





| Primary | PRIORITY | AGENCY | DESCRIPTION | Effective Date | Final Order | Extra Materials | WSHA Position/Impact | WSHA CONTACT |
|---|----------|---------------------------------------|---|----------------|--------------------------------|-----------------------------|----------------------|---------------------------------|
|  | | Department of Health | The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability. | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| | 1 | Pharmacy Quality Assurance Commission | This adopted emergency rule will extend WSR 21-12-096 filed on June 2, 2021, without change. On March 26, 2020, Governor Inslee signed Proclamation 20-32 to help increase the number of health care workers available to meet the needs of patients during the coronavirus disease 2019 (COVID-19) pandemic. This proclamation included a provision that allows a pharmacist with a retired active pharmacist license status to practice pharmacy. Specifically, the proclamation amended WAC 246-863-080(2), which was effective at that time, to allow holders of a retired active pharmacist license status to practice pharmacy while the proclamation remains in effect. | 01/28/22 | Emergency Rule | | SUPPORT | Remy Kerr remyk@wsha.org |
| | 1 | Department of Health | DOH is adopting an emergency rule to amend WAC 246-338-026 mandating reporting of test results intended to detect SARS-CoV-2 or diagnose a possible case of the coronavirus disease 2019 (COVID-19) in alignment with the federal changes published in 85 F.R. 54820. WAC 246-338-020 is amended to add language referencing the new subsection in WAC 246-338-026. These changes will allow the new reporting, inspection, and fining processes in compliance with the new federal requirements which will ensure the current clinical laboratory improvement amendments (CLIA) exempt status is not threatened and will respond to the current public health emergency created by the COVID-19 pandemic. This is the fourth emergency rule for these amendments. It continues without change to the emergency rule that was filed on June 11, 2021, under WSR 21-13-045, and the prior filings on February 12, 2021, under WSR 21-05-048 and October 15, 2020, under WSR 20-21-062. | 02/04/22 | Emergency Rule | | CONCERNS | Remy Kerr remyk@wsha.org |
| | 1 | Health Care Authority | HCA plans to amend this section to include an exception to per diem rate calculations for psychiatric per diem rates. This aligns with the agency's state plan. During the course of this review, HCA may identify additional related changes that are required in order to improve clarity or update policy. | 02/06/22 | Final Order | | SUPPORT | Andrew Busz Andrewb@wsha.org |
| | 1 | Health Care Authority | HCA is amending these sections to add qualifying criteria for and reflect an extension of the current rate increase for sole community hospitals. ESSB 5092, section 211(46) extends the rate increase through June of 2023. HCA also plans to implement ESSB 5092, section 215(66) to adjust rates paid for long-term civil commitments. Hospitals may now submit costs not included in their medicare cost report to be evaluated by the agency for a potential rate increase. During the course of this review, HCA may identify additional related changes that are required in order to improve clarity or update policy. | 02/06/22 | Final Order | | SUPPORT | Andrew Busz Andrewb@wsha.org |


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|  | | Department of Health | The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability. | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| | 1 | Washington State Board of Health | Novel coronavirus (SARS-CoV-2), coronavirus disease 2019 (COVID-19) reporting. The Washington state board of health has adopted a seventh emergency rule to continue to designate COVID-19 as a notifiable condition and establishes reporting requirements for health care providers, health care facilities, laboratories, local health jurisdictions, and the department of agriculture (WSDA) to report certain data with COVID-19 test results, including relevant demographic details (e.g., patient's age, race, ethnicity, sex), and testing information. The rule allows for certain waivers by a local health officer. The rule establishes what testing and demographic data need to be reported as well as the timing and mechanism of reporting in accordance with P.L. 116-136, § 18115(a), the Coronavirus Aid, Relief, and Economic Security (CARES) Act. | 04/20/22 | Final Order | | NEUTRAL | Remy Kerr remyk@wsha.org |
| | 1 | Health Care Authority | The agency is adopting new rules to align with E2SSB 5377. This bill provides that if a public option plan is not available in plan year 2022 or later, certain hospitals 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 health care authority may adopt rules to enforce compliance. The new rules, in part, describe which hospitals must comply. | 06/01/22 | Final Order | | STRONG CONCERNS | Andrew Busz Andrewb@wsha.org |
| | 1 | Pharmacy Quality Assurance Commission | The pharmacy quality assurance commission (commission) is adopting emergency rules to reduce burdens on practitioners prescribing Schedule II substances during the coronavirus disease (COVID-19) outbreak. This adopted emergency rule will extend WSR 22-06-017 filed on February 22, 2022. This emergency rule was originally filed on April 21, 2020, under WSR 20-09-133. It was refiled on July 10, 2020, after the commission's new chapter went into effect under WSR 20-15-058. This emergency rule will continue the existing emergency rule amending WAC 246-945-010 to increase the duration of time a practitioner has to deliver a signed prescription of a Schedule II substance to the pharmacy from seven days to 15 days when a prescription is dispensed in an emergency. It also defines what a "signed prescription" means and allows for a practitioner to accomplish this requirement through paper, electronic transmission, facsimile, photograph, or scanned copy. These alternative methodologies support patients, practitioners, and pharmacists' efforts to practice social distancing and to help mitigate communal spread. | 06/22/22 | Emergency Rule | | SUPPORT | Remy Kerr remyk@wsha.org |
| | 1 | Department of Health | The Department of Health is considering updating the chapter of rules for licensed and certified behavioral health agencies that will include: (1) Changes to reflect legislation; (2) changes related to federal requirements; (3) requests from partners and stakeholders for clarification, and areas of clean up that have been identified since the department began regulating behavioral health agencies in 2018. | 07/01/22 | Final Order | | SUPPORT | Cara Helmer Carah@wsha.org |

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|  | | Department of Health | The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability. | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| | 1 | Department of Health | The department of health (department) is adopting an emergency rule to create new WAC 246-320-700 to require acute care hospitals licensed under chapter 70.41 RCW to report hospital maintenance and operation data to the department through Washington's Healthcare and Emergency and Logistics Tracking Hub (WA HEALTH) in accordance with the WA HEALTH user guide. WA HEALTH is used daily to inform planned patient movement, COVID-19 hospitalization and disease trends, and supply needs across the state so patients have access to the appropriate level of health care. | 08/31/22 | Emergency Rules | | CONCERNS | Remy Kerr remyk@wsha.org |
| | 1 | Department of Health | The department of health (department) is adopting an emergency rule to amend WAC 246-338-026 mandating reporting of test results intended to detect SARS-CoV-2 or diagnose a possible case of the coronavirus disease 2019 (COVID-19) in alignment with federal changes published in 85 F.R. 54820 on September 2, 2020. WAC 246-338-020 is amended to add language referencing the new subsection in WAC 246-338-026. These changes will allow the new reporting, inspection, and fining processes in compliance with the new federal requirements that will ensure the current Clinical Laboratory Improvement Amendments (CLIA) exempt status is maintained and will continue responding to incidences of COVID-19 disease activity. This is the seventh emergency rule for these amendments. It continues, without change, the emergency rule that was filed on June 3, 2022, under WSR 22-13-016, and the prior filings. | 09/30/22 | Emergency Rule | | SUPPORT | Remy Kerr remyk@wsha.org |

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|  | | Department of Health | The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability. | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| | 1 | Health Care Authority | The agency is revising these rules to align with 2SSB 5103, 68th legislature, 2023 regular session. This legislation requires the agency to provide a hospital payment for apple health clients who meet the criteria for discharge from a hospital stay to one of several types of facilities but who cannot be discharged because placement is unavailable. This rule making will address the services to be included in the payment for the client's hospital stay, as well as the services to be billed by and paid to the hospital separately. During the course of this review, the agency may identify additional related changes that are required in order to improve clarity or update policy. | 01/01/23 | Final Order | | SUPPORT | Andrew Busz Andrewb@wsha.org |
| | 1 | Department of Health Washington State Board of Health | Department of Health - Notifiable Conditions (Ch. 246-101 WAC) - The Department of Health (DOH) and the State Board of Health (SBOH) will consider adding notification and specimen submission requirements for "new conditions" and conditions currently identified as "other rare diseases of public health significance"; changing notification and specimen submission requirements for existing conditions; clarifying notification requirements for suspected cases; requiring electronic lab notification; revising reporting requirements for veterinarians and the Washington state department of agriculture; updating statutory references in the rules; updating references to the 2006 Security and Confidentiality Guidelines developed by the Centers for Disease Control and Prevention to the most recent publication; harmonizing definitions between WAC 246-100-011 and chapter 246-101 WAC; and improving clarity and usability. See Pre-Proposal for the list of conditions under consideration. | 01/01/23 | Final Order | Rulemaking page | MONITOR | Remy Kerr remyk@wsha.org |


