rule Making	4/2/2024						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impact	WSHA CONTACT
3	Emergency medical services (EMS) and trauma care systems chapter updates. The department is proposing amendments to update and align requirements with national standards	Department of Health	The department of health (department) identified updates, revisions, and housekeeping items needed for this chapter. By doing so, the department will satisfy the requirements of RCW 43.70.041, which directs the department to establish a formal review process of existing rules every five years to reduce the regulatory burden on businesses without compromising public health and safety. The department is proposing amendments to align with current national standards, make rules more clear, concise, and organized, propose changes to address barriers to initial and renewal application processes, and respond to new legislative requirements.		Proposal			03/14/24	NEUTRAL	Remy Kerr remyk@wsha.org
3	Independent medical examinations (IME)—Notification process—Accompanying person under chapter 296-23 WAC, Radiology, radiation therapy, nuclear medicine, pathology, hospital, chiropractic, physical therapy, drugless therapeutics and nursing—Drugless therapeutics, etc, Workers' compensation self-insurance rules and regulations.	Department of Labor & Industries	SHB 1068 from the 2023 legislative session allows a worker to audio and video record an independent medical examination (IME), and included [that] an observer may be present for all examinations with the worker. The updated statute, RCW 51.36.070, requires the department to create rules defining the notification process the worker must follow when they want to record an IME. One existing rule, WAC 296-23-362, states an observer may not attend a psychiatric examination. This rule needs to be updated as the amended statute includes [that] an observer may be present for all examinations.	Pre-Proposal	Proposal			03/26/24	CONCERNS	Remy Kerr remyk@wsha.org
3	Workers' compensation self-insurance rules and regulations; good faith and fair dealing.	Department of Labor & Industries	SHB 1521 adds a new section to chapter 51.14 RCW, which explicitly requires the department of labor and industries (L&I) to "adopt by rule additional applications of the duty of good faith and fair dealing as well as criteria for determining appropriate penalties for violations." It also adds that an employer that violates the duty of good faith and fair dealing three times within a three-year period shall be decertified. Good faith and fair dealing in this context refers to the administration of workers' compensation benefits. Rules on this subject seek to protect the best interests of impacted workers by ensuring that they are free from coercion or other unfair practices regarding industrial insurance benefits that may be due to them.	Pre-Proposal	Proposal			04/30/24	CONCERNS	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


	 Washington State Hospital Association		WSHA Top Priority State Rule Making	4/2/2024						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impact	WSHA CONTACT
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
3	WAC 388-97-0300 Notice of rights and services	Department of Social and Health Services	Federal rules regarding nursing home clinical records were amended by the Centers for Medicare and Medicaid Services (CMS) through an 1135 blanket waiver in response to the COVID-19 public health emergency. The amended federal rules are effective March 1, 2020, through the end of the national emergency declaration. The department will monitor federal nursing home communication to ensure this rule making reflects the same span of time as the suspended federal rule regarding clinical records. This will help ensure federal and state rules remain similar and provide for consistent application of clinical record rules during the investigation process.	Pre-Proposal	Proposal		Not before April 26, 2023		MONITOR	Zosia Stanley zosiaS@wsha.org
3	"Full cost" public hospital certified public expenditure (CPE) payment program; other related rules as appropriate.	Health Care Authority	The health care authority (agency) is amending this rule to add clarifying language to subsection (5)(c). The agency is adding that if the state's applicable federal medical assistance percentage (FMAP) is zero percent, the amount derived in subsection (5)(b) is multiplied by the lowest Washington state specific medicaid FMAP in effect at the time of claim payment. 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					NEUTRAL	Andrew Busz Andrewb@wsha.org
3	Payments, corrective action, and sanctions for managed care organizations (MCOs); other related rules as appropriate.	Health Care Authority	The health care authority (agency) is amending subsection (8) to more accurately reflect how the agency pays federally qualified health centers and rural health clinics for managed care services and deleting subsection (9) to be consistent with the integrated managed care contract standards for delivery case rate payments. 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	Family planning only programs—Covered services, 182-532-550 Family planning only programs—Payment limitations, 182-532-560 Family planning only programs—Documentation requirements; other related rules as appropriate	Health Care Authority	The health care authority (agency) is amending this rule to expand screening and preventative services for certain sexually transmitted infections during a client visit focused on family planning. During the course of this review, the agency may identify additional related changes that are required in order to improve clarity or update policy. (This filing replaces the CR-101 filed as WSR 23-23-184, which contained some incorrect rule citations, and is withdrawn under WSR 23-24-064.)	Pre-Proposal					MONITOR	Andrew Busz Andrewb@wsha.org
3	Health home program—Eligibility; other related rules as appropriate.	Health Care Authority	The health care authority (HCA) is amending this rule to clarify: (1) Which medicaid recipients are eligible for the health home program; and (2) that people with third-party medical coverage are ineligible for this 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


