



Primary	PRIORITY	AGENCY	DESCRIPTION	Effective Date	Final Order	Extra Materials	WSHA Position/Impact	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	Remy Kerr remyk@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	Remy Kerr remyk@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
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@wsha.org



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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	Remy Kerr remyk@wsha.org
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@wsha.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@wsha.org
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	Remy Kerr remyk@wsha.org



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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	Remy Kerr remyk@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
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	Remy Kerr remyk@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 (HELSEA)	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	Remy Kerr remyk@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 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.</p>	08/18/22	<a href="#">Emergency Rules</a>		NEUTRAL	Remy Kerr remyk@wsha.org
Emergency Rule: Reporting of health system readiness data	1	Department of Health	<p>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.</p>	08/31/22	<a href="#">Emergency Rules</a>		CONCERNS	Remy Kerr remyk@wsha.org



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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	Remy Kerr remyk@wsha.org
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



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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	Remy Kerr remyk@wsha.org
Exempt from DRG (diagnosis-related group) payment, 182-550-4550 Administrative day rate and swing bed day rate, 182-550-4800 Hospital payment methods—State-administered programs, and other related rules as appropriate.	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	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@wsha.org
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	Remy Kerr remyk@wsha.org



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Acute Care Hospital Severity Matrix	1	Department of Health	<p>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.</p> <p>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.</p> <p>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.</p>	01/21/23	<a href="#">Final Order</a>		MONITOR	Cara Helmer Carah@wsha.org
Prescription and chart order—Minimum requirements.	1	Pharmacy Quality Assurance Commission	<p>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.</p>	02/17/23	<a href="#">Emergency Rule</a>		SUPPORT	Remy Kerr remyk@wsha.org
Remove presumptive eligibility for long-term services and supports in an alternate living facility.	1	Health Care Authority	<p>The agency adopted WAC 182-513-1110 anticipating federal government approval from the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS). Currently, CMS has approved presumptive eligibility for long-term services and supports (LTSS) in the person's home, but not in an alternate living facility. Because federal funding is not yet available, the agency is amending the rule to remove language related to LTSS in an alternate living facility and intends to restore that language through future rule making upon CMS approval.</p>	09/14/23	<a href="#">Emergency Rulemaking</a>		MONITOR	Zosia Stanley zosiaS@wsha.org





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Payment limits—Inpatient hospital services	1	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	<a href="#">Final Order</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org
2021 Energy Code Updates	1	Washington State Building Code Council	The state building code council regularly reviews the Washington state building code, as outlined in chapter 51-04 WAC and RCW 19.27A.025, to evaluate revisions made to the codes by the national model code committees, and to consider proposals for statewide code amendments. Additionally, RCW 19.27A.160 directs the council to adopt energy codes that incrementally move towards achieving a seventy percent net energy consumption compared to the 2006 Washington State Energy Code. The estimated effective date of the 2021 codes is July 1, 2023.	10/29/23	<a href="#">Final Order</a>		CONCERNS	Remy Kerr remyk@wsha.org
PTSD as a presumptive occupational disease for certain direct care RNs	1	Department of Labor & Industries	In 2023, the Washington state legislature passed 2SSB 5454, chapter 370, Laws of 2023, 2SSB 5454, amending RCW 51.08.142, established posttraumatic stress disorder as a presumptive occupational disease for certain direct care registered nurses covered under workers' compensation laws. 2SSB 5454 expressly requires rule making to explain when the presumption exists for direct care registered nurses identified in 2SSB 5454 and when the presumption does not exist. Process for Developing New Rule: Parties interested in these rules may contact the individual listed below. The public may also participate by commenting after amendments are proposed by providing written comments and/or testimony during the public hearing and comment process. Public hearings will be held after the proposed language is filed.	01/19/24	<a href="#">Final Order</a>		NEUTRAL	Remy Kerr remyk@wsha.org
Inpatient psychiatric services; other related rules as appropriate.	1	Health Care Authority	The health care authority (agency) is amending this section to replace outdated terms such as "residential support network (RSN)" and "mental health designee," to delete references to the department of mental health, and to update language regarding authorization and certification for inpatient psychiatric care consistent with the current managed care and administrative services organization (ASO) structure. The agency is also making changes 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 certain facilities but who cannot be discharged because placement is unavailable. This revision provides for the payment of medically necessary ancillary 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.	05/11/24	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@wsha.org





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Covered and noncovered revenue codes categories and subcategories for outpatient hospital services; other related rules as appropriate.	1	Health Care Authority	The health care authority (agency) is amending WAC 182-550-1500 to allow for the payment of outpatient services in the following revenue code categories: Partial hospitalization—Less intensive, Partial hospitalization—Intensive, and Intensive outpatient services—Psychiatric. During the course of this review, the agency may identify additional related changes that are required in order to improve clarity or update policy.	07/27/24	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@wsha.org
Clean Buildings, provides a greater window of time for building owners to apply for, and for commerce to grant, exemptions is in the public interest and is likely to result in more buildings being compliant with the standard by the statutory compliance date.	1	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.	06/07/32	<a href="#">Emergency Rulemaking</a>		SUPPORT	Remy Kerr remyk@wsha.org
Emergency Rule: NAC and NAR Training Requirements	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 status.</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>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
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	Remy Kerr remyk@wsha.org



Primary	PRIORITY	AGENCY	DESCRIPTION	Effective Date	Final Order	Extra Materials	WSHA Position/Impact	WSHA CONTACT
Suspension of the Regulatory Requirement For Facilities to Complete Assessments for HCS Clients While HCS Assessors Are Not Available.	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	<a href="#">Final Order</a>		SUPPORT	Zosia Stanley zosiaS@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
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	<a href="#">Emergency Rules</a>		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	<a href="#">Final Order</a>		NEUTRAL	Katerina LaMarche katerinal@wsha.org



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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	<a href="#">Emergency Rule</a>		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	<a href="#">Emergency Rule</a>		SUPPORT	Remy Kerr remyk@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	Remy Kerr remyk@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
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@wsha.org



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Licensed health care facilities and COVID-19. Extending the adoption of an emergency rule that establishes that all facilities licensed by the department must comply with state and federal statutes, etc, related to the operation of the facility and the control or prevention of the spread of COVID-19.	2	Department of Health	COVID-19 activity in Washington state continues to pose a high risk to vulnerable populations and health care workers, particularly those receiving and providing care in health care facilities and similar congregate care facilities. While Governor Inslee has ended the state of emergency and rescinded remaining emergency orders, Secretary of Health Order 20-03.10 regarding face coverings statewide remains in effect. Clarifying the applicability of state and federal statutes, administrative rules, lawful orders, and other legal requirements to licensed health care facilities will assist facilities to comply with these requirements and will assist the department in its efforts to ensure the health and safety of the workers, recipients of services, and visitors in those facilities.	12/16/22	<a href="#">Emergency Rule</a>		MONITOR	Zosia Stanley zosiaS@wsha.org
Nursing scope of practice standards - WAC 246-840-300 ARNP scope of practice and WAC 246-840-700 through 246-840-710 pertaining to nursing practice standards, and other related sections in chapter 246-840 WAC	2	Nursing Care Quality Assurance Commission	Nursing scope of practice standards - WAC 246-840-300 ARNP scope of practice and WAC 246-840-700 through 246-840-710 pertaining to nursing practice standards, and other related sections in chapter 246-840 WAC, the nursing care quality assurance commission (commission) is considering amending sections of the scope of practice and practice standard rules to improve clarity.	12/22/22	<a href="#">Final Order</a>		MONITOR	Katerina LaMarche katerinal@wsha.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>		NEUTRAL	Andrew Busz Andrewb@wsha.org
Extends the Rate for an Additional Year/Adds an Increased Rate for Providers Who Take Single Bed Certifications	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	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@wsha.org
WAC 182-550-7500 OPPS rate and 182-550-7550 OPPS payment enhancements.	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	<a href="#">Final Order</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org





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Balance Billing Protection Act and the Federal No Surprises Act	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	<a href="#">Final Order</a>		CONCERNS	Andrew Busz Andrewb@wsha.org
Payments and sanctions for managed care organizations (MCOs) in integrated managed care regional service areas	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	<a href="#">Final Order</a>		MONITOR	Andrew Busz Andrewb@wsha.org
The clean buildings performance standard requires certain buildings in the state to meet energy performance metrics over time	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	<a href="#">Emergency Rule</a>		SUPPORT	Remy Kerr remyk@wsha.org