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| | | | Whistleblower Complaints | Department of Health | The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability. | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| | 1 | | Acute Care Hospital Severity Matrix | Department of Health | 2SHB 1148 aims to improve patient safety in acute care hospitals by improving enforcement of licensing standards. The bill directs the department to use additional enforcement tools including limited stop placements and suspension of new admissions when there is an immediate jeopardy, repeat enforcement action or rule violation, or failure to correct noncompliance with rules or statutes. According to section 3 of 2SHB 1148, the department may assess a civil fine of up to \$10,000 per violation, not to exceed a total fine of one million dollars when the department determines: (1) The hospital has previously been subject to an enforcement action for the same or similar type of violation of the same statute or rule; or (2) the hospital has been given any previous statement of deficiency that included the same or similar type of violation of the same or similar statute or rule; or (3) the hospital failed to correct noncompliance with a statute or rule by a date established or agreed to by the department. If the department imposes civil fines, the hospital has the right to appeal under RCW 43.70.095. The bill directs the department to adopt in rule specific fine amounts in relation to the severity of noncompliance. The department is initiating a rules project to consider implementing these new requirements. | 01/21/23 | Final Order | | MONITOR | Cara Helmer Carah@wsha.org |
| | 1 | | Prescription and chart order—Minimum requirements. | Pharmacy Quality Assurance Commission | The immediate amendment of this existing rule is necessary for the preservation of public health, safety, and general welfare. This rule would allow patients and providers, especially pain patients, to limit their COVID-19 exposure both in the broader community and in the various health care settings. Interested parties and leaders from the pain community have highlighted this is an immediate need for Washingtonians. This emergency rule has been in effect since April 21, 2020. This emergency rule allows more time and more avenues for complying with the requirements throughout the duration of the federal public health emergency, reducing burdens on practitioners and pharmacists, and sustaining patient access during this difficult time. The emergency rules follow guidance from the United States Drug Enforcement Agency. Observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to public interest. | 02/17/23 | Emergency Rule | | SUPPORT | Remy Kerr remyk@wsha.org |
| | 1 | | Payment limits—Inpatient hospital services | Health Care Authority | HCA is amending these rules to update terminology, revise rates approved by the legislature, remove outdated information, and make other general policy changes. | 10/29/23 | Final Order | | NEUTRAL | Andrew Busz Andrewb@wsha.org |

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|  | | Department of Health | The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability. | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| | 2 | | | | | | | |
| | | Nursing Care Quality Assurance Commission | NCQAC is continuing the adoption of emergency rules in response to the coronavirus disease 2019 (COVID-19). This is the sixth emergency rule for these amendments and differs from the emergency rule that was filed on May 20, 2021, under WSR 21-12-012. This emergency rule does not include WAC 246-840-125 Retired active credential. Continuing competency rules, effective June 12, 2021, reduced the required education hours and replace [replaced] the emergency provisions in WAC 246-840-125. This emergency rule does not include WAC 246-840-534 Use of simulation for clinical experiences in LPN, RN, or RN to BSN nursing education programs located in Washington state. In-person training for clinical experience provides the desired academic model to assure patient safety and is required in the original rule language. This emergency rule does add clarifying language to WAC 246-840-533 regarding documentation in the nurse technician student's file explaining the reason employment is substituted for traditional clinical experiences. Changes to WAC 246-840-010 were approved by the commission on March 3, 2021, for inclusion in a CR-102. Changes to WAC 246-840-365, 246-840-367, 246-840-533 and 246-840-930 were approved by the commission on May 14, 2021, for inclusion in a CR-101. This emergency rule retains the amendments adopted as WSR 20-10-014, 20-14-065, 20-22-024, 21-04-005, and 21-12-012 with the exceptions stated above. The rules in chapter 246-840 WAC are the licensing requirements for LPNs, RNs, and ARNPs. The emergency rules amend training program options, delegation requirements, and remove additional continuing education hours for specific ARNP credentials. Additionally, the rules waive the requirements for an ARNP to submit evidence of completing continuing education in order to return to active status when holding an inactive license, or when returning to active status from expired status. HCA intends to submit medicaid SPA 22-0009 to update the fee schedule effective dates for several medicaid programs and services. This is a regular, budget neutral update to keep rates and billing codes in alignment with the coding and coverage changes from the Centers for Medicare and Medicaid Services (CMS), the state, and other sources. These changes are routine and do not reflect significant changes to policy or payment. SPA 22-0009 will also add social workers to the home health payment section in accordance with SPA 21-0027, approved on November 17, 2021. | 01/14/22 | Emergency Rule | | MONITOR | Katerina LaMarche katerinal@wsha.org |
| | 2 | Health Care Authority | | 01/31/22 | Notice | | NEUTRAL | Andrew Busz Andrewb@wsha.org |

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| | 2 | Department of Social and Health Services | Because of the ongoing COVID-19 public health emergency, on January 18, 2022, home and community services (HCS) temporarily suspended conducting ongoing assessments for HCS clients living in adult family homes, assisted living facilities, and enhanced services facilities. The intent of this suspension is to allow HCS staff to focus on conducting assessments for patients staying in hospitals, which will facilitate their discharge to long-term care facilities and improve the current surge capacity in hospitals. This emergency rule suspends the regulatory requirement for these facilities to complete assessments for HCS clients while the HCS assessors are not available. The Centers for Medicare and Medicaid Services approved this flexibility for medicaid beneficiaries needing specific long-term care services and supports whose assessments meet the requirements under 42 C.F.R. 441.720. The emergency rule will be effective retroactively to match the suspension effective date by HCS. | 02/24/22 | Emergency Rule | | MONITOR | Zosia Stanley zosiaS@wsha.org |
| | 2 | Health Care Authority | HCA intends to submit CHIP SPA 22-0001 in order to provide coverage for COVID-19 vaccines, testing, and treatment, including treatment of a condition that may seriously complicate COVID-19, without cost sharing in CHIP. States are required to provide such coverage by the American Rescue Plan Act, retroactive to March 11, 2021. | 03/11/22 | Notice | | SUPPORT | Andrew Busz Andrewb@wsha.org |
| | 2 | Health Care Authority | HCA intends to submit Medicaid SPA 22-0012 and CHIP SPA 22-0002 to extend postpartum coverage from the current 60-day period to 12 months. This extension applies to both SPAs and includes noncitizens with income under 193 percent of the federal poverty level. In addition, the CHIP SPA will extend CHIP coverage for children continuously through their postpartum period. | 04/01/22 | Notice | | SUPPORT | Andrew Busz Andrewb@wsha.org |
| | 2 | Nursing Care Quality Assurance Commission | The Nursing Care Quality Assurance Commission (NCQAC) is considering amendments to nursing technician rules to provide practice opportunities to licensed practical nurse (LPN) students. | 05/13/22 | Final Order | | MONITOR | Cara Helmer Carah@wsha.org |

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| | 2 | Pharmacy Quality Assurance Commission | Epidiolex is an FDA-approved cannabidiol with less than 0.3% THC, used to help treat some seizure disorders. The 2018 Agricultural Improvement Act (2018 Farm Bill) amended the Controlled Substances Act and declassified hemp products with less than 0.3% THC from Schedule I and excluded hemp from the definition of marijuana. Epidiolex remained on Schedule V until April 6, 2020, when the United States Drug Enforcement Agency (DEA) announced that it would no longer be a federally controlled substance. Following this statement and decision from the 2018 Farm Bill, the commission received a petition from stakeholders to update their rules to reflect the change. In response to the federal change, stakeholder petition, and in support of the COVID-19 pandemic response, the commission implemented emergency rules to delete Epidiolex from the list of Schedule V controlled substances on July 10, 2020, under WSR 20-15-059. This proposal is opening WAC 246-945-056 to consider making the emergency rule permanent and align Washington regulation with the federal decision. | 05/29/22 | Final Order | | SUPPORT | Remy Kerr remyk@wsha.org |
| | 2 | Department of Social and Health Services | This emergency rule was put in place at a time when many hospitals in this state were at or over capacity, leading them to redirect patients who are needing emergency care and delaying procedures that are necessary but nonemergent. This put the health of all residents of Washington at risk if they were not able to get the care they needed at their local hospital. By temporarily suspending assessment requirements for residents living in adult family homes, assisted living facilities, and enhanced services facilities, HCS was able to focus personnel resources on assessing patients in hospitals, which facilitated admissions to long-term care facilities and increased the bed availability in hospitals. HCS is continuing to use the extended timelines in this rule to address hospital capacity surges as they arise, to focus on significant change assessments, and to bring outdated assessments into compliance with the timelines in rule. The department is beginning the permanent rule-making process and filed a CR-101 Preproposal under WSR 22-13-121. | 06/23/22 | Final Order | | SUPPORT | Zosia Stanley zosiaS@wsha.org |
| | 2 | 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. | 06/24/22 | Emergency Rule | | SUPPORT | Andrew Busz Andrewb@wsha.org |


