



Washington State  
Hospital Association

**WSHA Top Priority State Rule Making- Completed**

**12/6/2022**

Primary	PRIORITY	AGENCY	DESCRIPTION	Effective Date	Final Order	Extra Materials	WSHA Position/Impa	WSHA CONTACT
Whistleblower Complaints	1	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	<a href="#">Final Order</a>	<a href="#">Draft Rules</a>	MONITOR	Cara Helmer Carah@wsha.org
Emergency Rule: Retired Active Pharmacist License	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	<a href="#">Emergency Rule</a>		SUPPORT	David Streeter DavidS@wsha.org
Emergency Rule: COVID-19 Test Reporting	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	<a href="#">Emergency Rule</a>		CONCERNS	David Streeter DavidS@wsha.org
Payment Methods- New Hospitals	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	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@wsha.org



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Rebasing and Adjustments to Inpatient Rates	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	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@wsaha.org
COVID 19: Schedule II Prescriptions	1	Pharmacy Quality Assurance Commission	The Pharmacy Quality Assurance Commission adopted emergency rules to reduce burdens on patients and practitioners when prescribing Schedule II substances during the COVID-19 pandemic. The emergency rule amends WAC 246-945-010 and increases the duration of time a practitioner has to deliver a signed prescription when authorizing an emergency prescription of a Schedule II substance to the pharmacy from seven days to fifteen days.	02/22/22	<a href="#">Emergency Rule</a>		SUPPORT	David Streeter
Payment of office visits for clients under the Alien Emergency Medical program for COVID-19	1	Health Care Authority	The Health Care Authority is revising this section to allow for payment of office visits for clients under the Alien Emergency Medical (AEM) program when the visit is specifically for the assessment and treatment of the COVID-19 virus.	02/24/22	<a href="#">Emergency Rule</a>		SUPPORT	Andrew Busz Andrewb@wsaha.org
Severity Matrix for Fines Related to Psychiatric Hospital Enforcement	1	Department of Health	Section 3 of SHB 2426 directs the department to adopt in rule specific fine amounts in relation to the severity of noncompliance by a psychiatric hospital. A fine would only be assessed if the department determines the psychiatric hospital has previously been subject to an enforcement action for the same or similar type of violation of the same statute or rule, or 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 when the psychiatric hospital failed to correct noncompliance with a statute or rule by a date established or agreed to by the department.	02/24/22	<a href="#">Final Order</a>	<a href="#">Draft Rules</a>	SUPPORT WITH CONCERNS	Cara Helmer Carah@wsaha.org



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Emergency Rule; Employer Requirements During Public Health Emergency	1	Department of Labor & Industries	The emergency rule maintains requirements under new sections of chapter 296-62 WAC for when there is a public health emergency for an infectious or contagious disease and, as such, the requirements are applicable to COVID-19. Under the emergency rule: Employers with more than 50 covered employees at a workplace or worksite are required to report infectious or contagious disease outbreaks to L&I; Employees are not required to disclose any medical condition or diagnosis to their employer; Non-healthcare employers are required to notify employees, as well as their union representative (if any), in writing of potential exposures within one business day; Employees and contractors must be permitted to voluntarily use PPE.	04/06/22	<a href="#">Final Order</a>		NEUTRAL	David Streefer DavidS@wsha.org
Emergency Rule; COVID-19 reporting requirements	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	<a href="#">Final Order</a>		NEUTRAL	David Streefer DavidS@wsha.org
Hospital Public Option Plans	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	<a href="#">Final Order</a>		STRONG CONCERNS	Andrew Busz Andrewb@wsha.org




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Emergency Rule: Prescribing Schedule II Substances During the COVID-19 Pandemic	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	<a href="#">Emergency Rule</a>		SUPPORT	David Streeter DavidS@wsha.org
Chapter 246-341 WAC, Behavioral Health Services Administrative Requirements	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	<a href="#">Final Order</a>		SUPPORT	Cara Helmer Carah@wsha.org