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Verification for Presumptive Coverage of Frontline Employees and Health Care Workers.	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	<a href="#">Final Order</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org
Apple Health continuous enrollment ending	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	<a href="#">Emergency Rules</a>		MONITOR	Mary Storce marys@wsha.org
WAC are necessary to 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).	2	Department of Social and Health Services	Filing these amendments on an emergency basis is necessary to ensure federal compliance and maintain federal funding for the state. This is the fourth emergency filing on these sections and is necessary to keep the rules effective until DDA completes the permanent rule-making process.	06/27/23	<a href="#">Emergency Rulemaking</a>		MONITOR	Zosia Stanley zosias@wsha.org
The agency is amending rules to increase the income and resource limits for the tailored supports for older adults (TSOA) program eligibility and revise the application process.	2	Health Care Authority	The agency received approval from the Centers for Medicare and Medicaid Services (CMS) on June 30, 2023, of the medicaid transformation demonstration waiver which increases the income and resource limits for TSOA allowing more people to participate in the TSOA program. This emergency filing is necessary to ensure people who are at risk of needing long-term services and supports in the future and who don't currently meet medicaid financial eligibility criteria are able to participate effective July 1, 2023, while the agency is pursuing the permanent rule-making process filed under WSR 23-13-157.	07/01/23	<a href="#">Emergency Rulemaking</a>		MONITOR	Zosia Stanley zosias@wsha.org



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The developmental disabilities administration (DDA) is enacting these changes on an emergency basis in order to align with amendments to home and community-based services waivers as approved by the Centers for Medicare and Medicaid Services.	2	Department of Social and Health Services	Enacting these rules on an emergency basis is necessary to ensure federal compliance and maintain federal funding for the state. Aligning rules with approved waiver amendments provides assurances required under 42 C.F.R. 441.301.	07/01/23	<a href="#">Emergency Rule</a>		MONITOR	Zosia Stanley zosiaS@wsha.org
Amending the amount of time building owners may apply for an exemption to the building performance standard under WAC 194-50-150.	2	Department of Commerce	The clean buildings performance standard requires certain buildings in the state to meet energy performance metrics over time. The standard exempts several building categories from compliance with the standard, for example, buildings scheduled for demolition or facing financial hardship, through a department of commerce (commerce) approval process. The rules promulgated in chapter 194-50 WAC contain a process for building owners to apply for exemptions. WAC 194-50-150 states that building owners may apply for an exemption no sooner than 365 days prior to the date of compliance. However, commerce has received feedback from stakeholders that, if an exemption application is denied by the agency, building owners require more time to bring buildings into compliance given the amount of time and financial resources it may take. Thus, commerce has concluded that providing a greater window of time for building owners to apply for and for commerce to grant exemptions is in the public interest and is likely to result in more buildings being compliant with the standard by the statutory compliance date.	07/16/23	<a href="#">Final Order</a>		SUPPORT	Remy Kerr remyk@wsha.org
Medical Assistant Credentialing	2	Department of Health	DOH is considering rule amendments to several sections of medical assistant rules to update credentialing requirements and ensure that the rules are current and align with best practices. The department will also consider adding a new section to address telemedicine supervision.	08/19/23	<a href="#">Final Order</a>		NEUTRAL	Remy Kerr remyk@wsha.org
Washington's Healthcare and Emergency and Logistics Tracking Hub (WA HEALTH) reporting for acute care hospitals	2	Department of Health	Reporting of health system readiness data. DOH is extending this emergency rule, WAC 246-320-700, to continue to require acute care hospitals licensed under chapter 70.41 RCW to report hospital maintenance and operation data to the department through WA HEALTH in accordance with the WA HEALTH user guide. WA HEALTH continues to be used daily for state and local public health and medical preparedness planning to inform planned patient movement, COVID-19 and influenza hospitalization and disease trends, the ability of the system to absorb another surge, and supply needs across the state, so patients have access to the appropriate level of health care.	08/25/23	<a href="#">Emergency Rulemaking</a>		NEUTRAL	Remy Kerr remyk@wsha.org



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Presumptive Eligibility for Long-Term Services	2	Health Care Authority	The agency is creating new sections in chapters 182-513 and 182-515 WAC to create presumptive eligibility for long-term services and supports authorized by home and community services in home and alternate living facilities. During this review, the agency may identify additional related changes that are required to improve clarity or update policy.	09/01/23	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@wsha.org
Amending specific training requirements for nursing assistant certified (NAC) and nursing assistant registered (NAR)	2	Department of Health	The Washington state board of nursing (board), formerly known as the nursing care quality assurance commission, is engaged in permanent rule making to adopt these emergency amendments as permanent rules. Transition from emergency to permanent rules was approved by the board, and a notice of intent to begin rule making was filed on February 8, 2021, under WSR 21-05-021. The board filed a proposed rule-making notice on July 18, 2023, as WSR 23-15-091.	09/01/23	<a href="#">Final Order</a>		NEUTRAL	Katerina LaMarche katerinal@wsha.org
Death With Dignity Act requirements	2	Department of Health	The department proposes revisions to the Death With Dignity Act requirements in chapter 246-978 WAC that reflect (1) the amendments made during the 2023 legislative session and (2) the writing style described in the 2023 Bill Drafting Guide.	09/14/23	<a href="#">Final Order</a>		MONITOR	Zosia Stanley zosiaS@wsha.org
Donor Human Milk Bank Standards	2	Department of Health	E2SSB 5702 requires the department to adopt standards to help ensure the safety of human milk donated to milk banks. Beginning January 1, 2023, health carriers shall provide coverage for medically necessary donor human milk for inpatient use when ordered by a licensed health care provider with prescriptive authority or an international board certified lactation consultant. The statute sets specific criteria for coverage.	09/22/23	<a href="#">Final Order</a>		NEUTRAL	Katerina LaMarche katerinal@wsha.org
Nursing Facility Medicaid Methodology	2	Department of Social and Health Services	The department of social and health services (DSHS) intends to amend chapter 388-96 WAC regarding its nursing facility medicaid methodology to implement a low-wage worker wage equity funding and verification and other related rules as may be required.	10/23/23	<a href="#">Final Order</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org
Health care benefit manager (HCBM) registration	2	Office of the Insurance Commissioner	Existing HCBM rules require the submission of a significant amount of documentation for registration. It has been determined that some of the requirements for submission are excessive and do not assist in the registration process. The purpose of this rule making is to modify the existing HCBM rules to reduce the overall amount of documentation required for registration. Additionally, the rules will be updated to require HCBMs to disclose federal violations.	12/21/23	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@wsha.org
Eligibility for community support services; other related rules as appropriate.	2	Health Care Authority	The health care authority (HCA) intends to lower the minimum eligibility age for community support services from age 18 to age 16. This will allow more people to receive supportive housing services that aim to reduce homelessness and improve health outcomes. During the course of this review, HCA may identify additional related changes that are required in order to improve clarity or update policy.	12/28/23	<a href="#">Final Order</a>		SUPPORT	Zosia Stanley zosiaS@wsha.org



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Implementation of ESSB 5122 (2011-12), ESHB 1222 (2023-24), E2SHB 1357 (2023-24), SB 5036 (2023-24), SB 5066 (2023-24), SB 5242 (2023-24), SSB 5396 (2023-24), and other related legislation incorporated as consolidated health care rule making.	2	Office of the Insurance Commissioner	The office of the insurance commissioner (OIC) is considering consolidated health care rule making due to the recent passage of insurance related legislation. Currently, multiple provisions of health care and insurance regulations in WAC may need to be updated by OIC to be consistent with the legislation passed and codified in RCW. These rules will facilitate implementation of the new laws by ensuring that all affected health care and insurance entities understand their legal rights and obligations under the enacted legislation. This effort may include, but is not limited to, updating regulatory definitions for emergency medical condition and prior authorizations, clarifying hearing instrument coverage requirements, updating telemedicine time frames, providing guidance for health care benefit manger [manager] and health carrier contract reporting requirements, and clarifying cost sharing for abortion and diagnostic or supplemental breast exams. This rule making may impact the following authorities: WAC 284-43-0160, 284-43-7220, 284-44-046, 284-50-270, 284-170-130, 284-180-460, and new sections in chapters 284-43 and 284-46 WAC.	01/01/24	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@wsha.org
DDA is planning to amend rules to align with amendments to home and community-based service waivers as approved by the Centers for Medicare and Medicaid Services. During the course of this review, the department of social and health services (DSHS) may make additional changes that are necessary to improve clarity or update policy.	2	Department of Social and Health Services	The developmental disabilities administration (DDA) is planning to amend these rules to align with amendments to home and community-based service waivers as approved by the Centers for Medicare and Medicaid Services. During the course of this review, the department of social and health services (DSHS) may make additional changes that are necessary to improve clarity or update policy.	01/19/24	<a href="#">Final Order</a>		MONITOR	Mary Storace marys@wsha.org Zosia Stanley zosiaS@wsha.org
Chapter 246-926 WAC Radiological technologists	2	The Department of Health	Chapter 246-926 WAC Radiological technologists - The Department of Health (department) is considering opening rules to clarify, streamline, and modernize the regulations for cardiovascular invasive specialists, radiologic technologists, radiologist assistants, and X-ray technicians. This may include repealing or adding new sections of rules, clarifying competency requirements and identifying authorized duties.	01/20/24	<a href="#">Final Order</a>		MONITOR	Remy Kerr remyk@wsha.org
Prescription Drug Affordability Board.	2	Health Care Authority	To implement the prescription drug affordability board as required in SSSB [2SSB] 5532, chapter 153, Laws of 2022.	06/10/24	<a href="#">Final Order</a>		MONITOR	Andrew Busz Andrewb@wsha.org