| Primary | Washington State Hospital Association | PRIORITY | AGENCY | DESCRIPTION | Effective Date | Final Order | Extra Materials | WSHA Position/Impact | WSHA CONTACT |
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| Whistleblower Complaints | | | Department of Health | The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability. | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| Extension of Rules related to licensed health care facilities and coronavirus disease 2019 (COVID-19). | | 2 | Department of Health | Licensed health care facilities and coronavirus disease 2019 (COVID-19). Extending the adoption of an emergency rule that establishes that all health care facilities licensed by the department of health must comply with state and federal statutes, administrative rules, lawful orders, and other legal requirements relating to the operation of the facility and the control or prevention of the spread of COVID-19, including orders issued by the governor, by the secretary of health, by a local board of health, and by a local health officer. This continues the emergency rule originally filed on December 23, 2021, as WSR 22-02-009 and extended on April 22, 2022, as WSR 22-10-007. | 08/19/22 | Emergency Rules | | MONITOR | Zosia Stanley zosiaS@wsha.org |
| NT, LPN, RN, and ARNP Credential and License Requirements | | 2 | Nursing Care Quality Assurance Commission | NCQAC will consider amendments to specific credential and license requirements for nurse technicians (NT), licensed practical nurses (LPN), registered nurses (RN), and advanced registered nurse practitioners (ARNP) in response to the coronavirus disease 2019 (COVID-19) pandemic and the critical demand for health care professionals. | 09/09/22 | Final Order | | MONITOR | Katerina LaMarche katerinal@wsha.org |
| Extension of Nursing Home Amendment | | 2 | Department of Social and Health Services | The department is extending the amendment of the rules listed below to assure [ensure] nursing homes are not significantly impeded from admitting and caring for residents during the COVID-19 outbreak. This rule making extends emergency rules filed consecutively since April 13, 2020, to maintain compliance with blanket waivers issued by the Centers for Medicare and Medicaid Services (CMS). The amendments will continue to align state nursing home rules with federal rules that are suspended or amended to help facilitate care during the COVID-19 pandemic until such time as CMS reinstates their rules. The federal rules were amended to delay the requirement by 30 days to complete preadmission screening and resident review (PASRR) screening prior to admission to a nursing home under WAC 388-97-1915 and 388-97-1975. The department also filed a CR-101 under WSR 21-11-062 and is continuing discussions about adding rules that explain the circumstances and time periods under which suspension of rules was necessary due to COVID[-19]. | 09/14/22 | Emergency Rule | | MONITOR | Zosia Stanley zosiaS@wsha.org |
| Emergency Rule: Retired active pharmacist license status | | 2 | Department of Health | Retired active pharmacist license status, establishing a new section of rule. This emergency rule will extend WSR 22-12-066 filed on May 27, 2022, without change. On March 26, 2020, Governor Inslee signed Proclamation 20-32 to help increase the number of health care workers available to meet the needs of patients during the coronavirus disease 2019 (COVID-19) pandemic. This proclamation included a provision that allows a pharmacist with a retired active pharmacist license status to practice pharmacy. Specifically, the proclamation amended WAC 246-863-080(2), which was effective at that time, to allow holders of a retired active pharmacist license status to practice pharmacy while the proclamation remains in effect. | 09/23/22 | Emergency Rule | | SUPPORT | Remy Kerr remyk@wsha.org |


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| | 2 | Department of Health | DOH is considering amending and creating new rules in chapter 246-491 WAC to prescribe the information that displays on the certification of birth resulting in stillbirth, add the certification of birth resulting in stillbirth to existing requirements for a person to prove eligibility to obtain the certification, change the issuance process from paper to electronic, and make technical updates to align with chapter 70.58A RCW. The rules may also amend WAC 246-490-200 to remove the exclusion of fetal deaths from being registered electronically. | 10/01/22 | Final Order | | MONITOR | Remy Kerr remyk@wsha.org |
| | 2 | Department of Social and Health Services | The department is extending the amendment of the rules listed below. Because of the ongoing COVID-19 public health emergency, on January 18, 2022, home and community services (HCS) temporarily suspended conducting ongoing assessments for HCS clients living in adult family homes, assisted living facilities, and enhanced services facilities. This suspension allows HCS staff to focus on conducting assessments for patients staying in hospitals to facilitate their discharge to long-term care facilities and improve the current surge capacity in hospitals. This emergency rule suspends the regulatory requirement for these facilities to complete assessments for HCS clients while the HCS assessors are not available. The Centers for Medicare and Medicaid Services (CMS) approved this flexibility for medicaid beneficiaries needing specific long-term care services and supports whose assessments meet the requirements under 42 C.F.R. 441.720. The department filed a CR-101 under WSR 22-13-121 to begin the permanent rule-making process. | 10/20/22 | Emergency Rules | | MONITOR | Zosia Stanley zosiaS@wsha.org |
| | 2 | 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 22-14-017 on June 24, 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. | 10/21/22 | Emergency Rule | | SUPPORT | Andrew Busz Andrewb@wsha.org |

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| | 2 | Health Care Authority | The agency is amending these rules to align with the Additional Ukrainian Supplemental Appropriations Act (AUSAA), Public Law 117-128. AUSAA provides for resettlement assistance, entitlement programs, and other benefits available to refugees for Ukrainian populations and other non-Ukrainian people in response to their displacement from Ukraine and entry into the United States. | 10/24/22 | Emergency Rule | | NEUTRAL | Andrew Busz Andrewb@wsha.org |
| | 2 | Health Care Authority | The agency is amending WAC 182-550-4670(4) to include the federal portion of medicaid program supplemental payments received by hospitals. During this review, the health care authority may identify additional related changes that are required to improve clarity or update policy. Other Federal and State Agencies that Regulate this Subject and the Process Coordinating the Rule with These Agencies: Health and Human Services, Centers for Medicare and Medicaid Services. | 01/01/23 | Final Order | | NEUTRAL | Andrew Busz Andrewb@wsha.org |
| | 2 | Health Care Authority | The agency is amending WAC 182-550-3830 to align with ESSB 5693 by extending the rate for an additional year and adding language for an additional increased rate for providers who take single [single] bed certifications. Language updated for readability. 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. | 01/09/23 | Final Order | | SUPPORT | Andrew Busz Andrewb@wsha.org |
| | 2 | Health Care Authority | The agency is amending WAC 182-550-7500 by removing duplicate language found in subsections (6), (7), and (8). The same language can be found in WAC 182-550-7550. The agency is amending WAC 182-550-7550 to align with ESSB 5693 by extending the rate for an additional year and adding language for an additional increased rate for providers who take single bed certifications. Language updated for readability. | 01/09/23 | Final Order | | NEUTRAL | Andrew Busz Andrewb@wsha.org |
| | 2 | Office of the Insurance Commissioner | Chapter 263, Laws of 2022, amends state law related to health carrier coverage of emergency services, the Balance Billing Protection Act (BBPA) and network access provisions for services subject to the balance billing prohibition under the BBPA. Rule making is necessary to revise the BBPA rules at chapter 284-43B WAC and the office of the insurance commissioner (OIC) network access rules at chapter 284-170 WAC to be consistent with the new law. The rules will facilitate implementation of the law changes by ensuring that all affected entities understand their rights and obligations under the new law. | 01/19/23 | Final Order | | CONCERNS | Andrew Busz Andrewb@wsha.org |