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Emergency Rule: Voluntary use of personal protective equipment (PPE) and ESSB 5115, also known as the Health Emergency Labor Standards Act (HELISA)	1	Department of Labor & Industries	<p>The emergency rule maintains requirements under new sections of chapter 296-62 WAC for when there is a public health emergency for an infectious or contagious disease and as such, the requirements are applicable to COVID-19.</p> <p>Under the emergency rule:</p> <ul style="list-style-type: none"> <li>• Employers with more than 50 covered employees at a workplace or worksite are required to report infectious or contagious disease outbreaks to L&amp;I;</li> <li>• Employees are not required to disclose any medical condition or diagnosis to their employer;</li> <li>• Several definitions were added and/or simplified for implementation;</li> <li>• Nonhealthcare employers are required to notify employees, as well as their union representative (if any), in writing of potential exposures within one business day;</li> <li>• Employees and contractors must be permitted to voluntarily use personal protective equipment.</li> </ul> <p>In addition, this emergency rule now applies notification requirements to health care facilities as defined in RCW 9A.50.010.</p> <ul style="list-style-type: none"> <li>• Employers of health care facilities must notify any employee with known or suspected high-risk exposure to the infectious or contagious disease within 24 hours. With employee authorization, notification must also be sent to the employee's union representative (if any) within 24 hours.</li> <li>• Period of transmission/isolation requirements have been simplified;</li> <li>• Requirements for how employees are notified of potential high risk exposure are clarified.</li> </ul> <p>A CR-101 Preproposal statement of inquiry was filed on May 13, 2021 (WSR 21-11-05[1]), and initiated the permanent rule-making process for rules related to infectious diseases. which will include requirements for The Washington state board of health has adopted an eighth 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 Public Law 116-136, § 18115(a), the Coronavirus Aid, Relief, and Economic Security (CARES) Act.</p>	08/04/22	<a href="#">Emergency Rules</a>		NEUTRAL	David Streeter DavidS@wsha.org
Emergency Rule: COVID-19 Reporting Requirements related to Testing Information, Test Results, and Demographic Information.	1	Washington State Board of Health	<p>The Washington state board of health has adopted an eighth 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 Public Law 116-136, § 18115(a), the Coronavirus Aid, Relief, and Economic Security (CARES) Act.</p>	08/18/22	<a href="#">Emergency Rules</a>		NEUTRAL	David Streeter DavidS@wsha.org




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Emergency Rule: Reporting of health system readiness data	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	<a href="#">Emergency Rules</a>		CONCERNS	David Streeter DavidS@wsha.org
Emergency Rule: Medical test site licensure and notification requirements	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	<a href="#">Emergency Rule</a>		SUPPORT	David Streeter DavidS@wsha.org

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Hospital Patient Discharge Information Reporting	1	Department of Health	DOH is considering amending existing rules and creating new rules on hospital patient discharge information reporting. The rules may prescribe new patient demographic information reported by hospitals; establish a waiver process; strengthen protections of patient health care information to align with federal law changes; clarify and add requirements for data collection and reporting; establish formalized procedures for requesting hospital patient discharge data; prescribe direct and indirect patient identifiers; update or add definitions; make technical updates and clarifications to existing rules; and establish fees for data files and analysis. In 2021, the Washington state legislature passed E2SHB 1272 (chapter 162, Laws of 2021) which requires new demographic information to be collected and waiver requirements to be established. The bill requires hospitals to report patient discharge information related to race, ethnicity, gender identity, sexual orientation, preferred language, disability status, and zip code of residence. It also requires the department to develop a waiver and grant process to assist hospitals that are certified by the Centers for Medicare and Medicaid Services (CMS) as a critical access hospital, certified by CMS as a sole community hospital, or qualifies as a medicare dependent hospital to comply with the requirements. E2SHB 1272 (chapter 162, Laws of 2021) requires the department to complete rule making by July 1, 2022. CHARS currently collects sex, zip code, and race and ethnicity per minimum office of management and budget standards as part of the UB-04 items outlined in WAC 246-455-020. The new reporting of patient demographic information required by the bill goes into effect on January 1, 2023. Rules are necessary to implement the legislation by defining the new patient demographic information and establishing waiver requirements.	10/01/22	<a href="#">Final Order</a>		CONCERNS	Ashlen Strong AshlenS@wsha.org
Exempting Patients in Nursing Homes and Long-Term Acute Care Hospital from the Opioid Prescribing Rules	1	Washington Medical Commission	Since the rules related to ESHB 1427 became effective January 1, 2019, the commission has continued to receive comments related to long term acute care and nursing home patients. To address this issue, the commission filed an interpretive statement: "Exempting Patients in Nursing Homes and Long-Term Acute Care Hospital from the Opioid Prescribing Rules." While the interpretive statement has helped to curb the comments and concerns from prescribers, the commission feels this important exemption should be in rule.	11/25/22	<a href="#">Final Order</a>		SUPPORT	David Streeter DavidS@wsha.org