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Amending WAC 182-504-0015 and 182-505-0225 so that the agency does not terminate children's health insurance program (CHIP) coverage for nonpayment of premiums during a child's continuous eligibility period and does not condition or delay enrollment on payment of unpaid premiums.	2	Health Care Authority	The health care authority (agency) is amending WAC 182-504-0015 and 182-505-0225 so that the agency does not terminate children's health insurance program (CHIP) coverage for nonpayment of premiums during a child's continuous eligibility period and does not condition or delay enrollment on payment of unpaid premiums.	07/02/24	<a href="#">Emergency Rulemaking</a>		SUPPORT	Andrew Busz Andrewb@wsha.org
Enhanced rates for pediatric care services and administration of vaccines; other related rules as appropriate.	2	Health Care Authority	The health care authority (HCA) is expanding the age limit for the enhancement rate for pediatric care services and the administration of vaccines provided to clients from age 18 and younger to age 20 and younger. During the course of this review, HCA may identify additional related changes that are required in order to improve clarity or update policy.	07/06/24	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@wsha.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@wsha.org
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



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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
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	Cara Helmer Carah@wsha.org





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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	Remy Kerr remyk@wsha.org
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	Remy Kerr remyk@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	Remy Kerr remyk@wsha.org



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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
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	Ashlen Strong AshlenS@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	Remy Kerr remyk@wsha.org



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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
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 www.hca.wa.gov/health-care-services-supports/program-standard-income-and-resources. 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	Ashlen Strong AshlenS@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	Remy Kerr remyk@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@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	<a href="#">Final Order</a>	<a href="#">Rule Page</a>	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	<a href="#">Final Order</a>	<a href="#">Supplemental Notice</a>	SUPPORT	Remy Kerr remyk@wsha.org
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	Remy Kerr remyk@wsha.org



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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	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
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@wsha.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	Remy Kerr remyk@wsha.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@wsha.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@wsha.org



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Hospice Certificate of Need	3	Department of Health	The proposed amendments to WAC 246-310-290 allow for a more accurate measurement of hospice service utilization within Washington communities using reported admissions. The current rule under-reports capacity within the various planning areas, which results in under-calculation of numeric need throughout Washington communities. This proposed change to the methodology calculation will achieve a more accurate measure of utilization to reflect a truer calculation of numeric need for hospice services. The hospice community requested an update to the hospice methodology calculation. This will ensure an accurate representation of need for future application cycles and keep the methodology application consistent across review cycles. The initial CR-101 filed was intended to work on the entire chapter. Remaining items not covered in this CR-102, including petitions, will have a new CR-101 filed to continue that work.	01/03/23	<a href="#">Final Order</a>		MONITOR	Remy Kerr remyk@wsha.org
Amendment to WAC 388-484-0006 Related to TANF/SFA Time Limit Extensions	3	Department of Social and Health Services	The department is planning to amend WAC 388-484-0006 TANF/SFA time limit extensions. During this rule making, other related rules may be identified and amended as be required.	01/09/23	<a href="#">Final Order</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org
Home Health Hospice Supervision via Telemedicine	3	Department of Health	DOH will consider amending requirements for how in-home services agencies perform supervisory visits. This may include permanently adopting some measures used throughout the coronavirus disease 2019 (COVID-19) pandemic, such as expanding the definition of "telemedicine," removing the requirement that supervisory visits must occur during an on-site visit, and other regulatory flexibilities as appropriate. Additionally, the department will consider whether amendments are necessary to align with ESHB 1196 (chapter 157, Laws of 2021), audio-only telemedicine legislation that was passed during the 2021 legislative session.	01/12/23	<a href="#">Final Order</a>		MONITOR	Remy Kerr remyk@wsha.org
Behavioral health administrative service organizations and managed care organizations—Behavioral health ombuds office; other related rules as appropriate.	3	Health Care Authority	The agency is repealing WAC 182-538D-0262, which requires behavioral health administrative agencies to maintain a behavioral health ombuds office for medicaid managed care enrollees. This service will be replaced by a new statewide ombuds program established under chapter 71.40 RCW, which takes effect October 1, 2022. During the course of this review, the health care authority (HCA) may identify additional related changes that are required in order to improve clarity or update policy.	01/28/23	<a href="#">Final Order</a>		MONITOR	Andrew Busz Andrewb@wsha.org



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Removing language concerning prohibiting use of credit history.	3	Office of the Insurance Commissioner	On February 1, 2022, the insurance commissioner filed Insurance Commissioner Matter R 2021-07 (as filed in WSR 22-040-090), which prohibits insurers' use of consumers' credit histories to determine personal insurance rates, premiums, or eligibility for coverage for all homeowners, renters, and private passenger automobile insurance for a period lasting until three years following the day the national emergency concerning the outbreak of COVID-19 declared by the president on March 13, 2020, terminates, or until three years after the day the Governor's Proclamation 20-05 declaring a state of emergency throughout the state of Washington as a result of the COVID-19 outbreak expires, whichever is later. The R 2021-07 rule making adopted WAC 284-24A-090 and amended WAC 284-24A-050	02/06/23	<a href="#">Final Order</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org
Ensure nursing homes are not significantly impeded from admitting and caring for residents during the COVID-19 outbreak.	3	Department of Social and Health Services	The threat of COVID-19 to our most vulnerable populations is significant, especially for those receiving long-term care services in their homes and congregate settings, such as long-term care facilities. Current nursing home rules require large nonessential community providers to have a registered nurse on duty directly supervising resident care 24 hours per day, seven days per week, and to provide a minimum of 3.4 hours of direct care for each resident every day. These rules are necessary to instruct and inform nursing homes on the process the department will use to prioritize and resume oversight of minimum staffing standards, bringing all service providers back into compliance with statutory requirements by October 27, 2023. The emergency rules are necessary to maintain the suspension of requirements related to nursing home minimum staffing standards consistent with ESHB 1120 and allow the department to adopt permanent rules to maintain the suspension for the duration required under the statute.	02/09/23	<a href="#">Emergency Rule</a>		MONITOR	Zosia Stanley zosiaS@wsha.org
Continuation of the suspended regulatory requirement for these facilities to complete assessments for HCS clients while the HCS assessors are not available.	3	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 and to focus on significant change assessments. The department is proceeding with permanent adoption. We filed a CR-101 under WSR 22-13-121 and have been working on proposed language to file with a CR-102 in the near future. This emergency will keep the rule in place as the department completes the permanent adoption process.	02/11/23	<a href="#">Emergency Rule</a>		MONITOR	Zosia Stanley zosiaS@wsha.org





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Washington apple health—Gender affirming interventions for gender dysphoria	3	Health Care Authority	Including Any Changes in Existing Rules: The health care authority (HCA) is correcting a typographical error in the cross-reference to the early and periodic screening, diagnosis, and treatment program rules in subsection (1)(f). The current cross-reference points to chapter 182-543 WAC. This should read chapter 182-534 WAC.	02/13/23	<a href="#">Final Order</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org
When must continuing education be completed when public health emergency waivers are lifted, and what continuing education credit is granted to long-term care workers employed during the pandemic?	3	Department of Social and Health Services	Long-term care workers hired or rehired during the COVID-19 public health emergency are required to complete 12 hours of continuing education annually by their birthdate. Stakeholders have reported that there are a significant number of workers still needing to complete continuing education hours that came due while the pandemic waivers were in place. This is affecting workers' ability to meet requirements for current renewal cycles because hours must be applied to the older renewal cycles first. This will result in long-term care workers being out of compliance and create risks to clients being able to access qualified workers for provision of their personal care services.	02/22/23	<a href="#">Emergency Rule</a>		MONITOR	Zosia Stanley zosiaS@wsha.org
Billing for clients eligible for medicare and medicaid; other related rules as appropriate.	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	<a href="#">Final Order</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org
Increases to initial and renewal licensing fees for medical test sites.	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	<a href="#">Final Order</a>		NEUTRAL	Remy Kerr remyk@wsha.org
Health care coverage—Program benefit packages—Scope of service categories, and from the medical nutrition therapy chapter	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	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@wsha.org
Services exempt from DRG payment	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	<a href="#">Final Order</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org
Amendments to inactive and expired licensure requirements for ARNPs in response to the COVID-19 pandemic	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	<a href="#">Final Order</a>		MONITOR	Katerina LaMarche katerinal@wsha.org