	 Washington State Hospital Association		WSHA Top Priority State Rule Making	4/2/2024						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impact	WSHA CONTACT
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
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	L&I Medical Aid Rate Updates	Department of Labor & Industries	The current rules describe elements used in the process of updating the maximum allowable payments for most professional health care services. These elements are set in rule in order to follow the established methodologies of L&I and maintain consistency with HCA and Medicaid purchasing administration. Specifically, any proposed rule changes will consider the following: •WAC 296-20-135: Updating the conversion factors used by L&I for calculating reimbursement rates for most professional health care and anesthesia services. Updating the conversion factors to correspond to changes in the medical procedure codes, the relative value units, and anesthesia base units. These changes would enable L&I to continue a reimbursement methodology consistent with other state agencies. Cost-of-living adjustments may be incorporated into the changes in the conversion factors. •WAC 296-23-220 and 296-23-230: Updating the maximum daily reimbursement level for physical and occupational therapy services so L&I may, if necessary, give cost-of-living adjustments to affected providers.	Pre-Proposal	Proposal				NEUTRAL	Andrew Busz Andrewb@wsha.org
3	Amending radioactive materials licenses and fees.	Department of Health	The department is required to charge a fee for each operating license issued to radioactive material license holders regulated by the department. The fees must cover the cost of administering a license and enforcing the program. The department completed an initial assessment of the radioactive materials program and determined the fees are not generating sufficient revenue to cover the costs of the program. The program is also reviewing radioactive materials classifications and will consider updating or restructuring existing fees and will consider new fees for radioactive materials licenses.	Pre-Proposal					NEUTRAL	Andrew Busz Andrewb@wsha.org


	 Washington State Hospital Association		WSHA Top Priority State Rule Making	4/2/2024						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impact	WSHA CONTACT
3	Medication assistance in community-based and in-home care settings	Pharmacy Quality Assurance Commission	The commission's new chapter 246-945 WAC became effective in July 2020. The old rules, including the former rules on medication assistance (chapter 246-888 WAC), were repealed in March 2021. The commission's repeal of chapter 246-888 WAC has resulted in unintended disruptions for medication assistance in the community-based and in-home care settings permitted under chapter 69.41 RCW. Emergency rule making is necessary to immediately restore medication assistance regulations to preserve patient safety and welfare while the commission and the department work on permanent rule making. The CR-101 was filed on December 27, 2021, under WSR 22-02-015. Permanent rule making was originally delayed due to the novel coronavirus COVID-19 pandemic but is still in progress. Commission staff and the department of social and health services (DSHS) met for preliminary discussions regarding draft language. Drafts of the amended rule language were written by commission staff and shared with DSHS personnel for interagency review. The commission will distribute draft language to the public leading up to the planned workshops in early winter of 2023.						SUPPORT	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	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	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