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Notifiable Conditions (Ch. 246-101 WAC)	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	<a href="#">Final Order</a>	<a href="#">Rulemaking page</a>	MONITOR	David Streeeter DavidS@wsha.org
Emergency Rule: NAC and NAR Training Requiements	2	Nursing Care Quality Assurance Commission	NCQAC is continuing the adoption of emergency rules as the permanent rule-making process continues. The rules in chapter 246-841 WAC provide regulatory requirements for NACs and NARs. These amendments allow additional pathways to comply with current standards. This is the fifth emergency rule and it continues the emergency rule that was filed on May 20, 2021, under WSR 21-12-011, without change. Prior filings were June 26, 2020, WSR 20-14-066; October 23, 2020, WSR 20-22-023; and January 20, 2021, WSR 21-04-004. Transition from emergency to permanent rules were approved by the commission and a notice of intent to begin rule making was filed on February 8, 2021, under WSR 21-05-021. Permanent rule language development is ongoing.	01/14/22	<a href="#">Emergency Rule</a>		MONITOR	Katerina LaMarche katerinal@wsha.org



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Emergency Rule: NT, LPN, RN, and ARNP Credential and License Requirements	2	Nursing Care Quality Assurance Commission	<p>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.</p> <p>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 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.</p>	01/14/22	<a href="#">Emergency Rule</a>		MONITOR	Katerina LaMarche katerinal@wsha.org
Medicaid SPA: Fee Schedule Update	2	Health Care Authority	<p>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.</p> <p>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 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.</p>	01/31/22	<a href="#">Notice</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org

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Emergency Rule: HCS Assessments	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	<a href="#">Emergency Rule</a>		MONITOR	Zosia Stanley zosiaS@wsha.org
CHIP SPA: COVID-19 Vaccines, Testing, and Treatment	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	<a href="#">Notice</a>		SUPPORT	Andrew Busz Andrewb@wsha.org
CHIP SPA: Extended Postpartum Coverage	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	<a href="#">Notice</a>		SUPPORT	Andrew Busz Andrewb@wsha.org
LPN Student Rules	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	<a href="#">Final Order</a>		MONITOR	Cara Helmer Carah@wsha.org

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De-scheduling Epidiolex	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	<a href="#">Final Order</a>		SUPPORT	David Streeter DavidS@wsha.org
Payment Of Office Visits for Clients Under the Alien Emergency Medical (AEM) Program When the Visit is for the Assessment and Treatment of the COVID-19 Virus	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	<a href="#">Emergency Rule</a>		SUPPORT	Andrew Busz Andrewb@wsha.org




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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	<a href="#">Final Order</a>		MONITOR	Katerina LaMarche katerinal@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	<a href="#">Emergency Rule</a>		SUPPORT	David Streeter DavidS@wsha.org
Certification of Stillbirth	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	<a href="#">Final Order</a>		MONITOR	David Streeter DavidS@wsha.org

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Suspension of Regulatory Requirement of Assessment for HCS Clients While HCS Accessors are not Available	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	<a href="#">Emergency Rules</a>		MONITOR	Zosia Stanley zosiaS@wsha.org
Payment for office visits for clients under the alien emergency medical (AEM) program when the visit is for the assessment and treatment of COVID-19	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	<a href="#">Emergency Rule</a>		SUPPORT	Andrew Busz Andrewb@wsha.org




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Rules to align with the Additional Ukrainian Supplemental Appropriations Act (AUSAA), for resettlement assistance, entitlement programs, and other benefits available to refugees for Ukrainian populations and other non-Ukrainian people.	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	<a href="#">Emergency Rule</a>		NEUTRAL	Andrew Busz Andrewb@wshea.org
CPE payment program—"Hold harmless" provision	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	<a href="#">Final Order</a>		MONITOR	Andrew Busz Andrewb@wshea.org
Emergency Rule: ABA Analysis Age Limits and Language Updates	3	Health Care Authority	HCA is revising these rules to remove the age limits for applied behavioral analysis (ABA) and update language to remove child or children and replace with client. In WAC 182-501-0600, the agency is updating the "N" (No) to a "Y" (Yes) in the ABA covered services table for ABP 21+, CN 21+ and MN 21+. The agency is also updating the ambulance section in the covered services table for ABP 21+ to a "Y" (Yes) as it was inadvertently left blank.	01/19/22	<a href="#">Emergency Rule</a>		NEUTRAL	Cara Helmer Carah@wshea.org