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Fee amendments	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	<a href="#">Final Order</a>		NEUTRAL	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.	3	Health Care Authority	Correct typographical errors.	06/04/23	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@wsha.org
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.	3	Health Care Authority	Correct typographical errors.	06/04/23	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@wsha.org



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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(6) to update the requirements in subsection (6)(a) with a cross-reference to WAC 182-538D-0200 and to align requirements for professionals treating children with RCW 71.34.020 and WAC 182-538D-0200. During the course of this review, HCA may identify additional related changes that are required in order to improve clarity or update policy.	06/18/23	<a href="#">Final Order</a>		MONITOR	Cara Helmer Carah@wsha.org
Medical aid rules updates, rate setting for most professional health care services for injured workers.	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	<a href="#">Final Order</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org
Kidney disease program (KDP)—Resource eligibility	3	Health Care Authority	The agency is amending this rule to remove the website link referencing where qualified medical beneficiary (QMB) resource standards for an individual and a couple are listed. Under recent legislation, ESSB 5693, section 205(26), chapter 297, Laws of 2022, countable resources are no longer required for other eligibility programs. As a result, the health care authority (HCA) removed the QMB resource standards chart from its website. The kidney disease program, however, still requires these resource standards, which can be found on medicare's website. During the course of this review, HCA may identify additional related changes that are required in order to improve clarity or update policy.	07/30/23	<a href="#">Final Order</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org
Respiratory care—Provider requirements	3	Health Care Authority	The agency is removing the outdated clinical criteria for coverage of oxygen and is also revising other criteria. The clinical criteria in the current rules are more restrictive than medicare's current clinical criteria, which causes providers to request prior authorization more frequently than necessary. Under this rule making, the agency plans to align the rules with medicare's current requirements. 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.	08/01/23	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@wsha.org



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Patient Review and Coordination (PRC) Related to Obtaining Certain Prescription Items	3	Health Care Authority	The health care authority (HCA) is amending WAC 182-501-0135 to: (a) Change the time period in which a client may request an administrative hearing from 90 days to 120 days; (b) state that HCA may determine on a case-by-case basis that a client may obtain certain prescription items at any pharmacy; and (c) add that HCA may remove a client from PRC placement if the client has successfully stabilized due to the utilization of treatment medications, including but not limited to, Buprenorphine. During the course of this review, HCA may identify additional related changes that are required in order to improve clarity or update policy.	08/01/23	<a href="#">Final Order</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org
The ESD is engaging in rule making regarding the declaration and ending of public health emergencies during a benefit week.	3	Employment Security Department	Currently, multiple factors for determining a claimant's eligibility for unemployment benefits are impacted by a declaration of a public health emergency. The department intends to adopt rules to clarify whether a claim is covered by a public health emergency declaration when the public health emergency is enacted or lifted during a benefit week.	08/06/23	<a href="#">Final Order</a>		MONITOR	Remy Kerr remyk@wsha.org
Enhanced reimbursement—Medication assisted treatment for opioid use disorder; other related rules as appropriate.	3	Health Care Authority	The health care authority (HCA) is removing any mention of the DATA 2000 waiver in WAC 182-531-2040. During the course of this review, HCA may identify additional related changes that are required in order to improve clarity or update policy.	08/26/23	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@wsha.org
Payment Methodology for Physician-Related Services	3	Health Care Authority	The health care authority (HCA) is amending this rule to explain how HCA updates the state-only composite rate and to clarify language throughout. During the course of this review, HCA may identify additional related changes that are required in order to improve clarity or update policy.	08/26/23	<a href="#">Final Order</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org
Independent Medical Examination Specialist Availability	3	Department of Labor & Industries	The rule will address how to accommodate the injured worker if no approved independent medical examiner in the specialty needed is available in a reasonably convenient location as well as how telemedicine IMEs may be used.	09/01/23	<a href="#">Final Order</a>		MONITOR	Remy Kerr remyk@wsha.org
Transportation services—Nonemergency transportation (NEMT)	3	Health Care Authority	Transportation services—Nonemergency transportation (NEMT), WAC 182-546-5000 NEMT—General, 182-546-5100 NEMT—Definitions, 182-546-5550 NEMT—Exclusions and limitations, 182-546-5600 NEMT—Intermediate stops or delays, 182-546-5800 NEMT—Trips out-of-state/out-of-country, 182-546-5900 NEMT—Meals, lodging, escort/guardian, and 182-546-6200 NEMT—Reimbursement. Other related rules as appropriate.	09/18/23	<a href="#">Final Order</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org



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HCA is amending these rules to align with Section 11405 of the Inflation Reduction Act (IRA) of 2022 (P.L. 117-169), which requires states to cover approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).	3	Health Care Authority	The agency is filing these emergency rules because IRA requires apple health (medicaid) to begin covering adult travel vaccines recommended by ACIP beginning October 1, 2023. This new coverage also preserves the health, safety, and welfare of apple health clients. The agency began the permanent rule making under WSR 23-16-097, filed July 31, 2023, and will be filing the proposed rule making for a public hearing soon. This emergency filing is necessary while the permanent rule-making process is completed.	10/01/23	<a href="#">Emergency Rulemaking</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org
Hospital care—General, Hospital discharge planning services, Payment—Non-SCA participating hospitals, and Upper payment limit (UPL) payments for inpatient hospital services.	3	Health Care Authority	The health care authority (HCA) is amending WAC 182-550-2750 to correct a typographical error in a WAC reference. The rule references chapter 246-318 WAC; the correct citation is chapter 246-320 WAC. HCA is repealing WAC 182-550-4700 because the hospital selective contracting program to which it applies ended June 30, 2007. HCA is repealing WAC 182-550-5425 because the upper payment limit program to which it applies ended July 1, 2007. HCA is amending WAC 182-550-1100 by deleting subsection (3)(b) because it applies only to HCA's selective contracting program that ended June 30, 2007.	10/09/23	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@wsha.org
Medical assistance definitions	3	Health Care Authority	The agency is amending medical assistance definitions to add a person's resources to the reasonable compatibility processes for eligibility renewals. During this review, the health care authority (HCA) may identify additional related changes that are required to improve clarity or update policy.	11/25/23	<a href="#">Final Order</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org
Radiation machine facility fees	3	Department of Health	DOH has completed an initial assessment of the radiation machine program fiscal resources and determined the program is not generating sufficient revenue to cover the cost of the program over the fiscal planning period. The program is also reviewing machine categories to better align with current classifications and may update or restructure existing fees and may propose new fees for radiation machine facilities. This rule making will not alter or change any professional license fees that radiation professionals currently pay (e.g., radiation technician, radiation technologist). This fee rule applies to facilities that pay registration fees for radiation machine facilities and tube fees for radiation machines.	11/30/23	<a href="#">Final Order</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org



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Noncovered physician-related and health care professional services—General and administrative and Office and other outpatient physician-related services; other related rules as appropriate.	3	Health Care Authority	The agency is amending these rules to align with Section 11405 of the Inflation Reduction Act (P.L. 117-169), which requires states to cover approved adult vaccines recommended by the Advisory Committee on Immunization Practices. During the course of this review, the agency may identify additional related changes that are required in order to improve clarity or update policy.	12/09/23	<a href="#">Final Order</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org
Reporting of health system readiness data	3	Department of Health	WA HEALTH was created to provide decision makers and leaders across the state with timely data and information to understand and respond to health care system impacts from coronavirus disease 2019 (COVID-19). WA HEALTH continues to be used daily for state and local public health and medical preparedness planning to inform planned patient movement, communicable respiratory hospitalizations and disease trends (COVID-19, influenza, and soon respiratory syncytial virus (RSV)), and the ability of the system to absorb another health care surge so patients have access to the appropriate level of health care across the state.	12/22/23	<a href="#">Emergency Rulemaking</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org
Home care aide and nursing assistant-certified alternate certification time frames.	3	Department of Health	The department of health (department) 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 lasting impacts caused by the coronavirus disease 2019 (COVID-19) pandemic, many long-term care workers are still unable to obtain training and certification as home care aides or 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, testing, and credentialing capacity issues are being resolved.	12/28/23	<a href="#">Emergency Rulemaking</a>		MONITOR	Katerina LaMarche katerinal@wsha.org
Effective January 1, 2024, the legislature provided funding for adult cochlear implants.	3	Health Care Authority	The legislature appropriated funding for adult cochlear implant coverage for a vulnerable population. Immediate adoption preserves public health and the general welfare.	01/01/24	<a href="#">Emergency Rulemaking</a>		SUPPORT	Andrew Busz Andrewb@wsha.org
Definitions—, Administration of medical programs—Providers, specifically, Eligible provider types, Alternatives to hospital services; and other related rules as appropriate.	3	Health Care Authority	The agency is reviewing these rules and may amend them as needed to comply with the CURES Act of 2016; P.L. 114-255, which implements the electronic visit verification requirement for home health care service claims to be paid. In addition, the health care authority (HCA) is amending chapter 182-551 WAC to update the rules to be consistent with the other rules for administration of the medicaid program. During the course of this review, HCA may identify additional related changes that are required in order to improve clarity or update policy.	01/01/24	<a href="#">Final Order</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org