	 Washington State Hospital Association		WSHA Top Priority State Rule Making	4/2/2024						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impact	WSHA CONTACT
3	Physicians and physician assistants general provision for opioid prescribing and tapering rules	Department of Health	<p>On November 3, 2022, the Center for Disease Control and Prevention (CDC) released an update to their 2016 "Clinical Practice Guideline for Prescribing Opioids for Chronic Pain", entitled "CDC Clinical Practice Guideline for Prescribing Opioids for Pain" (guideline). The guideline expands its scope to include opioid prescribing for all pain (with certain exemptions). As such, the guideline more closely parallels the Washington state opioid prescribing rules developed in 2017-2018 and implemented in January of 2019, mandated by ESHB 1427 (chapter 297, Laws of 2017), and covering all Washington state opioid prescriber groups, including all allopathic physicians and physician assistants overseen by the commission. However, there are some differences.</p> <p>The commission contracted with Gregory Terman, MD, who is a former pro tempore commissioner of the commission as well as a professor of anesthesiology and pain medicine at the University of Washington in Seattle, to do a comprehensive comparison of the commission's opioid prescribing rules covering physicians (WAC 246-919-850 through 246-919-990) and physician assistants (WAC 246-918-800 through 246-918-835) to the guideline. Dr. Terman was also asked to recommend changes to the commission's opioid prescribing rules based on the differences found between the commission's opioid prescribing rules and the guideline. Dr. Terman provided the commission with a report titled "Comparing and Contrasting the 2022 CDC Opioid Prescribing Guideline and the 2019 Washington State Prescribing Rules" (report). Based on the recommendations in the report, the commissioners voted to initiate rule making on the following items:</p> <ol style="list-style-type: none"> 1. Exempting patients with sickle cell disease. 2. State in rule that not all chronic pain patients need to be tapered off opioids. 	Pre-Proposal					MONITOR	Cara Helmer Carah@wsha.org
3	Behavioral health agency (BHA) regulations as they relate to opioid treatment programs (OTPs)	Department of Health	<p>E2SSB 5536 amended RCW 71.24.590 to clarify that mobile units or fixed-site medication units may be established as part of a licensed OTP to help expand access to treatment for opioid use disorder. Rules are already in place for mobile units; however, additional rule making is needed to develop a process and standards for licensing and approving fixed-site medication units. As part of this rule-making project, the department will also consider:</p> <ul style="list-style-type: none"> •General cleanup to correct terminology and outdated references to federal regulations/guidance documents. •Aligning rules with federal OTP regulations to streamline OTP licensing and certification requirements. •Exploring input from partners and interested parties to: <ul style="list-style-type: none"> oHelp clarify rules relating to the licensing and certification process, documentation requirements, and counseling expectations. oReduce administrative burdens for agencies by removing duplicate requirements. 	Pre-Proposal					MONITOR	Cara Helmer Carah@wsha.org


	 Washington State Hospital Association		WSHA Top Priority State Rule Making	4/2/2024						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impa	WSHA CONTACT
3	Substance abuse monitoring program for nursing professions	Department of Health	The board, formerly known as the nursing care quality assurance commission, is considering amendments to current rule sections relating to the board's SUD monitoring and treatment program in response to SHB 1255. The board is also considering creating new rule sections to establish a stipend program, as directed by SHB 1255, to defray the out-of-pocket expenses incurred by nurses in connection with participation in the board's approved SUD monitoring program authorized by RCW 18.130.175. On May 12, 2023, the board voted to initiate the rule-making process to fulfill the purposes of SHB 1255. Rules are necessary to comply with SHB 1255 and the rule-making process will provide the opportunity for interested party engagement, rule clarification, and possible amendments to address any identified concerns.	Pre-Proposal					MONITOR	Cara Helmer Carah@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
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	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


	 Washington State Hospital Association		WSHA Top Priority State Rule Making	4/2/2024						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impact	WSHA CONTACT
3	Applied Behavioral Analysis Licensing	Department of Health	Since chapter 246-805 WAC became effective in 2017, the department has acquired several years of experience regulating these professions. After consultation with the applied behavioral analysis advisory committee, the department is taking the opportunity to consider updates for a variety of issues. Updates may be needed to clarify requirements as well as possible alignment with current best practices and national standards. Rules may be needed to create a temporary license as allowed by RCW 18.380.080, as well as consider establishing a corresponding temporary license fee. Fees for duplicate licenses or license verification may need to be reduced to align with similar department fees for other professions. The department may update terms, references, and citations as needed, and will consider repealing requirements for AIDS training per recently passed legislation (ESHB 1551; chapter 76, Laws of 2020).	Pre-Proposal					MONITOR	Cara Helmer Carah@wsha.org
3	Home and Community-Based Medication Assistance	Department of Health	The commission completed a nearly three-year process in July 2020 to update and consolidate all rules under its authority, resulting in the creation of chapter 246-945 WAC. Although this process included extensive work with interested parties, it was brought to the commission's attention, once the new chapter was published, that the repeal of chapter 246-888 WAC resulted in unintended disruptions for medication assistance in the community-based and in-home care settings permitted under chapter 69.41 RCW.	Pre-Proposal					NEUTRAL	Cara Helmer Carah@wsha.org
3	Suicide Prevention Training for Mental Health Counselors	Department of Health	ESHB 2411 requires the department to create minimum standards for new, advanced six-hour suicide prevention trainings. Part 14 of chapter 246-12 WAC contains minimum standards for the current suicide prevention trainings; amending and adopting new sections of rule in Part 14 will allow the department to permanently adopt minimum standards for the new trainings, while collocating the new section with existing rule on similar trainings.	Pre-Proposal					MONITOR	Cara Helmer Carah@wsha.org
3	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	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	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	4/2/2024						
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
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