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HPV Vaccine Coverage	3	Health Care Authority	HCA is amending this rule to add the HPV vaccine as a covered service under the family planning only program. During the course of this review, HCA may identify additional related changes that are required in order to improve clarity or update policy.	02/01/22	<a href="#">Final Order</a>		MONITOR	Andrew Busz Andrewb@wsha.org
Inpatient Withdrawal Management Services Payment	3	Health Care Authority	The agency is amending WAC 182-550-4300(5) to align the rule with the medicaid state plan, which does not have specific time limitations on inpatient withdrawal management services. During this review, the health care authority may identify additional related changes that are required to improve clarity or update policy.	02/06/22	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@wsha.org
Outpatient Hospital services—Conditions of Payment and Payment Methods	3	Health Care Authority	The agency is amending subsection (3)(c) of this rule, which states that the agency does not pay separately for certain services provided within one calendar day of an inpatient hospital admission. The agency is adding to this subsection to state that separate payments are not made for certain services provided within one calendar day of discharge. The agency also intends to remove subsections (6) and (7). These subsections reference the maximum allowable fee schedule and the hospital outpatient rate for payment of certain services. The agency is making these changes because it does not use these payment methods, but instead uses the enhanced ambulatory payment group method to determine payments, consistent with WAC 182-550-7200. During the course of this review, health care authority may identify additional related changes that are required in order to improve clarity or update policy.	02/27/22	<a href="#">Final Order</a>		STRONG CONCERNS	Andrew Busz Andrewb@wsha.org
Home Health Medical Social Services	3	Health Care Authority	The 2021-2023 operating budget included a proviso (section 211(65), chapter 334, Laws of 2021) specifying that certain appropriated funds are provided to reimburse social workers as part of the medical assistance home health benefit. The agency is amending home health rules in chapter 182-551 WAC, subchapter II, to include medical social services within the home health program. During the course of this review, health care authority may identify additional related changes that are required in order to improve clarity or update policy.	03/12/22	<a href="#">Final Order</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org
Behavioral Health Certified Peer Counselor	3	Health Care Authority	HCA intends to adopt rules to define the process of becoming a behavioral health certified peer counselor. During the course of this review, the authority may identify additional related changes that are required in order to improve clarity or update policy.	03/13/22	<a href="#">Final Order</a>		MONITOR	Cara Helmer Carah@wsha.org

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Emergency Rule: Wraparound with intensive services (WISe)	3	Health Care Authority	The agency is revising this rule to remove the restriction that the WISE program only applies to medicaid clients and add language to clarify the program is for those clients eligible for coverage under WAC 182-505-0210.	03/22/22	<a href="#">Emergency Rule</a>		NEUTRAL	Ryan Robertson RyanR@wsha.org
HIV/AIDS Legal Changes	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	<a href="#">Final Order</a>		NEUTRAL	Cara Helmer Carah@wsha.org
Emergency Rule: Kidney disease treatment facilities—Concurrent review cycles	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	<a href="#">Emergency Rule</a>		NEUTRAL	David Streeter DavidS@wsha.org



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Emergency Rule: Home Health Hospice Supervision via Telemedicine	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	<a href="#">Emergency Rule</a>		NEUTRAL	David Streeter DavidS@wsha.org
Self-Insured Pension Discount Rate	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	<a href="#">Final Order</a>		MONITOR	David Streeter DavidS@wsha.org
Emergency Rule: WAC 388-97-0300 Notice of rights and services	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	<a href="#">Emergency Rule</a>		MONITOR	Zosia Stanley zosiaS@wsha.org



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Emergency Rule: Behavioral Health and SUD Mobile Units	3	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	<a href="#">Emergency Rule</a>		SUPPORT	Ryan Robertson RyanR@wsha.org
Definition of "Case Progress" in Workers' Comp Rules	3	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	<a href="#">Final Order</a>		MONITOR	David Streeter DavidS@wsha.org
Mental Health Diagnostic Assessment of Children 0-5	3	Health Care Authority	The health care authority (HCA) is amending WAC 182-531-1400 to implement changes directed by the legislature in 2SHB 1325, section (2)(11), chapter 126, Laws of 2021. For mental health diagnostic assessment of children birth through age five, HCA is directed to reimburse providers for up to five sessions per assessment and for travel costs when a session is conducted in a home or community setting.	04/27/22	<a href="#">Emergency Rule</a>		SUPPORT	Andrew Busz Andrewb@wsha.org