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Allowing Master's Level Therapists to Treat Injured Workers	3	Department of Labor & Industries	Allowing Master's Level Therapists to Treat Injured Workers- L&I rules don't currently allow master's level therapists (MLTs) to treat injured workers. Stakeholders requested L&I change the rules and allow these providers to treat workers for accepted conditions within the providers' scope of practice. L&I decided to initiate a pilot to help determine how MLTs can best be incorporated into the workers' compensation setting. Under this pilot these current provisions related to treatment by MLTs are waived for pilot participants only. The pilot will begin on January 1, 2020 and the exceptions granted are effective throughout a four-year pilot period or as otherwise specified. Labor & Industries may pay qualified providers participating in the project to deliver appropriate behavioral and mental health interventions to workers with an open workers' compensation claim. Pilot program results, including billing patterns, submission of required documentation, and referrals for further services will be considered in developing final rule language, medical coverage decisions, and/or payment policy. L&I has determined this waiver is in the public interest and necessary to conduct this pilot project.	01/01/24	<a href="#">Final Order</a>		SUPPORT	Remy Kerr remyk@wsha.org
Definitions related to long-term services and supports (LTSS); other related rules as appropriate.	3	Health Care Authority	The health care authority (agency) is amending WAC 182-513-1100 to define intensive behavioral health treatment facility (IBHTF) as a residential treatment facility licensed under chapter 246-337 WAC, and add additional definitions related to long-term services and supports. During this review, the agency may identify additional related changes that are required to improve clarity or update policy.	01/27/24	<a href="#">Final Order</a>		MONITOR	Cara Helmer Carah@wsha.org
Washington apple health—How resources are considered, 182-519-0050 Monthly income and countable resource standards for medically needy (MN); other related rules as appropriate.	3	Health Care Authority	The health care authority (agency) is amending WAC 182-509-0220 to specify that medicare savings programs do not have a resource limit, which is consistent with section 211(40), chapter 475, Laws of 2023, and WAC 182-517-0100 as amended under WSR 22-21-043. The agency is amending WAC 182-519-0050 to correct a website address for the Washington apple health income and resource standards chart and update the medically needy income level and federal benefit rate. During this review, the agency may identify additional related changes that are required to improve clarity or update policy.	02/10/24	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@wsha.org
Physician-related and health care professional services requiring prior authorization, 182-531-0375 Audiology services, 182-547-0850 Coverage—Clients age twenty-one and older; other related rules as appropriate.	3	Health Care Authority	The health care authority (agency) is revising these rules to include coverage for adult cochlear implants for apple health (medicaid) clients. The legislature provided funding for adult cochlear implants in the 2023-2025 omnibus operating budget. During the course of this review, the agency may identify additional related changes that are required in order to improve clarity or update policy.	02/10/24	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@wsha.org





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Temporary Practice Permits for Nurses	3	Department of Health	In 2009, the commission and the department of health (department) began processing FBI fingerprint background checks. The process took several months. To remedy this delay in licensure, the commission's current practice is to issue a temporary practice permit after the applicant meets all other licensure requirements aside from receipt of the FBI fingerprint background check, allowing the nurse to begin working in Washington state. Under WAC 246-840-095, the temporary practice permit is valid for 180 days or until the commission issues a permanent Washington state license to the nurse. WAC 246-840-095 also allows for an additional 180-day extension of the temporary practice permit if the department has not received the fingerprint results during the initial 180-day period. The commission intends to engage in rule making to decrease the length of time a temporary practice permit is effective and align the rules with the current commission practice to issue a temporary practice permit.	02/11/24	<a href="#">Final Order</a>		MONITOR	Mary Storace marys@wsha.org Katerina LaMarche katerinal@wsha.org
SUDP Training	3	Department of Health	The department is considering several changes to increase the substance use disorder professional (SUDP) workforce, which is understaffed, and to remove a reference to a repealed training. First, the department will consider amending the national certification requirements in WAC 246-811-070 to facilitate SUDPs from other states becoming certified in Washington. Second, the department will consider amending WAC 246-811-076 based on a petition received by the department in 2018. This potential amendment would add pharmacists as a profession eligible for the alternative training path, which allows members of certain health professions to be credentialed after completing abbreviated education and experience requirements. Finally, the department will consider removing the reference to an obsolete training from WAC 246-811-300, as the original statutory requirement for AIDS training was repealed in 2020 and subsequently removed from department rules.	02/23/24	<a href="#">Final Order</a>		MONITOR	Cara Helmer Carah@wsha.org
Reimbursement—Dispensing fee; other related rules as appropriate.	3	Health Care Authority	The health care authority (agency) is revising this rule in accordance with the settlement agreement in the case of National Association of Chain Drug Stores, et al., v. Washington State Health Care Authority, et al. (Case No. 51489-3-II) and for the purpose of ensuring the continuation of federal medicaid funding. HCA also filed an emergency rule-making order under WSR 23-22-074, while the permanent rule-making process is being completed. During the course of this review, HCA may identify additional related changes that are required in order to improve clarity or update policy.	02/24/24	<a href="#">Final order</a>		SUPPORT	Andrew Busz Andrewb@wsha.org
Premium payment program (PPP); other related rules as appropriate.	3	Health Care Authority	The agency intends to amend this chapter to update eligibility requirements for clients enrolled in a qualified health plan. The agency also plans to revise the overpayments and administrative hearings sections to clarify when and how the agency can recover overpayments from PPP clients. During the course of this review, the health care authority may identify additional related changes that are required in order to improve clarity or update policy.	03/01/24	<a href="#">Final Order</a>		MONITOR	Andrew Busz Andrewb@wsha.org



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Removing postgraduate medical training barriers to physician licensing.	3	Department of Health	The continuation of this emergency rule and the immediate amendment of WAC 246-919-330 is necessary for the preservation of public health, safety, and general welfare. Continued demand for health care professionals, especially qualified physicians, makes it essential that qualified applicants are able to obtain a license. This action will result in increasing the quantity of health care professionals able to respond to current and ongoing staffing 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 has begun rule making under a CR-101 filed on August 23, 2023, under WSR 23-18-005, to consider permanently adopting these amendments.	03/08/24	<a href="#">Emergency Rulemaking</a>		SUPPORT	Katerina LaMarche katerinal@wsha.org
Hospital reports and audits; other related rules as appropriate	3	Health Care Authority	The health care authority (agency) is revising this rule to remove subsection (4)(a) and (b) and revise the language to match 42 C.F.R. Part 447, Subpart C, Payment for Inpatient Hospital and Long-Term Care Facility Services, § 447.253(g) Other requirements. During the course of this review, the agency may identify additional related changes that are required in order to improve clarity or update policy.	03/31/24	<a href="#">Final Order</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org
Federal medicare savings programs; other related rules as appropriate.	3	Health Care Authority	The health care authority (agency) is amending WAC 182-517-0100 to increase the eligibility threshold for certain medicare savings programs. During this review, the agency may identify additional related changes that are required to improve clarity or update policy.	04/01/24	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@wsha.org
"Full cost" public hospital certified public expenditure (CPE) payment program; other related rules as appropriate.	3	Health Care Authority	The health care authority (agency) is amending this rule to add clarifying language to subsection (5)(c). The agency is adding that if the state's applicable federal medical assistance percentage (FMAP) is zero percent, the amount derived in subsection (5)(b) is multiplied by the lowest Washington state specific medicaid FMAP in effect at the time of claim payment. During the course of this review, the agency may identify additional related changes that are required in order to improve clarity or update policy.	05/25/24	<a href="#">Final Order</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org
Initial licensure via an out-of-state traditional nursing education program approved by another United States Nursing Board, applicants applying via interstate endorsement, and other related licensure requirements.	3	Department of Health	The commission is considering amendments to WAC 246-840-030, 246-840-090, and other related rule sections to clarify specific licensing requirements for RN and LPN applicants. The rules as currently written state that a nurse who has graduated from another state's approved nursing program or from a substantially equivalent program may be licensed. The commission became aware that certain nursing programs in Florida and elsewhere had programs that were fraudulently granting diplomas. The commission is considering amending these rules to ensure that the rules cannot be read to mean that because their fraudulent nursing program was approved by another state, the commission must accept it and license these individuals. The commission must protect the people of Washington by only licensing qualified, properly trained nurses. As a preliminary step, the commission has filed emergency rules to address these amendments and assess whether to make the emergency rule language permanent or add additional language to set clear minimum standards for RN and LPN licensure.	05/27/24	<a href="#">Final Order</a>		MONITOR	Mary Storage marys@wsha.org