	 Washington State Hospital Association		WSHA Top Priority State Rule Making	4/2/2024							
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impa	WSHA CONTACT	
3	Prescription transfers	Pharmacy Quality Assurance Commission	The commission received feedback from interested parties about challenges obtaining requested prescription transfers permitted by WAC 246-945-345(2) and voted to consider rule making to address the concerns at the March 2, 2023, business meeting. WAC 246-945-345(2) states that upon patient request, prescriptions "may be transferred." The term "may" makes the provision difficult to enforce. The commission is considering amending the provision to make the prescription transfer required upon request, rather than optional. The commission may also consider further amendments to facilitate the timely transfer of prescriptions.	Pre-Proposal					NEUTRAL	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	WA HEALTH statewide emergency and logistics tracking system; reporting of health system readiness data for acute care facilities and behavioral health agencies and facilities.	Department of Health	The department is considering permanent implementation of the WA HEALTH data management system for acute care facilities and behavioral health agencies and facilities by requiring their participation in entering data to the WA HEALTH system. Permanent rule making for the WA HEALTH program may be necessary due to the ongoing and critical role it plays in responding to public health threats, especially in the context of the COVID-19 pandemic. The emergency rule, which currently mandates acute care facilities to report data to WA HEALTH, was initially put into place in response to the governor's proclamation during the onset of the pandemic. As the pandemic unfolded, the importance of having access to a comprehensive data set became evident for making timely and informed decisions at both state and local levels. Having access to current key health care data empowers the state's decision makers to respond more effectively to public health threats.	Pre-Proposal					MONITOR	Caitlin Safford CaitlinS@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	Amending the definition of mental health professional and creating certified agency affiliated counselor and licensed agency affiliated counselor credentials.	Department of Health	The legislature established in 2SHB 1724, section 33, that many sections of the bill are "necessary for the immediate preservation of the public peace, health, or support of the state government and its existing public institutions, and take effect immediately." Sections 13 through 20, which create the new AAC credentials and amend the definition of MHP, are among the sections that are effective immediately.					07/21/23	NEUTRAL	Cara Helmer Carah@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


	 Washington State Hospital Association		WSHA Top Priority State Rule Making	4/2/2024						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impact	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


	 Washington State Hospital Association		WSHA Top Priority State Rule Making	4/2/2024						
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 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	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


	 Washington State Hospital Association		WSHA Top Priority State Rule Making	4/2/2024						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impact	WSHA CONTACT
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
4	Podiatric physician and surgeon health equity continuing education.	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 of health (department) to create model rules establishing minimum standards for health equity CE programs. The department adopted rules for health equity CE minimum requirements as WSR 22-23-167 on November 23, 2022. Any rules developed by the board for licensed podiatric physicians must meet or exceed the minimum standards in the model rules found in WAC 246-12-800 through 246-12-830. The goal of health equity CE training is to ensure that health care professionals complete health equity training and that 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		10/19/23		NEUTRAL	Katerina LaMarche katerinal@wsha.org
4	Creating a fee and updating a surcharge for a multistate nursing license.	Department of Health	Rule making is needed to bring the rule in compliance with the law as amended by SSB 5499, effective July 23, 2023, which changes an existing surcharge from \$5 to \$8 on all license types for RNs and LPNs. Advanced registered nurse practitioners are only required to pay the surcharge on their RN licenses. The surcharge provides grants to a central nursing resource center. Rule making is also necessary to enact provisions in SSB 5499 to include Washington state in a nurse licensure compact with multiple states. The legislation created a new multistate license option for RNs and LPNs whose primary state of residence is Washington. The department and board will consider the fee to be charged for the new license type during the rule-making process. The multistate license option will allow RNs and LPNs who reside in Washington State to forgo their single-state license and practice in person or via telehealth in other compact states. To maintain the multistate license issued in Washington State, the RN or LPN must maintain their primary residence in Washington state.	Pre-Proposal	Proposal		12/12/23		NEUTRAL	Mary Storce marys@wsha.org Katerina LaMarche katerinal@wsha.org