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|  | | Department of Health | The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability. | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| | 2 | Health Care Authority | Payments and sanctions for managed care organizations (MCOs) in integrated managed care regional service areas; new section(s) under chapter 182-538 WAC, Managed care, regarding sanctions for managed care organizations; other related rules as appropriate. | 02/12/23 | Final Order | | MONITOR | Andrew Busz Andrewb@wsha.org |
| | 2 | Department of Commerce | As WAC 194-50-150 stands, building owners can apply for a single-cycle exemption to the statewide clean building performance standard if they are eligible as outlined in WAC 194-50-150 Normative Annex Z4.1. However, commerce has found in its stakeholder work through implementing the clean buildings program that building owners facing long lead times for capital-intensive energy efficiency improvements require more than 365 days to apply for and receive an exemption decision. Without a change in the rule, building owners who are denied exemption approval may face difficulties coming into compliance with the performance standard in time for their applicable compliance date. As a result, commerce has determined that the immediate amendment of the rule to provide more time for building owners to apply for an exemption and make decisions based on an exemption ruling is in the public interest and is necessary to preserve the general welfare. Commerce finds that immediate adoption of the proposed rule amendment is necessary in order to provide clear direction to exemption applicants so that they may immediately begin preparing exemption applications and act on potential exemption denials. Observing the time requirements of standard rule making would be contrary to the public interest, in that it would only result in a costly delay for building owners and lack of regulatory clarity as we approach scheduled compliance dates. | 02/15/23 | Emergency Rule | | SUPPORT | Remy Kerr remyk@wsha.org |
| | 2 | Department of Labor & Industries | ESSB 5115 and ESSB 5190, 2021 legislative session, created a new presumption for frontline and health care workers that any infectious or contagious diseases which are the subject of a public health emergency are occupational diseases during a health emergency. Both bills became law in 2021 with the creation of RCW 51.32.181 and 51.32.390. As part of this presumption, these RCW explain that, frontline and health care workers must provide verification that they contracted the infectious or contagious disease that is the subject of the public health emergency. A new rule is needed in order to define "verification" and any associated processes the workers must follow in order to prove contraction of the infectious or contagious disease. | 03/31/23 | Final Order | | NEUTRAL | Andrew Busz Andrewb@wsha.org |
| | 2 | Health Care Authority | Due to the terms of the Federal Consolidated Appropriations Act of 2023, effective April 1, 2023, the agency is ending continuous enrollment in apple health coverage and must end the enrollment of ineligible beneficiaries on or after April 1, 2023, through June 2024, after the agency conducts a full renewal. | 03/31/23 | Emergency Rules | | MONITOR | Mary Storage marys@wsha.org |


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|  | | Department of Health | The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability. | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| | 3 | Washington State Board of Health | During the 2020 legislative session, the legislature passed ESHB 1551, modernizing the control of certain communicable diseases (chapter 76, Laws of 2020). This bill modernizes the state's control of communicable disease laws by ending statutory HIV/AIDS exceptionalism, reducing HIV-related stigma, defelonizing HIV exposure, and removing barriers to HIV testing. The new law took effect June 11, 2020. The board is undertaking rule making to consider possible revisions to chapters 246-100 and 246-101 WAC to assure consistency with the bill's requirements and protect public health and safety. Revisions may include, but are not limited to, establishing reporting requirements and procedures for investigations for sexually transmitted diseases; specifying behavior that endangers the public health; defining specimens that can be obtained and tests that can be administered for sexually transmitted diseases, blood-borne pathogens, and other infections; determining categories of employment that are at risk of substantial exposure to a blood-borne pathogen; and defining what constitutes an exposure that presents a possible risk of transmission of a blood-borne pathogen. | 03/28/22 | Final Order | | NEUTRAL | Cara Helmer Carah@wsha.org |
| | 3 | Department of Health | The department of health (department) is adopting an emergency rule to amend WAC 246-310-806(1) as it relates to special and nonspecial circumstances 1 concurrent review cycle. The amendment extends deadlines for kidney disease treatment facility applicants who are submitting applications during concurrent review cycle 1. This extension grants flexibility in meeting deadlines due to significant reporting errors in the new end stage renal disease quality reporting system (EQRS) database. | 03/28/22 | Emergency Rule | | NEUTRAL | Remy Kerr remyk@wsha.org |
| | 3 | Department of Health | This emergency rule continues amendments originally filed August 3, 2021, under WSR 21-16-096 and extended on December 1, 2021, under WSR 21-24-099. The department of health (department) has also commenced permanent rule making on this topic under WSR 21-20-084. Amendments to WAC 246-335-545 and 246-335-645 remove the requirement that supervision of aide services must be "during an on-site visit" and add language that the supervisory visit "may be conducted on-site or via telemedicine." This will allow home health and hospice agencies to perform supervision either on-site or via telemedicine. | 03/31/22 | Emergency Rule | | NEUTRAL | Remy Kerr remyk@wsha.org |
| | 3 | Department of Labor & Industries | The pension discount rate (PDR) is the interest rate used to account for the time value of money when evaluating the present value of future pension payments. The purpose of this rule making is to lower the PDR to better align with the rate of return for long term treasuries for self-insured and state fund pensions. | 04/01/22 | Final Order | | MONITOR | Remy Kerr remyk@wsha.org |

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|  Whistleblower Complaints | | Department of Health | The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability. | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| | 3 | | | | | | | |
| | | Department of Social and Health Services | The federal rules were amended to allow nursing facilities to provide clinical records to residents and resident representatives in 10 working days instead of two working days. Current state rules specify clinical records be accessible to residents and their representatives for review within 24 hours and copies must be provided within two working days. The amendment lengthens the time nursing homes have to provide the resident access to, or copies of the requested clinical record, from two to 10 days. The amendment does not permit the nursing facility to deny the resident access to records. The department filed a CR-101 Preproposal under WSR 20-19-009. In addition, under the rule development phase of rule making, the department continues discussions with interested parties about adding language to the rules to explain the circumstances and time periods under which suspension of rules due to COVID[-19] is necessary. | 04/07/22 | Emergency Rule | | MONITOR | Zosia Stanley zosiaS@wsha.org |
| | 3 | | | | | | | |
| Emergency Rule: WAC 388-97-0300 Notice of rights and services | | Department of Health | DOH is adopting an emergency rule to amend WAC 246-341-0342 to define a mobile unit for behavioral health agencies in Washington and allow opioid treatment programs (OTPs) to add a mobile unit as an extension of their existing license. This will align existing rule with the federal changes published in Title 21 of the Code of Federal Regulations, Parts 1300, 1301, and 1304 (21 C.F.R.). On July 28, 2021, these federal rules were revised to allow OTPs to operate mobile units under their existing federal Drug Enforcement Administration (DEA) license. Although current behavioral health agency (BHA) licensing and certification rules reference 21 C.F.R., these rules went into effect on July 1, 2021, prior to the federal change, and need to be updated to ensure that OTPs in Washington are complying with the current version of the federal rule. The amendments to WAC 246-341-0342 define what a mobile unit is, require OTPs to notify the department in writing prior to operating a mobile unit, and outline requirements for OTPs that operate a mobile narcotic treatment program. These requirements include submitting a copy of the DEA approval for the unit and complying with 21 C.F.R. Parts 1300, 1301, and 1304. | 04/14/22 | Emergency Rule | | SUPPORT | Ashlen Strong AshlenS@wsha.org |
| Emergency Rule: Behavioral Health and SUD Mobile Units | | Department of Labor & Industries | ESSB 6440, 2020 legislative session, amended requirements by identifying the reasons IMEs could be used. One requirement, "case progress," in RCW 51.36.070 is not clearly defined. Rule making allows the department of labor and industries to define the term and/or criteria. Rule making may also provide consequences for IMEs that were requested or occurred outside what is allowed by statute or rule. | 04/23/22 | Final Order | | MONITOR | Remy Kerr remyk@wsha.org |
| Definition of "Case Progress" in Workers' Comp Rules | 3 | | | | | | | |


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| Whistleblower Complaints | 3 | Department of Health | The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability. | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| Update of Conversion Factors for Certain Health Care Services for Injured Workers | 3 | Department of Labor & Industries | This adoption updates a conversion factor provided in WAC 296-20-135 and maximum daily fees provided in WAC 296-23-220 and 296-23-230 for certain professional health care services for injured workers. Rule changes are necessary to maintain current overall fees for health care services, which are published annually in the medical aid rules and fee schedules. These updates increase the resource based relative value scale (RBRVS) conversion factor, increase the anesthesia conversion factor, and increase the maximum daily caps to be consistent with the changes for other professional fees resulting from our RBRVS process and changes in the relative value units published by the Centers for Medicare and Medicaid Services. | 07/01/22 | Final Order | | SUPPORT | Andrew Busz Andrewb@wsha.org |
| Appointment of Nonelected Members of Local Boards of Health | 3 | Washington State Board of Health | During the 2021 legislative session, the legislature passed E2SHB 1152. Among other changes, this bill made changes to the required composition of local boards of health by requiring an equal number of members who are nonelected officials. The statute specifies groups of individuals that must be represented on the local board of health. The legislation also requires the board to establish rules for the appointment process of these nonelected members of local boards of health in a manner that is fair and unbiased, and ensure to the extent possible a balanced representation of elected and nonelected persons with diversity of expertise and experience. | 07/01/22 | Final Order | Rule Page | MONITOR | Ashlen Strong AshlenS@wsha.org |
| Prenatal Tests - Chapter 246-680 WAC Congenital and Heritable Disorders | 3 | Washington State Board of Health | Washington State Board of Health - Prenatal Tests - Chapter 246-680 WAC Congenital and Heritable Disorders - This rule outlines prenatal screening and diagnostic tests that are considered to be medically necessary and are required to be included in benefits packages provided by insurers, health care service contractors, and health maintenance organizations. | 07/01/22 | Final Order | Supplemental Notice | SUPPORT | Remy Kerr remyk@wsha.org |