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Community behavioral support services benefit; and WAC 182-501-0065 Health care coverage—Description of service categories.	3	Health Care Authority	WAC is a new chapter to establish the community behavioral support services (CBHS) benefit. The CBHS benefit assists eligible clients with obtaining the skills necessary to reside successfully in home and community-based settings. The chapter includes the eligibility criteria for clients; apple health rules requiring medical necessity do not apply to this benefit. The chapter also includes CBHS provider requirements, eligible diagnoses, covered services, and the appeal process. Additionally, HCA is amending WAC 182-501-0065 to include CBHS as a service category.	07/01/24	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@wsha.org
Psychiatric physician-related services and other professional mental health services; other related rules as appropriate.	3	Health Care Authority	The health care authority (HCA) is adding mental health counselor associates, social worker associates, and marriage and family therapist associates as provider types eligible to provide covered health care services to eligible clients. During the course of this review, HCA may identify additional related changes that are required in order to improve clarity or update policy.	07/01/24	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@wsha.org
Outpatient rehabilitation (occupational therapy, physical therapy, and speech therapy); other related rules as appropriate.	3	Health Care Authority	In response to SB 5228, section 2, chapter 113, Laws of 2023, the health care authority (HCA) is amending WAC 182-545-200 to state that HCA pays for outpatient rehabilitation services provided to eligible clients when provided by licensed or certified behavioral health agencies as part of a mental health or substance use disorder treatment program. HCA is also amending this rule to add separate limits for clients needing occupational therapy to treat behavioral health conditions. During the course of this review, HCA may identify additional related changes that are required in order to improve clarity or update policy.	07/27/24	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@wsha.org
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. 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.</li> </ul>	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



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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
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	Remy Kerr remyk@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	Remy Kerr remyk@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@wsha.org
Physician assistant and allopathic physician health equity continuing education.	4	Department of Health	By January 1, 2024, RCW 43.70.613(1) requires each health profession credentialed under RCW 18.130.040 with a CE requirement to adopt rules requiring completion of health equity CE training at least once every four years. RCW 43.70.613 (3)(b) also directed the department to create model rules establishing minimum standards for health equity CE programs. The department adopted rules for health equity CE minimum requirements as WSR 22-23-167 on November 23, 2022. Any rules developed by the commission for licensed allopathic physicians and physician assistants must meet or exceed the minimum standards in the model rules found at WAC 246-12-800 through 246-12-830. The goal of health equity CE training is to ensure that health care professionals complete health equity training and that the content of the health equity trainings include instruction on skills to address structural factors, such as bias, racism, and poverty, which manifest as health inequities.	01/01/23	<a href="#">Final Order</a>		NEUTRAL	Katerina LaMarche katerinal@wsha.org
Workers' Comp 2023 Classification, Reporting, and Penalties Amendments	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	<a href="#">Final Order</a>		MONITOR	Remy Kerr remyk@wsha.org



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When must long-term care workers who were working or hired during the COVID-19 public health emergency complete training including required specialty training?	4	Department of Social and Health Services	LTCWs 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 being able to access qualified workers for provision of their personal care services. To prevent this, the department is extending the training and certification deadlines. These changes must take effect before the current emergency rule expires because there is a group of workers who will suddenly be out of compliance and unable to work if they have not completed training by the current deadlines. For that reason, getting new dates in place is critical.	04/17/23	<a href="#">Emergency Rule</a>		NEUTRAL	Zosia Stanley zosiaS@wsha.org
WA Adoption of International Existing Building Code	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	<a href="#">Final Order</a>		MONITOR	Remy Kerr remyk@wsha.org
Radiology, radiation therapy, nuclear medicine, pathology, hospital, chiropractic, physical therapy, drugless therapeutics and nursing—Drugless therapeutics, etc. Repealing WAC 296-23-367 May the worker videotape or audiotape the independent medical examination?	4	Department of Labor & Industries	SHB 1068 was adopted into law by the legislature effective July 23, 2023, requiring current rules be updated to align with changes made to RCW 51.36.070. The statute indicates workers have the right to record the audio, video, or both, of all IMEs ordered under this statute, RCW 51.32.110, and by the board of industrial insurance appeals. The current rule states video and audio recording for an IME isn't allowed. This rule needs to be repealed, as the statute update invalidates the rule.	09/08/23	<a href="#">Final Order</a>		CONCERNS	Remy Kerr remyk@wsha.org
Acupuncture and Eastern medicine practitioner. DOH is considering adopting the health equity continuing education (CE) model rule	4	Department of Health	DOH is considering adopting the health equity continuing education (CE) model rules, WAC 246-12-800 through 246-12-830, to comply with RCW 43.70.613. The department will also consider whether additional CE hours and course topics should be included.	09/15/23	<a href="#">Final Order</a>		NEUTRAL	Remy Kerr remyk@wsha.org



Primary	PRIORITY	AGENCY	DESCRIPTION	Effective Date	Final Order	Extra Materials	WSHA Position/Impact	WSHA CONTACT
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.	4	Department of Health	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. 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	<a href="#">Final Order</a>		NEUTRAL	Katerina LaMarche katerinal@wsha.org
The Creation of a New Certified Profession of a Birth Doula Under Title 18 RCW	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	<a href="#">Final Order</a>		MONITOR	Katerina LaMarche katerinal@wsha.org
Retrospective Rating for workers' compensation insurance.	4	Department of Labor & Industries	When WAC 296-17B-010 was updated in 2017, the department of labor and industries (L&I) made a commitment to "repeat the studies that resulted in the hazard group assignments and changes to retrospective plan tables that are shown in WAC 296-17-901, 296-17B-300, 296-17B-560, 296-17B-830, and 296-17B-910 through 296-17B-990. The repeated studies will determine whether the results are consistent with the expectation of improved fairness in the distribution of the retrospective rating refunds among participants. These repeated studies will be done by April 1, 2020. The department will evaluate and if necessary update the tables beginning at WAC 296-17B-910 every five (5) years." (WSR 17-12-020)	10/01/23	<a href="#">Final Order</a>		MONITOR	Remy Kerr remyk@wsha.org





Primary	PRIORITY	AGENCY	DESCRIPTION	Effective Date	Final Order	Extra Materials	WSHA Position/Impact	WSHA CONTACT
Health equity continuing education for genetic counselors.	4	Department of Health	<p>By January 1, 2024, RCW 43.70.613(1) requires each health profession credentialed under RCW 18.130.040 with a CE requirement to adopt rules requiring completion of health equity CE training at least once every four years. This includes the genetic counselor profession.</p> <p>RCW 43.70.613 (3)(b) also directed the department to create model rules establishing minimum standards for health equity CE programs. The department filed proposed rules for health equity CE minimum standards on August 23, 2022, under WSR 22-17-141. Any rules developed for genetic counselors must meet or exceed the minimum standards in the model rules found at WAC 246-12-800 through 246-12-830.</p> <p>The goal of health equity CE training is to equip health care workers with the skills to recognize and reduce health inequities in their daily work. The content of the health equity trainings include instruction on skills to address structural factors, such as bias, racism, and poverty, which manifest as health inequities.</p>	11/18/23	<a href="#">Final Order</a>		MONITOR	Katerina LaMarche katerinal@wsha.org
Orthotics and prosthetics. The department of health (department) is considering adopting the health equity continuing education (CE), will also consider whether additional CE hours and course topics should be included.	4	Department of Health	<p>The department adopted model rules for health equity CE minimum standards in November 2022. Any rules developed for orthotic or prosthetic licensees must meet or exceed the minimum standards in the model rules found at WAC 246-12-800 through 246-12-830.</p> <p>The goal of health equity CE training is to equip health care workers with the skills to recognize and reduce health inequities in their daily work. The content of the health equity trainings include instruction on skills to address structural factors, such as bias, racism, and poverty, which manifest as health inequities.</p>	12/18/23	<a href="#">Final Order</a>		MONITOR	Katerina LaMarche katerinal@wsha.org
The NCQAC is considering adopting the health equity continuing education model rules	4	Department of Health	<p>The department of health (department) developed proposed model rules establishing minimum standards for health equity CE training for health care professionals to include instruction on skills to address structural factors, such as bias, racism, and poverty, that manifest as health inequities. The department adopted the model rules in November 2022. Any rules developed by the commission must meet or exceed the minimum standards in the model rules found at WAC 246-12-800 through 246-12-830.</p>	12/22/23	<a href="#">Final Order</a>		NEUTRAL	Katerina LaMarche katerinal@wsha.org
The occupational therapy practice board is considering amendments to continuing competency, to create a health equity continuing education requirement.	4	Department of Health	<p>The occupational therapy practice board (board) is considering amendments to WAC 246-847-065 Continuing competency, to implement ESSB 5229 creating a health equity continuing education requirement.</p>	01/01/24	<a href="#">Final Order</a>		NEUTRAL	Remy Kerr remyk@wsha.org