	 Washington State Hospital Association		WSHA Top Priority State Rule Making	4/2/2024						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impact	WSHA CONTACT
4	When must a LTC worker who was working/hired during the COVID-19 PHE complete training, including required specialty training? When must CE be completed when PHE waivers are lifted, and what CE credit is granted to LTC workers employed during the pandemic?	Department of Social and Health Services	Availability of training and certification for long-term care workers continues to require extension to deadlines due to the COVID-19 pandemic. The extensions are critical for ensuring the ability of long-term care workers to access training, certification, and continuing education. DSHS intends to put current emergency rule deadlines into permanent rule to cover those long-term care workers still affected by training and certification backlogs, and to clarify a final repeal date for all COVID[-19] training rules when no longer required as directed by statute.	Pre-Proposal	Proposal		No earlier than 10/11/23		NEUTRAL	Katerina LaMarche katerinal@wsha.org
4	Applied behavior analysis (ABA) definitions, Client eligibility, Stage one: COE evaluation and order, Stage two: Functional assessment and treatment plan development, Provider requirements; other related rules as appropriate.	Health Care Authority	HCA is amending the rules to: (1) Remove language referencing a Center of Excellence (COE) as a facility rather than an individual provider; for the purposes of this chapter, COE means an individual provider. (2) Update the COE definition in WAC 182-531A-0200. (3) Add physician assistants and naturopaths to the list of eligible providers who can diagnose autism spectrum disorder. (4) Add additional clarification and requirement that ARNPs, physicians, physician assistants, and naturopaths must complete the required COE training authorized by HCA. Additionally, physician assistants and naturopaths, in order to be recognized as a COE by HCA, must submit a signed COE attestation form, HCA 13-0009, to HCA. (5) Remove subsection (12)(b); the attestation form regarding ABA qualifications, HCA 13-0008, is not required by the certified behavior technician. (6) Clarify in WAC 182-531A-0800(6) that all COEs must be enrolled with HCA and all COEs providing services to clients enrolled with a managed care organization (MCO) must also be contracted with the MCO per the MCO contract specifications in accordance with 42 C.F.R. 438.14 to be reimbursed for fee-for-service or MCO services. (7) Add housekeeping changes such as updating the term "clinician" to "provider" for language consistency and the term "order or ordered" to "prescribed or prescription" to align with standard of language that ABA therapy is a prescription. 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					NEUTRAL	Andrew Busz Andrewb@wsha.org
4	Physical therapists intramuscular needling requirements.	Department of Health	2SHB 1039 expands the scope of practice of physical therapists to perform intramuscular needling, also known as dry needling. Rules may be needed to clarify statutory requirements for education and training to receive an initial endorsement to perform intramuscular needling. The board and the department will also consider establishing the steps to apply for the endorsement, including establishing a fee.	Pre-Proposal					NEUTRAL	Mary Storce marys@wsha.org Remy Kerr remyk@wsha.org