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|  | | Department of Health | The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability. | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| | 3 | Department of Health | Kidney disease treatment facilities—Concurrent review cycles. The department of health (department) is adopting an emergency rule to amend WAC 246-310-806(1) as it relates to special and nonspecial circumstances 1 concurrent review cycle. The amendment extends deadlines for kidney disease treatment facility applicants who are submitting applications during concurrent review cycle 1. This adopted emergency rule will extend without change WSR 22-08-028 filed on March 28, 2022. This extension grants flexibility in meeting deadlines due to significant reporting errors in the new End Stage Renal Disease Quality Reporting System (EQRS) database. It was discovered that EQRS, a new Centers for Medicare and Medicaid Services (CMS) reporting system, is not able to correctly process dialysis patients receiving services in coronavirus disease (COVID-19) cohorted facilities and is incorrectly recording death dates or discharge dates. These errors have caused a significant number of counting errors within the reporting system. The department was unable to generate an accurate need methodology for the end stage renal disease (ESRD) providers as required by WAC 246-310-812 due to the incorrect data. | 07/26/22 | Emergency Rules | | NEUTRAL | Remy Kerr remyk@wsha.org |
| | 3 | Health Care Authority | The agency is revising these rules to update language from "chemical" to "substance" and "detox" to "withdrawal management." Language will also be updated to gender neutral terminology. 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. | 08/24/22 | Final Order | | MONITOR | Zosia Stanley zosiaS@wsha.org |
| | 3 | Health Care Authority | Provides that a behavioral health administrative service organization (as defined under WAC 182-538-050) must maintain a behavioral health ombuds office for medicaid managed care enrollees. Chapter 71.40 RCW subsequently established the office of behavioral health consumer advocacy administered by the department of commerce, effective October 1, 2022. To align with this change, the agency must repeal WAC 182-538D-0262, effective October 1, 2022. | 09/29/22 | Emergency Rules | | NEUTRAL | Andrew Busz Andrewb@wsha.org |
| | 3 | Office of the Insurance Commissioner | In 2022, the legislature enacted several new laws, including, but not limited to, HB 1651 (chapter 122, Laws of 2022), ESHB 1821 (chapter 213, Laws of 2022), and E2SSB 5702 (chapter 236, Laws of 2022), which relate to accessing and receiving health care services and benefits. Multiple provisions of office of insurance commissioner (OIC) rules in chapters 284-43 and 284-170 WAC may need to be amended to be consistent with the new laws. This consolidated rule making will ensure that necessary rules are adopted by OIC in a timely manner. These rules will facilitate implementation of the laws by ensuring that all affected health care entities understand their rights and obligations under the new laws. | 11/02/22 | Final Order | | NEUTRAL | Andrew Busz Andrewb@wsha.org |


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|  | | Department of Health | The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability. | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| | 3 | Health Care Authority | The agency is revising this section to remove subsections regarding payment for services covered by medicare and replace these subsections with a cross reference to the health care authority's (HCA) general rules for medicare coinsurance, payments, and deductibles found in WAC 182-502-0110. During the course of this review, HCA may identify additional related changes that are required in order to improve clarity or update policy. | 03/25/23 | Final Order | | NEUTRAL | Andrew Busz Andrewb@wsha.org |
| | 3 | Department of Health | To address the rising costs of the medical test site program, negative cash flow, and build the recommended reserve, the department proposes raising medical test site licensing and renewal fees across all license categories effective April 1, 2023. | 04/01/23 | Final Order | | NEUTRAL | Remy Kerr remyk@wsha.org |
| | 3 | Health Care Authority | The agency intends to amend these rules to provide medical nutrition therapy for certain at-risk adult medicaid clients. This coverage would align with Results Washington Goal 4 - Healthy and safe communities. During the course of this review, the health care authority may identify additional related changes that are required in order to improve clarity or update policy. | 04/22/23 | Final Order | | SUPPORT | Andrew Busz Andrewb@wsha.org |
| | 3 | Health Care Authority | The health care authority (HCA) is amending WAC 182-550-4400 to change a reference to the chemical-using pregnant (CUP) women program to the substance-using pregnant people program in subsection (2)(b). HCA is also amending subsection (2)(g) to reflect that HCA no longer denies payment for claims grouped to DRG 469 or DRG 470. HCA may identify additional related changes that are required in order to improve clarity or update policy. | 05/06/23 | Final Order | | NEUTRAL | Andrew Busz Andrewb@wsha.org |
| | 3 | Department of Health | Inactive and reactivating an ARNP license and 246-840-367 Expired license. The nursing care quality assurance commission (commission) is considering amendments to inactive and expired licensure requirements for advanced registered nurse practitioners (ARNPs) in response to the coronavirus disease 2019 (COVID-19) pandemic and the critical demand for healthcare professionals. | 05/07/23 | Final Order | | MONITOR | Katerina LaMarche katerinal@wsha.org |


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|  | | Department of Health | The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability. | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| | 3 | Department of Health | fees amendments are being considered by the department of health (department) for the following professions: Acupuncturist or acupuncture and Eastern medicine practitioner, licensed mental health counselor, licensed advanced social worker and licensed independent clinical social worker, certified counselor, certified adviser, registered agency affiliated counselor (excluding interns), dental hygienist, dentist, registered dental assistant, certified dental anesthesia assistant, licensed expanded function dental auxiliary, audiologist, speech-language pathologist, hearing aid specialist, speech-language pathology assistant, nursing pool operator, physical therapist, physical therapist assistant, sex offender treatment provider, affiliate treatment provider certificate, and home care aide. Additional updates may be considered to ensure clarity and consistency of fees that are standard across all professions. | 06/01/23 | Final Order | | NEUTRAL | Andrew Busz Andrewb@wsha.org |
| | 3 | Health Care Authority | Correct typographical errors. | 06/04/23 | Final Order | | SUPPORT | Andrew Busz Andrewb@wsha.org |
| Washington apple health—Coverage options for adults not eligible under MAGI methodologies, Countable income for Washington apple health programs, Monthly income and countable resource standards for medically needy (MN), and Eligibility for the medically needy program. | | Health Care Authority | | | | | | |


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|  | | Department of Health | The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability. | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| | 3 | | Correct typographical errors. | | | | | |
| | | Health Care Authority | Washington apple health—How to apply, Washington apple health—Program summary, Hospital presumptive eligibility, Medicaid alternative care (MAC)—Eligibility, Tailored supports for older adults (TSOA)—General eligibility, Reimbursement—Miscellaneous, and Disproportionate share hospital (DSH) payments—General provisions. | 06/04/23 | Final Order | | SUPPORT | Andrew Busz Andrewb@wsha.org |
| | 3 | Health Care Authority | Psychiatric physician-related services and other professional mental health services` | 06/18/23 | Final Order | | MONITOR | Cara Helmer Carah@wsha.org |
| | 3 | Department of Labor & Industries | The current rules describe elements used in the process of updating the maximum allowable payments for most professional health care services. These elements are set in rule in order to follow the established methodologies of the department of labor and industries (L&I) and maintain consistency with the health care authority (HCA) and medicaid purchasing administration. Specifically, any proposed rule changes will consider the following: •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. | 07/01/23 | Final Order | | NEUTRAL | Andrew Busz Andrewb@wsha.org |