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Naturopathic physician continuing education (CE) requirements	4	Department of Health	The board of naturopathy (board) is proposing amendments to ensure clear CE requirements including: Designation of pharmacology CE credits, classification of CE categories, and implementation of the health equity CE requirements, mandated by ESSB 5229 (chapter 276, Laws of 2021).	01/29/24	<a href="#">Final Order</a>		MONITOR	Katerina LaMarche katerinal@wsha.org
Nursing Home Administrators	4	Department of Health	The board is considering the establishment of retired active status as a way for nursing home administrators to continue to practice in a limited way at a reduced cost. Having access to a retired active status would allow nursing home administrators to be more readily available during a health emergency such as the coronavirus disease 2019 (COVID-19) pandemic. The board is considering adding proof of course requirements for a renewal of an expired license as a means to check that all active licensees have sufficient knowledge of current Washington laws and rules.	02/23/24	<a href="#">Final Order</a>		MONITOR	Katerina LaMarche katerinal@wsha.org
Health Equity Continuing Education for Athletic Trainers	No Impact	Department of Health	The bill requires, by January 1, 2024, that each health profession credentialed under RCW 18.130.040 with a CE requirement adopt rules requiring completion of health equity CE training at least once every four years.	01/01/24	<a href="#">Final Order</a>		Take off list - do not need to monitor	Katerina LaMarche katerinal@wsha.org
Medical substances, devices, and supplies for humans—Drugs prescribed for human use—Medically prescribed oxygen—Prosthetic devices—Mobility enhancing equipment—Durable medical equipment.	No Impact	Washington State Department of Revenue	The department is updating WAC 458-20-18801 due to changes from recent legislation, SSB 5218 (2023). The changes include updates to RCW 82.08.814 and 82.12.814 to provide a new retail sales and use tax exemption for mobility enhancing equipment for complex needs patients.	02/23/24	<a href="#">Final Order</a>			Remy Kerr remyk@wsha.org
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	<a href="#">Emergency Rule</a>			Katerina LaMarche katerinal@wsha.org



Primary	PRIORITY	AGENCY	DESCRIPTION	Effective Date	Final Order	Extra Materials	WSHA Position/Impact	WSHA CONTACT
Training Requirements for nursing assistants-registered (NARs) and home care aides (HCAs)		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	<a href="#">Emergency Rules</a>			Katerina LaMarche katerinal@wsha.org
Home care aides, long-term care workers training, testing, and certification as a nursing assistant-certified (NAC).		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	<a href="#">Emergency Rules</a>			Katerina LaMarche katerinal@wsha.org



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Emergency Rule: Prescription and chart order—Minimum requirements.		Department of Health Pharmacy Quality Assurance Commission	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.	10/20/22	<a href="#">Emergency Rules</a>			Remy Kerr remyk@wsha.org
When shall long-term care workers who were working/hired during the COVID-19 public health emergency complete training, including required specialty training?		Department of Social and Health Services	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.	10/26/22	<a href="#">Emergency Rule</a>			Katerina LaMarche katerinal@wsha.org
120-day provisional hire—Pending FBI background check results		Department of Social and Health Services	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.	10/26/22	<a href="#">Emergency Rule</a>			Katerina LaMarche katerinal@wsha.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@wsha.org



Primary	PRIORITY	AGENCY	DESCRIPTION	Effective Date	Final Order	Extra Materials	WSHA Position/Impact	WSHA CONTACT
Novel coronavirus (SARS-CoV-2), coronavirus disease 2019 (COVID-19) reporting		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	<a href="#">Emergency Rule</a>			Remy Kerr remyk@wsha.org
Amending training requirements for nursing assistant registered (NARs) and home care aides (HCAs).		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	<a href="#">Emergency Rule</a>			Katerina LaMarche katerinal@wsha.org
The NCQAC is specific license requirements for advanced registered nurse practitioners (ARNPs) in response to the COVID-19 pandemic		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	<a href="#">Emergency Rule</a>			Katerina LaMarche katerinal@wsha.org



Primary	PRIORITY	AGENCY	DESCRIPTION	Effective Date	Final Order	Extra Materials	WSHA Position/Impact	WSHA CONTACT
The NCQAC is amending training requirements for nursing assistant certified (NAC) and nursing assistant registered (NAR) in response to the COVID-19 pandemic		Department of Health	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. 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. 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 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	01/06/23		<a href="#">Emergency Rule</a>		Katerina LaMarche katerinal@wsha.org
Establishing alternate certification time frames for individuals working toward certification as a home care aide or nursing assistant-certified (NAC) while testing and training backlogs exist.		Department of Health	These emergency rules combine and continue the effects of two different sets of emergency rules. The first set of emergency rules was developed in collaboration with the department of social and health services (DSHS) and established alternate certification time frames for individuals working toward certification as a home care aide. These rules were initially filed on February 15, 2022, under WSR 22-05-079, then extended on June 15, 2022, under WSR 22-13-105 and on October 13, 2022, under WSR 22-21-069. The second set of emergency rules was developed in collaboration with DSHS and the nursing care quality assurance commission (NCQAC). It established alternate certification time frames for individuals working toward certification as an NAC. These rules were initially filed on September 14, 2022, under WSR 22-19-027.	01/12/23		<a href="#">Emergency Rule</a>		Katerina LaMarche katerinal@wsha.org
When must long-term care workers who were working or hired during the COVID-19 public health emergency complete training, including required specialty training?		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		<a href="#">Emergency Rulemaking</a>		Katerina LaMarche katerinal@wsha.org



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Ensures that WAC 388-107-0630 is consistent with the requirements of chapter 388-112A WAC for training and home care aide certification to support the health and safety of residents in this setting and to benefit enhanced services facilities business owners.		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	<a href="#">Final Order</a>			Katerina LaMarche katerinal@wsha.org
Necessary changes to implement amendments to the developmental disabilities administration's home and community-based services waivers as approved by CMS		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	<a href="#">Emergency Rule</a>		NEUTRAL	Mary Storace marys@wsha.org
Examination and reexamination for home care aide certification		Department of Health	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.	02/14/23	<a href="#">Emergency Rule</a>			Katerina LaMarche katerinal@wsha.org





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<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> <p>The nursing care quality assurance commission (commission) is amending specific training requirements for nursing assistant certified (NAC) and nursing assistant registered (NAR).</p>		Department of Social and Health Services	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.	02/24/23	<a href="#">Emergency Rulemaking</a>		MONITOR	Katerina LaMarche katerinal@wsha.org
		Department of Social and Health Services	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.	03/01/23	<a href="#">Emergency Rule</a>		MONITOR	Mary Storage marys@wsha.org
		Department of Health	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.	05/05/23	<a href="#">Emergency Rules</a>			Katerina LaMarche katerinal@wsha.org



Primary	PRIORITY	AGENCY	DESCRIPTION	Effective Date	Final Order	Extra Materials	WSHA Position/Impact	WSHA CONTACT
Amending specific training requirements for nursing assistant registered (NARs) and home care aides (HCAs)		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	<a href="#">Emergency Rules</a>			Katerina LaMarche katerinal@wsha.org
Clarifies licensure requirements for RN and LPN applicants applying for initial licensure via an out-of-state traditional nursing education program approved by another nursing board, and applicants applying via interstate endorsement.		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	<a href="#">Emergency Rules</a>			Katerina LaMarche katerinal@wsha.org

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Home care aide and nursing assistant-certified alternate certification time frames.		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		<a href="#">Emergency Rules</a>		Katerina LaMarche katerinal@wsha.org
Amendments to the DDA 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.		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		<a href="#">Emergency Rule</a>		Mary Storace marys@wsha.org



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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	<a href="#">Emergency Rule</a>			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	<a href="#">Emergency Rule</a>		NEUTRAL	Andrew Busz Andrewb@wsha.org



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Removing postgraduate medical training barriers to licensing in WAC 246-919-330 Postgraduate medical training.		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	<a href="#">Emergency Rule</a>			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.		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	<a href="#">Emergency Rule</a>			Ashlen Strong AshlenS@wsha.org Mary Storace marys@wsha.org
MAGI income—Noncountable income and SSI-related medical—Income exclusions under federal statute or other state laws; other related rules as appropriate.		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	<a href="#">Final Order</a>		SUPPORT	Andrew Busz Andrewb@wsha.org
Out-of-state nursing school requirements for licensure.		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	<a href="#">Emergency Rulemaking</a>			Katerina LaMarche katerinal@wsha.org
Amending specific training requirements for nursing assistant registered (NAR) and home care aides (HCA)		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	<a href="#">Emergency Rulemaking</a>			Katerina LaMarche katerinal@wsha.org