	 Washington State Hospital Association		WSHA Top Priority State Rule Making	4/2/2024						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impact	WSHA CONTACT
4	Removing postgraduate medical training barriers to licensing	Department of Health	Due to the practitioner shortage, multiple pathways to board certification eligibility have been opened by the University of Washington (UW), the Accreditation Council for Graduate Medical Education (ACGME), and the American Board of Medical Specialties (ABMS). Multiple ABMS boards have programs that specifically target international medical graduates and place them in four-year training programs, with only years one and three [being] ACGME accredited. The outcome of these programs would be physicians who are ineligible for licensure through the commission, despite four years of postgraduate training through UW. The first graduates of those programs will complete their training in June 2023. Separately and recently, applications have come through where the physician has six years of postgraduate training from their efforts to become dual licensed as a physician and a dentist. This clause has resulted in denial of those applications since parts of the training are accredited under ACGME and the rest under the Commission on Dental Accreditation, the dental profession equivalent of ACGME.	Pre-Proposal					MONITOR	Katerina LaMarche katerinal@wsha.org
4	Nursing Assistants	Department of Health	The department is considering technical amendments to WAC 246-841-520, including clarifying what section in chapter 246-12 WAC is being referenced and changing the WAC section number to align with chapter revisions. The department is also considering amending WAC 246-841-720 to adopt mandatory reporting requirements in chapter 246-16 WAC, which pertain to impaired practice and unprofessional conduct. Rule making is necessary to bring these sections up-to-date and ensure the rules are clear for the public's safety and well-being.	Pre-Proposal					MONITOR	Katerina LaMarche katerinal@wsha.org
4	DSHS is planning on amending WAC 388-71-0906 What topics must be taught in the core competencies of the 70-hour home care aide basic training?, 388-71-0911 What are the core competencies and learning objectives for the 70-hour home care basic training?, 388-112A-0310 What topics must be taught in the core competencies of the 70-hour home care aide training? 388-112A-0320 What are the core competencies and learning objectives for the 70-hour home care aide training?	Department of Social and Health Services	The purpose of the amendments is to remove references to HIV/AIDS training from the basic training requirements from existing rules. Rules referencing HIV/AIDS training are no longer required. Reasons Supporting Proposal: In June of 2020, the legislature passed chapter 76, Laws of 2020 (ESHB 1551) which repealed RCW 70.24.270 requiring health professionals to receive education and training related to HIV/AIDS. The session law also removed references to HIV/AIDS in general and added the definition of "bloodborne pathogens" to include HIV, Hepatitis B, and Hepatitis C. The WAC amendments are necessary to establish current training requirements.		Expedited Rulemaking				NEUTRAL	Katerina LaMarche katerinal@wsha.org
4	Removing references to osteopathic physicians' assistants	Board of Osteopathic Medicine and Surgery	SHB 2378 (chapter 80, Laws of 2020) moved regulatory authority for all physicians' assistants to the Washington medical commission and eliminated the osteopathic physicians' assistant and osteopathic physicians' acupuncture assistants. All osteopathic physicians' assistant licenses were converted to physician assistant licenses as of July 1, 2022. These amendments remove the ou		Expedited Rule				NEUTRAL	Remy Kerr remyk@wsha.org

	 Washington State Hospital Association		WSHA Top Priority State Rule Making	4/2/2024						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impact	WSHA CONTACT
4	Prescription monitoring program (PMP), clarifying terms and information about prescription history for PMP. The department of health (department) is considering clarifying that prescribers can request the history of prescriptions they have written. The department is considering changes to WAC 246-470-010, 246-470-030, and 246-470-050 and potentially other related sections in chapter 246-470 WAC to help clarify rules including terms and definitions relating to PMP.	Department of Health	he department is considering clarifying terms and definitions used in the PMP rules after receiving several questions from various interested parties around definitions of "sold," "dispense," "filled," and "distributed" during a state auditor's office audit of the PMP as well as in various other routine operational situations. The department will consider those questions and concerns during the rule-making process. The department is also considering clarifying that prescribers can request the history of prescriptions they have written. Clarifying and defining some phrases found in rule is necessary to cut down on confusion about what the rules mean for dispensers and prescribers.	Pre Proposal					NEUTRAL	Remy Kerr remyk@wsha.org
4	Adding facility types to the list of opioid prescribing exclusions for dentists. The dental quality assurance commission (commission) is considering adding residential habilitation centers, nursing homes, and long-term hospitals to the list of opioid prescribing exclusions in WAC 246-817-905.	Department of Health	On March 1, 2022, the commission received a rule-making petition requesting adding residential habilitation centers (RHC) to the list of exclusions for the opioid prescribing rules. The Washington medical commission received a similar petition and recently completed rule amendments to exempt patients in RHCs, nursing homes, and long-term hospitals to allow physicians and physician assistants in these facilities to continue a patient's pain medications without having to perform a history and physical or wait for the history and physical to be completed on the patient. The commission is considering adding similar rule language to the exclusions section of the opioid prescribing provisions for dentists to encourage cross-profession cohesion and improve patient safety.	Pre-Proposal					NEUTRAL	Remy Kerr remyk@wsha.org
4	Definition of "Minimal Sedation" in WAC 246-853-650	Department of Health	In response to a rule petition, the board is considering updates and amendments to WAC 246-853-650. The petition requested the definition of "minimal sedation" include demand flow nitrous oxide systems with a fixed 50/50 mix of oxygen and nitrous oxide. This change will be considered. In review of the rule, the board has determined other general updates may also be needed. All amendments to the rule will ensure providers are regulated by current best practice standards in office-based analgesia and anesthesia administration.	Pre-Proposal					MONITOR	Remy Kerr remyk@wsha.org