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Apple Health Personal Needs Allowance	3	Health Care Authority	<a href="#">The agency is amending WAC 182-513-1105 to remove stated dollar amounts for certain personal needs allowances and replace them with a reference to the current Washington apple health income and resource standards chart located at <a href="http://www.hca.wa.gov/health-care-services-supports/program-standard-income-and-resources">www.hca.wa.gov/health-care-services-supports/program-standard-income-and-resources</a>. During this review, the health care authority may identify additional related changes that are required to improve clarity or update policy.</a>	05/07/22	<a href="#">Final Order</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org
Psychiatric physician-related services and other professional mental health services	3	Health Care Authority	The health care authority (HCA) is amending WAC 182-531-1400 to implement changes directed by the legislature in 2SHB 1325, section (2)(11), chapter 126, Laws of 2021. For mental health diagnostic assessment of children birth through age five.	05/11/22	<a href="#">Final Order</a>		SUPPORT	Ryan Robertson RyanR@wsha.org
Radioactive Material WAC Alignment with Federal Rules	3	Department of Health	DOH is proposing to revise these chapters to be consistent with the United States Nuclear Regulatory Commission's (NRC) rules and to make nonsubstantive miscellaneous corrections and editorial changes.	05/16/22	<a href="#">Final Order</a>		NEUTRAL	David Streeter DavidS@wsha.org
Due Dates for Required Training and to Allow the DDA to Accept On-the-Job Learning Related to COVID-19 to Satisfy Continuing Education Requirements.	3	Department of Social and Health Services	Developmental disabilities administration (DDA) is amending one section in chapter 388-829 WAC and adding two new sections to chapter 388-829 WAC. These amendments are necessary to establish due dates for training required under chapter 388-829 WAC and to allow DDA to accept on-the-job learning related to COVID-19 to satisfy continuing education requirements.  This is a subsequent filing on these rules, however, the text of the rules have changed. This filing is necessary to keep the emergency rules enacted until DDA can complete the permanent rule-making process. A public hearing for the proposed rules is scheduled for June 7, 2022. Failing to enact these extended training deadlines could result in providers suddenly being out of compliance with training requirements, which would affect client access to qualified service providers.	05/17/22	<a href="#">Emergency Rule</a>		SUPPORT	Andrew Busz Andrewb@wsha.org



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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	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@ws a.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	<a href="#">Final Order</a>	<a href="#">Rule Page</a>	MONITOR	Ashlen Strong AshlenS@wsh a.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	<a href="#">Final Order</a>	<a href="#">Supplemental Notice</a>	SUPPORT	David Streefer DavidS@wsha .org




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Emergency Rule: Kidney Disease Treatment Facilities—Concurrent Review Cycles	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	<a href="#">Emergency Rules</a>		NEUTRAL	David Streefer DavidS@wsha.org
Chemical Use Pregnant Women Program	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	<a href="#">Final Order</a>		MONITOR	Ryan Robertson RyanR@wsha.org Zosia Stanley zosiaS@wsha.org
Behavioral health administrative service organizations and managed care organizations	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	<a href="#">Emergency Rules</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org

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Accessing and Receiving Health Care Services and Benefits.	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	<a href="#">Final Order</a>		NEUTRAL	Andrew Busz Andrewb@wsaha.org
Integrating International Medical School Graduates	3	Washington Medical Commission	SB 6551 permits the commission to issue limited licenses to IMG. The bill also directs the commission to establish requirements for an exceptional qualification waiver in rule as well as establish requirements for a time-limited clinical experience license for IMG applicants. Establishing these requirements would reduce barriers for IMG applicants obtaining residency positions in Washington.	11/25/22	<a href="#">Final Order</a>		MONITOR	David Streefer DavidS@wsaha.org
Health Equity Continuing Education	3	Department of Health	ESSB 5229 adds a new section to chapter 43.70 RCW to require the rule-making authority for each health profession licensed under Title 18 RCW and subject to CE requirements to adopt rules requiring a licensee to complete health equity CE training at least once every four years. ESSB 5229 also requires the department, in consultation with health profession boards and commissions, to adopt model rules establishing the minimum standards for continuing education programs meeting the requirements of the bill.	12/24/22	<a href="#">Final Order</a>		MONITOR	Ashlen Strong AshlenS@wsaha.org
Federal medicare savings programs	3	Health Care Authority	Federal medicare savings programs, to remove resource limits as an eligibility requirement.	01/01/23	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@wsaha.org