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The developmental disabilities administration (DDA) is enacting these changes on an emergency basis in order to align with amendments to home and community-based services waivers as approved by the Centers for Medicare and Medicaid Services.		Department of Social and Health Services	Enacting these rules on an emergency basis is necessary to ensure federal compliance and maintain federal funding for the state. Aligning rules with approved waiver amendments provides assurances required under 42 C.F.R. 441.301. This is the second emergency filing on these sections and is necessary to keep the amendments in effect until DDA completes the permanent rule-making process. DDA is proceeding with permanent adoption and filed the CR-102 for these sections under WSR 23-22-001.	10/24/23	<a href="#">Emergency Rulemaking</a>		NEUTRAL	Cara Helmer Carah@wsha.org
Removing postgraduate medical training barriers to physician licensing		Department of Health	The continuation of this emergency rule and the immediate amendment of WAC 246-919-330 is necessary for the preservation of public health, safety, and general welfare. Continued demand for health care professionals, especially qualified physicians, makes it essential that qualified applicants are able to obtain a license. This action will result in increasing the quantity of health care professionals able to respond to current and ongoing staffing 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 has begun rule making under a CR-101 filed on August 23, 2023, under WSR 23-18-005 to consider permanently adopting these amendments.	11/09/23	<a href="#">Emergency Rulemaking</a>			Katerina LaMarche katerinal@wsha.org
Amending the definition of mental health professional and creating certified agency affiliated counselor (C-AAC) and licensed agency affiliated counselor (L-AAC) credentials.		Department of Health	The legislature established in 2SHB 1724, section 33, that many sections of the bill are "necessary for the immediate preservation of the public peace, health, or support of the state government and its existing public institutions and take effect immediately." Sections 13 through 20, which create the new AAC credentials and amends the definition of MHP, are among the sections that became effective immediately.	11/17/23	<a href="#">Emergency Rulemaking</a>		NEUTRAL	Cara Helmer Carah@wsha.org



Primary	PRIORITY	AGENCY	DESCRIPTION	Effective Date	Final Order	Extra Materials	WSHA Position/Impact	WSHA CONTACT
Establishes eligibility criteria for the civil transition program, which is a state-funded, fee-for-service program that requires the department of social and health services to provide wraparound services and supports in community-based settings, which may include residential supports, to persons who have been found not competent to stand trial due to an intellectual or developmental disability, dementia, or traumatic brain injury.		Health Care Authority	The legislature directed that the civil transition program take effect December 1, 2023. See RCW 10.77.202 (sections 13 and 31, chapter 453, Laws of 2023).	12/01/23	<a href="#">Emergency Rulemaking</a>		NEUTRAL	Cara Helmer Carah@wsha.org
Naloxone nasal spray as over-the-counter status		Department of Health	The immediate adoption of this rule is necessary for the preservation of public health, safety, and general welfare. The opioid epidemic is a public health emergency which requires the use of the emergency rule-making process. Observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to the public interest. This rule would increase access to this lifesaving drug faster, which would help relieve some stress on affected communities in Washington state and attempt to reduce opioid overdoses.	12/08/23	<a href="#">Emergency Rulemaking</a>		SUPPORT	Cara Helmer Carah@wsha.org
Osteopathic physicians and surgeons health equity continuing education (CE)		Department of Health	ESSB 5229 (chapter 276, Laws of 2021), codified as RCW 43.70.613, requires each health profession credentialed under RCW 18.130.040 with a CE requirement to adopt rules requiring completion of health equity CE training at least once every four years. RCW 43.70.613 (3)(b) directed the department of health (department) to create model rules establishing minimum standards for health equity CE programs. The department adopted rules for health equity CE minimum requirements as WSR 22-23-167 on November 23, 2022. Any rules developed by the board for licensed osteopathic physicians must meet or exceed the minimum standards in the model rules found at WAC 246-12-800 through 246-12-830.	12/14/23	<a href="#">Final Order</a>		NEUTRAL	Katerina LaMarche katerinal@wsha.org





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Continuing education requirements. The board of massage (board), in coordination with the department of health (department), is proposing amendments to WAC 246-830-475 to establish health equity continuing education (CE) requirements to implement ESSB 5229.		Department of Health	RCW 43.70.613 (3)(b) directs the rule-making authority for each health profession licensed under Title 18 RCW that is subject to CE to adopt rules requiring a licensee to complete health equity CE training at least once every four years. The statute also directs the department to create model rules establishing the minimum standards for health equity CE programs. The department filed model rules for health equity CE minimum standards on November 23, 2022, under WSR 22-23-167. Any rules developed for massage practitioners must meet or exceed the minimum standards in the model rules in WAC 246-12-800 through 246-12-830.	01/01/24	<a href="#">Final Order</a>		NEUTRAL	Katerina LaMarche katerinal@wsha.org
General reporting rules, audit and recordkeeping, rates and rating system for Washington workers' compensation insurance; and classifications for Washington workers' compensation insurance.		Department of Labor & Industries	2024 Reporting and classification amendments: 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. As part of this rule making, the department of labor and industries (L&I) also intends to review these chapters for need, clarity, and consistency to make changes where possible to reduce the regulatory burden on employers insured with the state fund. Also as part of this rule making, L&I intends to respond to legislation that may require implementation.	01/01/24	<a href="#">Final Order</a>		MONITOR	Remy Kerr remyk@wsha.org
Extension to remain in compliance with E2SHB 1694 (Home care workforce shortage)		Department of Social and Health Services	Extension of emergency rules are necessary because permanent rules will not be effective by the date the current emergency rules expire on March 7, 2024.	03/04/24	<a href="#">Emergency Rulemaking</a>		MONITOR	Katerina LaMarche katerinal@wsha.org
Amending the definition of mental health professional and creating certified agency affiliated counselor (C-AAC) and licensed agency affiliated counselor (L-AAC) credentials.		Department of Health	The legislature established in 2SHB 1724, Section 33 that many sections of the bill are "necessary for the immediate preservation of the public peace, health, or support of the state government and its existing public institutions and take effect immediately." Sections 13 through 20, which create the new AAC credentials and amend the definition of MHP, are among the sections that became effective immediately.	03/15/24	<a href="#">Emergency Rulemaking</a>			Cara Helmer Carah@wsha.org



Primary	PRIORITY	AGENCY	DESCRIPTION	Effective Date	Final Order	Extra Materials	WSHA Position/Impact	WSHA CONTACT
Establishes eligibility criteria for the civil transition program, which is a state-funded, fee-for-service program that requires DSHS to provide wraparound services and supports in community-based settings. This apple health program is for persons who are not eligible for any other apple health program and will provide state-funded categorically needy coverage.		Health Care Authority	The legislature directed that the civil transition program take effect December 1, 2023. See RCW 10.77.202 (sections 13 and 31, chapter 453, Laws of 2023). The agency originally filed an emergency rule December 1, 2023, under WSR 23-24-052. Since that filing, the agency began the permanent rule-making process by filing a preproposal statement of inquiry (CR-101) on February 28, 2024, under WSR 24-06-021.	03/29/24	<a href="#">Emergency Rulemaking</a>			Cara Helmer Carah@wsha.org
The health care authority is amending this rule to allow for back dating on the provider enrollment application.		Health Care Authority	Necessary to immediately allow provider's enrollment to align with contract dates and delivery of services.	04/12/24	<a href="#">Emergency Rulemaking</a>			Andrew Busz Andrewb@wsha.org
Washington's health care and emergency and logistics tracking hub (WA HEALTH) reporting for acute care hospitals; new WAC 246-320-700 Reporting of health system readiness data.		Department of Health	WA HEALTH was created to provide decision-makers and leaders across the state with timely data and information to understand and respond to health care system impacts from coronavirus disease 2019 (COVID-19). WA HEALTH continues to be used daily for state and local public health and medical preparedness planning to inform planned patient movement, communicable respiratory hospitalizations, and disease trends such as COVID-19, influenza, and respiratory syncytial virus (RSV), and the ability of the system to absorb another health care surge.	04/19/24	<a href="#">Emergency Rulemaking</a>			Andrew Busz Andrewb@wsha.org
Payments, corrective action, and sanctions for managed care organizations (MCOs).		Health Care Authority	HCA is deleting subsections (9) and (10) within WAC 182-538-070 to be consistent with the integrated managed care contract standards for delivery case rate payments.	04/29/24	<a href="#">Final Order</a>			Andrew Busz Andrewb@wsha.org
The chiropractic quality assurance commission (commission) is considering adopting health equity continuing education (CE) model rules		Department of Health	By January 1, 2024, RCW 43.70.613(1) requires each health profession credentialed under RCW 18.130.040 with a CE requirement to adopt rules requiring completion of health equity CE training at least once every four years. RCW 43.70.613 (3)(b) also directed the department of health (department) to create model rules establishing minimum standards for health equity CE programs.	07/01/24	<a href="#">Final Order</a>		NEUTRAL	Katerina LaMarche katerinal@wsha.org