	 Washington State Hospital Association		WSHA Top Priority State Rule Making	4/2/2024						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impact	WSHA CONTACT
4	Updating reference to United States Pharmacopeia (USP) General Chapters 795 and 797. The pharmacy quality assurance commission (commission) is proposing a revision to WAC 246-945-100 Compounding minimum standards, to update the rule to the most recent version of the USP – National Formulary	Department of Health Pharmacy Quality Assurance Commission	The proposed rule amends WAC 246-945-100 to update the rule to the most recent versions of the USP <795> and <797>. USP <795> and <797> were adopted into rule by reference effective on July 1, 2020. Since then, USP <795> and <797> have been updated. Reasons Supporting Proposal: The existing reference in WAC 246-945-100 does not account for changes made to USP <795> and <797> that are official as of November 1, 2023, by USP. The proposed rule updates the references to the most recent versions. The proposed rule language qualifies for expedited rule making under RCW 34.05.353 (1)(b) as the language incorporates by reference national standards without material change.		Expedited Rules				NEUTRAL	Remy Kerr remyk@wsha.org
4	Dialysate and dialysis device manufacturers and wholesalers in home dialysis programs	Department of Health Pharmacy Quality Assurance Commission	Considering amending WAC 246-945-090, 246-945-091, 246-945-092, and 246-945-093 and creating new sections in chapter 246-945 WAC to align with statutory changes made by SHB 1675 (chapter 23, Laws of 2022). The amendments the commission is considering would increase patient access to dialysis devices and legend drugs used in home dialysis by allowing manufactures and wholesalers to dispense lawfully prescribed dialysis devices and legend drugs for home dialysis directly to the patient, reducing intermediary storage facility use.	Pre-Proposal					NEUTRAL	Remy Kerr remyk@wsha.org
4	WA Adoption of International Mechanical Code and Fuel Gas Code	Washington State Building Code Council	The council is reviewing the 2021 changes to the national model code and associated codes and standards and soliciting changes to these documents and the existing state amendments: The 2021 International Mechanical Code, the 2021 International Fuel Gas Code, the 2021 National Fuel Gas Code (NFPA 54), and the 2020 Liquefied Petroleum Gas Code (NFPA 58).	Pre-Proposal					MONITOR	Remy Kerr remyk@wsha.org
4	What definitions apply to the long-term care worker training requirements?	Department of Labor & Industries	The rules on this subject are needed because the training of home care aides is essential to the department's goal of expanding the number of long-term care workers available to serve the quickly growing number of clients that need them. The department has identified situations where some instructors are claiming they have "mentored" students, and there has been little or no supervision of the training or feedback for instructor growth. For this reason, and to assure [ensure] that students being mentored are offered the best preparation possible, the department needs to provide clarifying language to define the meaning of "being mentored."	Pre-Proposal					NEUTRAL	Zosia Stanley zosiaS@wsha.org
4	Long-Term Care Worker Training	Department of Social and Health Services	The department is considering adding four new sections in chapters 388-71 and 388-112A WAC. The intent is to require long-term care workers to complete training requirements by certain dates that would reduce the impact of clients accessing qualified long-term care workers to provide personal care services.	Pre-Proposal					MONITOR	Zosia Stanley zosiaS@wsha.org
No Impact	DOC Prescription Collection and Reuse	Pharmacy Quality Assurance Commission	SSB 6526 mandates that the commission adopt rules allowing the department of corrections' pharmacy to accept returns of and reuse unexpired prescription drugs. Consequently, there is no alternative to adopting rules. SSB 6526 also permits the commission to adopt rules allowing the safe donation of unexpired prescription drugs including, but not limited to, allowing pharmacy to pharmacy donation of unexpired prescription drugs. For the regulations to be enforceable, they must be in rule.	Pre-Proposal	Proposal		03/03/23	06/17/23	Take off list - do not need to monitor	Remy Kerr remyk@wsha.org