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|  | | Department of Health | The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability. | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| | 4 | Department of Health | Section 59 of SHB 2378 repealed chapter 18.57A RCW in its entirety. As a result of this law being repealed, the board proposes to repeal chapter 246-854 WAC, Osteopathic physicians' assistants; and chapter 246-855 WAC, Osteopathic physicians' acupuncture assistants, as they are no longer supported by statute and under the authority of the board. All physician assistants now fall under the authority of the Washington medical commission and its rules. | 07/01/22 | Expedited Rule | | SUPPORT | Remy Kerr remyk@wsha.org |
| | 4 | Department of Health | These rules continue the initial emergency rules filed as WSR 22-07-046 on March 14, 2022. The nursing care quality assurance commission (commission) is refiling these emergency rules to allow a registered nurse delegator to delegate nursing tasks to a NAR or HCA without verifying the NAR or HCA has completed basic caregiver training in accordance with WAC 246-840-930 (8)(b). To align with the corresponding NAR rule, the commission is adopting emergency language in WAC 246-841-405 (2)(a) to remove the requirement that a NAR must show proof of completion of the basic caregiver training before performing any delegated nursing task. | 07/12/22 | Emergency Rules | | NEUTRAL | Katerina LaMarche katerinal@wsha.org |
| | 4 | Department of Labor & Industries | Classification development's goal is to implement clear rule writing to ensure staff and customers can easily understand and apply the workers' compensation insurance classification and reporting rules. Classification development studied some subclassifications for potential reduction in number; and reviewed classification and reporting rules for improvement and clarification. The purpose of this rule making is not to make substantive changes to how employers are classified and amendments will not impact employer rates. | 01/01/23 | Final Order | | MONITOR | Remy Kerr remyk@wsha.org |
| | 4 | 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 Existing Building Code, and to consider proposals for statewide code amendments. The estimated effective date of the 2021 codes is July 1, 2023. | 07/01/23 | Final Order | | MONITOR | Remy Kerr remyk@wsha.org |


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|  | | Department of Health | The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability. | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| | 4 | | The commission completed a major rules consolidation project in 2020 in which various sections and chapters in Title 246 WAC were either repealed or consolidated into new chapter 246-945 WAC. The new continuing education requirements in chapter 246-945 WAC require pharmacists whose licenses expire on or after December 1, 2021, to complete the equivalent of 3.0 continuing pharmacy education (CPE) administered by an accreditation council for pharmacy education (ACPE) accredited provider prior to renewing their license. Pharmacy technicians whose licenses expire on or after December 1, 2021, must complete the equivalent of 2.0 CPE administered by an ACPE accredited provider. Additionally, the license renewal cycle for both licensee groups is increased from one year to two years. | | | | | |
| | | Department of Health | Transitioning all licensees onto the new renewal cycle took one year from December 1, 2021, because everyone had to have one renewal cycle to get onto the two-year cycle. In other words, updated continuing education requirements did not take effect for pharmacists and pharmacy technicians whose licenses expired before December 1, 2022, since the new CE rules correspond with a two-year license cycle and a change in license fees to match that cycle. This required the older sections of rule establishing continuing education standards, WAC 246-861-090 and 246-901-061, be maintained until the one-year license cycle for those pharmacists and pharmacy technicians ended on December 1, 2022. The commission issued a guidance document (G001) that went into effect on July 1, 2020, and was updated on December 3, 2020, for the purpose of retaining the older sections of rule until the December 1, 2022, expiration date. | 09/23/23 | Final Order | | NEUTRAL | Katerina LaMarche katerinal@wsha.org |
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| | 4 | Department of Health | ESHB 1881 creates a new credential for voluntary certification of birth doulas. Rules are needed for the new profession to specify processes for applicants to meet competency-based requirements for voluntary certification. Further, rule making is needed to set fees for the profession to ensure the department is in line with RCW 43.70.250 and fees set are enough to cover the costs of licensing the profession. | 10/01/23 | Final Order | | MONITOR | Katerina LaMarche katerinal@wsha.org |
| Continuing education requirements. The pharmacy quality assurance commission is seeking to repeal continuing education requirements established in chapter 246-861 WAC and WAC 246-901-061, as such requirements are also in practice in more current sections of rule. | | Department of Health | | | | | | |
| The Creation of a New Certified Profession of a Birth Doula Under Title 18 RCW | | Department of Health | | | | | | |
| License requirements for advanced registered nurse practitioners (ARNPs) | | Department of Health Nursing Care Quality Assurance Commission | The nursing care quality assurance commission (commission) is amending specific license requirements for advanced registered nurse practitioners (ARNPs). These amendments are necessary in response to the coronavirus disease 2019 (COVID-19) pandemic and the critical demand for health care professionals. The rules in chapter 246-840 WAC provide regulatory requirements for registered nurses, licensed practical nurses, advanced registered nurse practitioners, and nurse technicians. These emergency rules remove barriers for license renewal for ARNPs returning to active practice while permanent rule making is underway. | 09/09/22 | Emergency Rule | | | Katerina LaMarche katerinal@wsha.org |


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|  | | Department of Health | <p>The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability.</p> | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| | | Department of Health Nursing Care Quality Assurance Commission | <p>These rules continue the initial emergency rules filed as WSR 22-07-046 on March 14, 2022, and later on July 12, 2022, as WSR 22-15-020. The nursing care quality assurance commission (commission) is refiling these emergency rules to continue to allow a registered nurse delegator to delegate nursing tasks to NARs or HCAs based on requirements established by the department of social and health services (DSHS). NARs and HCAs must complete basic caregiver training as part of their licensure requirements. DSHS provides this training, but was unable to do so during the coronavirus disease 2019 (COVID-19) pandemic and is currently experiencing significant delays due to the backlog. DSHS adopted permanent rules effective July 1, 2022, as WSR 22-12-081, which outline dates by which NARs and HCAs must complete basic caregiver training. These dates may extend through September 30, 2023, or within 120 days after the end of the COVID-19 training waivers established by the governor, whichever is later.</p> | 09/09/22 | Emergency Rules | | Katerina LaMarche katerinal@wsha.org | |
| | | Department of Health | <p>Home care aides; and adopting new WAC 246-980-012. Due to impacts from the coronavirus disease 2019 (COVID-19) pandemic, long-term care workers experience significant delays when completing training, testing, and certification as a nursing assistant-certified (NAC). Often these delays prevent workers from meeting statutory or regulatory time frames. By establishing alternate, extended time frames for certification, the department of health (department) is enabling these workers to continue participating in the health care workforce as they pursue NAC certification. The department is creating new WAC 246-980-012, which contains alternate certification time frames for long-term care workers in an approved training program for NAC. These alternate time frames were developed in collaboration with the department of social and health services (DSHS) and the nursing care quality assurance commission.</p> | 09/13/22 | Emergency Rules | | Katerina LaMarche katerinal@wsha.org | |

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|  | | Department of Health | <p>The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability.</p> | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| | | Department of Health Pharmacy Quality Assurance Commission | <p>Prescription and chart order—Minimum requirements. The pharmacy quality assurance commission (commission) is adopting emergency rules to reduce burdens on practitioners prescribing Schedule II substances during the coronavirus disease 2019 (COVID-19) outbreak. Because a federal public health emergency is set to be in effect until at least January 2023, this extension will continue to reduce the burden on practitioners through the end of the federal public health emergency. This adopted emergency rule will extend WSR 22-13-180 filed on June 22, 2022. This emergency rule was originally filed on April 21, 2020, under WSR 20-09-133. It was refiled on July 10, 2020, after the commission's new chapter went into effect under WSR 20-15-058. This emergency rule will continue the existing emergency rule amending WAC 246-945-010 to increase the duration of time a practitioner has to deliver a signed prescription of a Schedule II substance to the pharmacy from seven days to 15 days when a prescription is dispensed in an emergency. It also defines what a "signed prescription" means and allows for a practitioner to accomplish this requirement through paper, electronic transmission, facsimile, photograph, or scanned copy. These alternative methodologies support patients, practitioners, and pharmacists' efforts to practice social distancing and to help mitigate communal spread.</p> | 10/20/22 | Emergency Rules | | Remy Kerr remyk@wsha.org | |
| | | Department of Social and Health Services | <p>The department of social and health services (department) is requiring that long-term care workers (LTCWs) complete training and certification by certain dates in response to the COVID-19 public health emergency. The department divided the group of LTCWs into cohorts based on the employee's date of hire or rehire. The rule requires each cohort to complete the requirements by deadlines in rule with the "oldest" LTCWs having the first deadline and then working through the groups chronologically. The department is extending the deadline of the first cohort by folding them into the second cohort deadline.</p> | 10/26/22 | Emergency Rule | | Katerina LaMarche katerinal@wsha.org | |
| | | Department of Social and Health Services | <p>The department of social and health services (department) was granted rule-making authority in ESHB 1120 (chapter 203, Laws of 2021) to reinstate the fingerprinting requirement for providers that were temporarily suspended by the governor's proclamation due to the public health emergency. The proposal also amends other rules in chapter 388-06 WAC to ensure there is consistency with one another and they do not conflict with current background check rules in chapter 388-113 WAC, Disqualifying crimes and negative actions.</p> | 10/26/22 | Emergency Rule | | Katerina LaMarche katerinal@wsha.org | |