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Medicaid State Plan Amendment (SPA)- Community First Choice.	4	Health Care Authority	HCA in conjunction with the aging and long-term support administration (AL TSA) in the department of social and health services (DSHS) intend to submit medicaid SPA 22-0001 in order to reflect the following changes to the community first choice program: <ul style="list-style-type: none"> <li>•Increase the payment limit for community first choice community transition services from \$850.00 to a maximum of \$2,500.00 per discharge for items and services.</li> <li>•Remove the DVD option for providing caregiver management training.</li> </ul> SPA 22-0001 will have no effect on provider payments. The SPA reflects the higher costs of setting up an independent living apartment from an institutional care setting. This community transition service includes items and services involved in setting up a client to live independently in the community, including first month's rent and security deposit.	03/01/22	<a href="#">Notice</a>		MONITOR	Zosia Stanley zosiaS@wsha.org
Companion Home Providers' Daily Rate	4	Department of Social and Health Services	DDA is considering amending this rule to update companion home providers' daily rate. DDA is also considering adding new sections of rule to chapter 388-829C WAC that establish requirements for positive behavior support plans. During the course of this review, DDA may make additional changes that are necessary to improve clarity or update policy.	03/03/22	<a href="#">Final Order</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org
Emergency Rule: Amending specific training requirements for nursing assistants registered (NARs) and home care aides (HCAs)	4	Department of Health	The nursing care quality assurance commission (commission) is adopting an emergency rule 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.	03/14/22	<a href="#">Emergency Rule</a>		NEUTRAL	Katerina LaMarche katerinal@wsha.org




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Oral Health Connections Pilot Project	4	Health Care Authority	The agency is amending these rules to extend the program through December 31, 2023, or until pilot funds are completely dispersed, whichever comes first. Additionally, age limits and dual eligibility exclusions are being removed. The enhanced rate will now include an additional periodic exam and adult prophylaxis as well as one fluoride varnish application, and one silver diamine fluoride treatment. 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.	03/26/22	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@wsha.org
Physical Therapy Compact Commission Rules Adoption	4	Department of Health	Mandates the board of physical therapy (board) to adopt the physical therapy compact commission rules in order for physical therapists to participate in the compact. Immediate adoption is necessary to stay compliant with the compact commission rules as the compact commission's revised rules became effective October 24, 2021.	04/25/22	<a href="#">Final Order</a>		NEUTRAL	David Streeter DavidS@wsha.org
Training Requirements for Nursing Assistant certified (NAC) and Nursing Assistant Registered (NAR)	4	Department of Health	The nursing care quality assurance commission (commission) is amending specific training requirements for nursing assistant certified (NAC) and nursing assistant registered (NAR) in response to the coronavirus disease 2019 (COVID-19) pandemic and the critical demand for health care professionals. The rules in chapter 246-841 WAC provide regulatory requirements for NACs and NARs. These emergency rules allow additional pathways to complete necessary training to enter the workforce. This is the seventh emergency rule, and it continues the emergency rules that were filed on January 14, 2022, under WSR 22-03-055 without change. Prior filings were under WSR 20-14-066, beginning in June 2020, continuing under WSR 20-22-023, 21-04-004, 21-12-011, 21-19-091.	05/13/22	<a href="#">Emergency Rule</a>		MONITOR	Katerina LaMarche katerinal@wsha.org
Osteopathic PA WACs Repeal	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	<a href="#">Expedited Rule</a>		SUPPORT	David Streeter DavidS@wsha.org



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Amending Specific Training Requirements for Nursing Assistant Registered (NARs) and Home Care Aides (HCAs)	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	<a href="#">Emergency Rules</a>		NEUTRAL	Katerina LaMarche katerinal@wsna.org
Expanding the eligibility period for refugee medical assistance		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	<a href="#">Emergency Rule</a>		SUPPORT	Andrew Busz Andrewb@wsna.org