	 Washington State Hospital Association		WSHA Top Priority State Rule Making	4/2/2024						
PRIORITY No Impact	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impact	WSHA CONTACT
	Postconsumer Recycled Content for Plastic Containers	Department of Ecology	The new rule will implement the requirements in chapter 70A.245 RCW, Recycling, waste, and litter reduction, to establish a postconsumer recycled (PCR) content program for covered products. Producers of covered products will have to meet the PCR content requirements as well as annually register, pay agency fees, and report.	Pre-Proposal	Proposal			10/29/23	Take off list - do not need to monitor	Remy Kerr remyk@wsha.org
No Impact	Wildfire Smoke	Department of Labor & Industries	The agency recognizes the hazard of wildfire smoke exposure is increasing every year and is now potentially presenting important health risks to all outdoor workers including those in construction and agriculture. Labor and industries has received a petition for rule making on this topic as well. California has adopted rules for workplace safety and health rules regarding wildfire smoke.	Pre-Proposal	Proposal		08/18/23		Take off list - do not need to monitor	Remy Kerr remyk@wsha.org
No Impact	Rulemaking to ensure when a client requires a medication for which there is a prescription but no pharmacist-prepared label, the medication is labeled in a way that promotes safety.	Department of Social and Health Services	These amendments would allow a provider to support a client who requires a medication for which there is no pharmacist-prepared label available. These changes are necessary to reduce the possibility of medication error and provider citation, which can impact client services, and to promote client choice.						Take off list - do not need to monitor	Remy Kerr remyk@wsha.org
	Amend rules to implement changes to home and community-based waivers as approved by the Centers for Medicare and Medicaid Services and to align with RCW 71A.12.280.	Department of Social and Health Services	The developmental disabilities administration (DDA) is planning to amend these rules to implement changes to home and community-based waivers as approved by the Centers for Medicare and Medicaid Services and to align with RCW 71A.12.280. During the course of this review, the department may make additional changes that are necessary to improve clarity or update policy.	Pre-Proposal	Proposal		08/09/23	ing held virtually. Please see	MONITOR	Mary Storce marys@wsha.org
	Apple Health Renewals	Health Care Authority	The health care authority (agency) is amending WAC 182-504-0035 to allow for telephonic eligibility renewals. During this review, the agency may identify additional related changes that are required to improve clarity or update policy.	Pre-Proposal					MONITOR	Mary Storce marys@wsha.org
	Examination and reexamination for home care aide certification	Department of Health	The department is considering amending WAC 246-980-100 to update examination requirements, update language to align with contractor procedures, and streamline the process where possible. Additionally, the department is considering how soon after training an applicant must complete the examination. Currently, the rule requires an applicant to complete the examination within two years of completing training. While historically this amount of time has not been problematic, more recently it has contributed to process backlogs. The department plans to discuss this issue with the department of social and health services (DSHS), the regulated community, and other interested parties to balance administrative processes with the health of the profession and the safety of clients and their families.	Pre-Proposal					NEUTRAL	Katerina LaMarche katerinal@wsha.org

	 Washington State Hospital Association		WSHA Top Priority State Rule Making	4/2/2024						
PRIORITY	Primary	AGENCY	DESCRIPTION	Pre-Proposal	Proposal	Extra Materials	Intended Adoption	Effective Date	WSHA Position/Impact	WSHA CONTACT
	The pharmacy quality assurance commission (commission) is reviewing existing rules limiting access to drugs stored outside of the pharmacy in a health care facility to licensed health care professionals.	Department of Health Pharmacy Quality Assurance Commission	<p>On July 1, 2020, chapter 246-945 WAC went into effect replacing all rules under the commission's authority, save temporary exceptions for some rules pertaining to continuing education requirements. WAC 246-945-455 now contains the rules pertaining to drugs stored outside of a pharmacy. Previously, WAC 246-873-070(3) permitted the director of pharmacy at a hospital to "designate in writing, by title and/or position those individuals who shall be authorized access to particular areas within the pharmacy, including authorization of access to keys and/or combinations." This provision was removed in the chapter-rewrite process. WAC 246-945-455 (1)(c) about drugs stored outside of the pharmacy now reads, "Access must be limited to health care professionals licensed under the chapters specified in RCW 18.130.040 acting within their scope ..."</p> <p>Under WAC 246-945-455 (1)(c), unlicensed staff responsible for supporting supply chain management as a part of their scope of employment are not able to access certain drugs such as over-the-counter drugs or IV fluids without obtaining a pharmacy assistant credential. Since WAC 246-945-455 (1)(c) caused unintended disruptions in health care facilities, the commission determined at its December 3, 2021, business meeting that they would not find licensees deficient or take enforcement actions against licensees for violations of WAC 246-945-455 (1)(c) if the conditions outlined in the associated guidance document are met.</p>	Pre-Proposal						Remy Kerr remyk@wsha.org
	To address the labeling of prescribed medications for clients.	Department of Social and Health Services	DDA to amend these rules to address the labeling of prescribed medications for clients. 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	Remy Kerr remyk@wsha.org