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|  | | Department of Health | The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability. | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| | | Health Care Authority | The agency is expanding the eligibility period for refugee medical assistance from eight months to 12 months for persons whose date of eligibility is on or after October 1, 2021. This expansion requires amendments to WAC 182-504-0015 Washington apple health—Certification periods for categorically needy programs and 182-507-0130 Refugee medical assistance. | 11/01/22 | Emergency Rule | | SUPPORT | Andrew Busz Andrewb@wsha.org |
| | | Washington State Board of Health | The Washington state board of health has adopted a ninth emergency rule to continue to designate COVID-19 as a notifiable condition and establish reporting requirements for health care providers, health care facilities, laboratories, local health jurisdictions, and the department of agriculture to report certain data with COVID-19 test results, including relevant demographic details (e.g., patient's age, race, ethnicity, sex) and testing information. The rule allows for certain waivers by a local health officer. The rule establishes what testing and demographic data need to be reported as well as the timing and mechanism of reporting in accordance with P.L. 116-136, § 18115(a), the Coronavirus Aid, Relief, and Economic Security (CARES) Act. | 12/16/22 | Emergency Rule | | | Remy Kerr remyk@wsha.org |
| | | Department of Health | The immediate amendment of existing rules is necessary for the preservation of public health, safety, and general welfare. DSHS is responsible for providing basic caregiver training for NARs and HCAs. Due to impacts on training caused by COVID-19, DSHS was not able to provide basic caregiver training for NARs and HCAs for a period of time. Commission emergency rules starting in April 2020 at the outset of the COVID-19 pandemic allowed NARs and HCAs to work without the required training. DSHS has since filed emergency and permanent rules that outline the dates by which HCAs and NARs must complete basic caregiver training dependent on hire and rehire dates. | 01/06/23 | Emergency Rule | | | Katerina LaMarche katerinal@wsha.org |
| | | Department of Health | Essential functions including increasing and maintaining the availability of health care professionals must continue while taking necessary measures to help treat and prevent the spread of COVID-19 as permanent rule making is ongoing. The amendments remove specific barriers that nurses face to providing care in response to COVID-19. Waiving the restriction that ARNPs with an inactive or expired license must complete clinical practice hours while permanent rule making is underway removes barriers to reentering the health care workforce. More health care professionals will be available to continue responding to current demands because of these changes. Observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to protecting immediate public interests. | 01/06/23 | Emergency Rule | | | Katerina LaMarche katerinal@wsha.org |

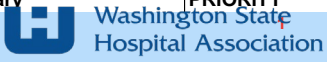
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|  | | Department of Health | The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability. | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| | | Department of Social and Health Services | Long-term care workers hired or rehired during the COVID-19 public health emergency are required to complete certain training and certification requirements within specific deadlines. Stakeholders have reported that the number of workers in multiple cohorts still needing training and certification far exceeds the number that can be trained by the current deadline. This will result in LTCWs failing to complete the requirements in time and create risk to clients' ability to access a qualified worker for provision of their personal care services. To prevent this, the department is extending the training and certification deadlines. | 01/31/23 | Emergency Rulemaking | | | Katerina LaMarche katerinal@wsha.org |
| | | Department of Social and Health Services | During the COVID-19 pandemic, this rule was suspended to allow enhanced services facilities to hire home care aids [aides] who could not meet the training requirements of chapter 388-112A WAC, which was suspended under Governor's Proclamation 20-10. The department has since adopted rules to address the backlog of home care aides needing training and/or testing for certification caused by the COVID-19 pandemic. The training rules allow additional time for home care aides to be trained and certified by requiring them to complete training requirements by certain dates based on their initial hire date. This amendment to WAC 388-107-0630 will align enhanced services facilities requirements with the newly adopted requirements in chapter 388-112A WAC. | 02/06/23 | Final Order | | | Katerina LaMarche katerinal@wsha.org |
| | | Department of Social and Health Services | These changes are necessary to implement amendments to the developmental disabilities administration's home and community-based services waivers as approved by the federal Centers for Medicare and Medicaid Services. Amendments remove the prohibition to receive employment services and community inclusion services concurrently. Removing "consecutive" from WAC 388-845-0603 aligns the rule with RCW 71A.12.280. | 02/13/23 | Emergency Rule | | NEUTRAL | Mary Storaice marys@wsha.org |

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|  | | Department of Health | <p>The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability.</p> | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| | | Department of Health | <p>This emergency rule is necessary to avoid a critical shortage of home care aides, support the clients who rely on home care aides, and avoid increasing existing training and testing backlogs. During the COVID-19 pandemic, the home care aide training, testing, and certification pipeline was severely impacted. Early 2020 closures and capacity restrictions created long-lasting backlogs, preventing individuals from becoming credentialed within statutory time frames. While certification requirements were temporarily waived by governor's proclamations, individuals working toward home care aide certification now need to meet requirements in chapter 246-980 WAC despite backlogs. If the two-year limit on the validity of training remains in place, individuals trained earlier in the pandemic will be required to repeat training. This could have negative impacts, including (1) certification delays while individuals wait for training availability and then repeat training; (2) increased training backlogs; (3) loss of potential home care aides, as individuals who repeat training may then be unable to meet certification time frames; and (4) forcing more medically vulnerable patients to rely on other care options, such as higher-level residential care settings or hospitals. Removing this limit by emergency rule will support the home care aide workforce and the public health by (1) removing a barrier to certification while still requiring that home care aides receive appropriate training; (2) enabling more vulnerable individuals to receive care in their homes, rather than needing to obtain care in residential care settings; and (3) helping to create a smooth transition away from regulation through pandemic emergency measures and back to statutory time frames.</p> | 02/14/23 | Emergency Rule | | Katerina LaMarche katerinal@wsha.org | |
| | | Department of Social and Health Services | <p>Direct service providers and other staff will benefit from extra time provided to complete continuing education credits that are required as part of being a qualified provider. Failing to enact these extended deadlines may result in provider citations, which could affect client access to service providers.</p> | 02/24/23 | Emergency Rulemaking | | MONITOR | Katerina LaMarche katerinal@wsha.org |
| | | Department of Social and Health Services | <p>Filing these amendments on an emergency basis is necessary to ensure federal compliance and maintain federal funding for the state. This is the third emergency filing on these sections and is necessary to keep the rules effective until DDA completes the permanent rule-making process. This subsequent filing incorporates additional changes recently approved by CMS; the rule text now contains CMS-approved changes effective September 1, 2022, and March 1, 2023. This filing supersedes WSR 23-02-022.</p> | 03/01/23 | Emergency Rule | | MONITOR | Mary Storage marys@wsha.org |
| | | <p>The DDA is amending WAC 388-829-0087 to extend due dates for continuing education credits required under chapter 388-829 WAC.</p> <p>Implement amendments to the developmental disabilities administration's (DDA) home and community-based services (HCBS) waivers as approved by the federal Centers for Medicare and Medicaid Services (CMS).</p> | | | | | | |

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|  | | Department of Health | <p>The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability.</p> | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| | | Department of Health | <p>The immediate amendment of existing rules is necessary for the preservation of public health, safety, and general welfare. Continued demand for health care professionals, especially qualified nursing assistants, and barriers to nursing assistant training impacts the inflow of a needed health care workforce. COVID-19 has impacted nursing assistant training by delaying access to clinical training due to restrictions on in-person training opportunities. Emergency amendments allow program directors to award clinical hours for NAR work, NAR volunteer experiences, and planned simulation. Awarding clinical practice hours for these pathways allows additional opportunities for NAC students to complete training and enter the workforce. Emergency amendments to the current language allow the commission to survey online classroom settings, which is essential to ensure that appropriate training is being provided. These emergency amendments assure [ensure] that programs have adequate resources to implement these new allowances and that they document all related activities appropriately. All these actions will result in increasing the quantity of health care professionals able to respond to current demands. Observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to protecting immediate public interests. The commission is engaged in permanent rule making to consider adopting a number of these emergency amendments as permanent rules. A notice of intent to begin rule making was filed on February 8, 2021, under WSR 21-05-021. The commission recently approved the draft proposed rule language at their March 10, 2023, NCQAC business meeting and is moving forward with filing a CR-102.</p> | 05/05/23 | Emergency Rules | | Katerina LaMarche katerinal@wsha.org | |

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|  | | Department of Health | <p>The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability.</p> | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| | | Department of Health | <p>The NCQAC is refiling these emergency rules to allow a registered nurse delegator to continue delegating nursing tasks to an NAR or HCA, although the NAR or HCA did not complete required training due to department of social and health services (DSHS) training backlogs. Both emergency rules are amended from the previous filing to delete references to DSHS WAC that specified dates that NARs and HCAs must complete training that have since been extended. Both emergency rules now state that NARs and HCAs must complete required training, "by dates established by the department of social and health services" to avoid future WAC reference changes when refiling.</p> <p>NARs and HCAs must complete basic caregiver training as part of their licensure requirements. DSHS [usually] provides this training but was unable to do so because all training and testing sites were closed during the coronavirus disease 2019 (COVID-19) pandemic. DSHS is currently experiencing significant delays due to the backlog of those needing the training. Dates by which training must be completed depending on hire date have been extended through January 2024.</p> | 05/05/23 | Emergency Rules | | Katerina LaMarche katerinal@wsha.org | |
| | | Department of Health | <p>The NCQAC is establishing emergency rules to clarify licensure requirements for RN and LPN applicants.</p> <p>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 fraudulent programs that were little more than diploma mills. Though those applicants obviously lack a nursing education, the rule is currently being read to mean that because their fraudulent nursing program was approved by another state, the commission must accept it and license these individuals. This cannot stand. The commission must protect the people of Washington by only licensing qualified, properly trained nurses.</p> <p>These emergency rules clarify that RN and LPN applicants, applying for licensure via interstate endorsement or for initial licensure via an out-of-state traditional nursing education program approved by another United States nursing board, must successfully complete a nursing education program in another United States state which is approved by the nursing board in that state and substantially meets requirements for nursing education approved in Washington state. The amendments also reaffirm that the commission retains the authority to evaluate and determine the sufficiency of academic preparation for all applicants. These amendments are preliminary steps to future permanent rule amendments and clarification identified by the commission's licensing subcommittee.</p> | 05/05/23 | Emergency Rules | | Katerina LaMarche katerinal@wsha.org | |

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|  | | Department of Health | <p>The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability.</p> | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| | | Department of Health | <p>DOH is establishing alternate certification time frames for individuals working toward certification as a home care aide or nursing assistant-certified (NA-C). This includes amending WAC 246-980-025, 246-980-030, 246-980-040, and 246-980-065 and adopting new WAC 246-980-011. Due to impacts from the coronavirus disease 2019 (COVID-19) pandemic, many long-term care workers are still unable to obtain training and certification as home care aides and NA-Cs within statutory time frames. By continuing alternate time frames established under ESHB 1120 (chapter 203, Laws of 2021), the department will allow workers impacted by the pandemic more time to complete requirements while training and testing capacity issues are being resolved.</p> <p>These emergency rules continue emergency rules filed January 12, 2023 under WSR 23-03-066. These rules established alternate certification time frames for two different groups of long-term care workers: Individuals working toward certification as home care aides and individuals working toward certification as NA-Cs. This extension is the same as the original filing, except that the dates of the alternate time frames have been updated to reflect ongoing training, testing, and certification challenges. Rules impacting home care aides were developed in collaboration with</p> | 05/12/23 | Emergency Rules | | Katerina LaMarche katerinal@wsha.org | |
| | | Department of Social and Health Services | <p>Filing these amendments on an emergency basis is necessary to ensure federal compliance and maintain federal funding for the state. This is the second filing on these rules and is necessary to keep the rules in effect until DDA completes the permanent rule-making process. DDA is progressing through the permanent rule-making process. The department filed a CR-101 preproposal under WSR 23-05-065 and is currently preparing materials to file the CR-102.</p> | 06/13/23 | Emergency Rule | | Mary Storace marys@wsha.org | |

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|  Whistleblower Complaints | | Department of Health | <p>The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability.</p> | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| Examination and reexamination for home care aide certification | | Department of Health | <p>During the COVID-19 pandemic, the home care aide training, testing, and certification pipeline was severely impacted. Early 2020 closures and capacity restrictions created long-lasting backlogs, preventing individuals from becoming credentialed within statutory time frames. While certification requirements were temporarily waived by governor's proclamations, individuals working toward home care aide certification now need to meet requirements in chapter 246-980 WAC despite backlogs. If the two-year limit on the validity of training remains in place, individuals trained earlier in the pandemic will be required to repeat training. This could have negative impacts, including: (1) Certification delays while individuals wait for training availability and then repeat training; (2) increased training backlogs; (3) loss of potential home care aides, as individuals who repeat training may then be unable to meet certification timeframes; and (4) forcing more medically vulnerable patients to rely on other care options, such as higher-level residential care settings or hospitals.</p> <p>Removing this limit by emergency rule will support the home care aide workforce and the public health by: (1) Removing a barrier to certification, while still requiring that home care aides receive appropriate training; (2) enabling more vulnerable individuals to receive care in their homes, rather than needing to obtain care in residential care settings; and (3) helping to create a smooth transition away from regulation through pandemic emergency measures and back to statutory timeframes.</p> | 06/14/23 | Emergency Rule | | | Katerina LaMarche katerinal@wsha.org |
| Medication assistance in community-based and in-home care settings. | | Department of Health | <p>This rule establishes criteria for medication assistance in community-based and in-home care settings in accordance with chapter 69.41 RCW. The definition for medication assistance provided in RCW 69.41.010(15) states: "Medication assistance" means assistance rendered by a nonpractitioner to an individual residing in a community-based care setting or in-home care setting to facilitate the individual's self-administration of a legend drug or controlled substance. It includes reminding or coaching the individual, handing the medication container to the individual, opening the individual's medication container, using an enabler, or placing the medication in the individual's hand, and such other means of medication assistance as defined by rule adopted by the department.</p> <p>These emergency rules provide further definitions for terms used within this definition such as "enabler" and establish those "other means of medication assistance as defined by rule adopted by the department." These rules help impacted individuals retain their independence and live in the least restrictive setting, such as their own ho</p> | 07/07/23 | Emergency Rule | | NEUTRAL | Andrew Busz Andrewb@wsha.org |

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|  | | Department of Health | The Department of Health (department) is considering revising sections of this chapter to implement SHB 1049 (chapter 62, Laws of 2019) and to ensure the rules are clear, up to date, and align with best practices. Rulemaking is necessary to align rule definitions and criteria with current law, which expanded whistleblower protections. These rule updates are needed to ensure consistency and enforceability. | 01/27/22 | Final Order | Draft Rules | MONITOR | Cara Helmer Carah@wsha.org |
| | | 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 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 the UW. The first graduates of those programs will complete their training in June 2023. | 07/13/23 | Emergency Rule | | | Katerina LaMarche katerinal@wsha.org |
| | | 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 public health emergency to March 31, 2023. | 07/20/23 | Emergency Rule | | | Ashlen Strong AshlenS@wsha.org Mary Storace marys@wsha.org |
| | | Health Care Authority | The health care authority (HCA) is amending WAC 182-509-0320 and 182-512-0860 to include the working families' tax credit under RCW 82.08.0206 as income that HCA excludes when determining eligibility for modified adjusted gross income (MAGI)-based Washington apple health and Washington apple health SSI-related medical programs. During this review, HCA may identify additional related changes that are required to improve clarity or update policy. | 07/30/23 | Final Order | | SUPPORT | Andrew Busz Andrewb@wsha.org |
| | | Department of Health | The WA BON formerly known as the nursing care quality assurance commission, is refiling these emergency rules to allow a registered nurse delegator to continue delegating nursing tasks to an NAR or HCA, although the NAR or HCA did not complete required training due to department of social and health services (DSHS) training backlogs. The emergency rules state that NARs and HCAs must complete required training "by dates established by the department of social and health services" to avoid future WAC reference changes when refiling. | 09/01/23 | Emergency Rulemaking | | | Katerina LaMarche katerinal@wsha.org |
| | | Department of Health | The Washington state board of nursing (board), formally known as the nursing care quality assurance commission is amending WAC 246-840-030 and 246-840-090 to clarify licensure requirements for registered nursing (RN) and licensed practical nursing (LPN) applicants applying for initial licensure via an out-of-state traditional nursing education program approved by another United States nursing board, and applicants applying via interstate endorsement. | 09/01/23 | Emergency Rulemaking | | | Katerina LaMarche katerinal@wsha.org |
| | | | | Ending continuous enrollment in apple health coverage and must end the enrollment of ineligible beneficiaries on or after April 1, 2023, through June 2024, after the agency conducts a full renewal. | | | | |
| | | | MAGI income—Noncountable income and SSI-related medical—Income exclusions under federal statute or other state laws; other related rules as appropriate. | | | | | |
| | | | Removing postgraduate medical training barriers to licensing in WAC 246-919-330 Postgraduate medical training. | | | | | |

