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PRIORITY LEVEL/RESULT	NAME OF RULE, AGENCY & DESCRIPTION	STATUS	EFFECTIVE DATE	WSHA POSITION	WSHA CONTACT
2 	Fees-License, change of ownership, refund process. Proposing increased initial license and renewal fees for ambulatory surgical facilities (ASF) WAC 246-330-199 - Department of Health - Proposing to increase initial and renewal licensing fees for ASFs to finance required inspection activities and address other financial obligations.	Order	15-Apr-19	MONITOR	Zosia Stanley zosias@wsha.org
2 	WAC 246-976-580 and 246-976 -700 Trauma Designation Process and Trauma Service Standards. The Department of Health (department) has adopted changes to existing rules that outline the process and service standards for trauma designated facilities. The adopted rules provide a necessary update to the existing standards to establish requirements that will be used to evaluate trauma services to the most current and nationally recognized standards available.	Order	3-Jan-19	NEUTRAL	Lauren McDonald Laurenm@wsha.org
2 	Prescribing Opioids by Dentists The Department of Health (DOH), The Dental Quality Assurance Commission (commission) proposes new sections and changes to existing rule that will establish requirements and standards for prescribing opioid drugs by dentists consistent with the directives of Engrossed Substitute House Bill (EHSB) 1427.	Order Concise Explanatory Statement	26-Jan-19	MONITOR	Lauren McDonald Laurenm@wsha.org
2 	Department of Health - Chapter 246-341 WAC - Behavioral Health Services Administrative Requirements The Department is proposing to adopt licensing and certification rules for behavioral health services per the transfer of authority from the Department of Social and Health Services.	Order	17-May-19	NEUTRAL	Jaclyn Greenberg jaclyng@wsha.org
2 	Health Care Authority - WAC 182-513-1620 - Tailored supports for older adults – Presumptive eligibility (PE) The agency is amending the presumptive eligibility period from twelve to twenty-four months to align with Title 388 WAC.	Order	22-Jun-19	MONITOR	Zosia Stanley zosias@wsha.org
2 	Chapter 246-887 WAC Regulations Implementing the Uniform Controlled Substances Act The Pharmacy Quality Assurance Commission (commission) is amending this chapter to update federal citations, make grammatical corrections, clarify language, and update all schedules to reflect the changes made by the Drug Enforcement Administration to 21 C.F.R. 1308 made from 2010 to April 1, 2018.	Order	5-Apr-19	MONITOR	Lauren McDonald Laurenm@wsha.org
3 	Health Care Authority The agency is revising WAC 182- 533-0370 to remove subsection (3) to allow the infant and infant’s parents to receive infant case management and maternity support services (MSS) if a parent becomes pregnant. The agency is also revising WAC 182-533-0390 to reduce the minimum hours of childbirth education (CBE) instruction required from eight to six.	Order	1-Apr-19	SUPPORT	Lauren McDonald Laurenm@wsha.org
3 	Payment related to bariatric surgery The Health Care Authority (HCA) is submitting a rulemaking change to reflect a change in policy to allow any MBSAQIP accredited hospital to do bariatric surgery. This policy will eliminate the bariatric case rate and allow more hospitals to perform bariatric surgery and be paid via Diagnosis Related Group (DRG) (182-550-3000 Hospital services – Payment method; 182-550-3470 Hospital services – Payment method – Bariatric surgery – Per case rate; 182-550-4400 Hospital services – Services – Exempt from DRG payment; 182-550-4800 Hospital services – Hospital payment methods – State administered programs)	Order	1-Mar-19	MONITOR	Andrew Busz andrewb@wsha.org

	3 Implementation of the Uniform Controlled Substances Act - (Ch. 246-887 WAC) The Pharmacy Quality Assurance Commission (commission) is amending this chapter to update federal citations, make grammatical corrections, clarify language, and update all schedules to reflect the changes made by the Drug Enforcement Administration to 21 C.F.R. 1308 made from 2010 to April 1, 2018.	Order	5-Apr-19	MONITOR	Lauren McDonald laurenm@wsha.org
	3 Department of Health - WAC 246-454-010--Definitions and WAC 246-454-030--Submission of budget (Hospital Financial Data and Reports) The Department of Health (department) has adopted: (1) the repeal of WAC 246-454-030 to eliminate an outdated requirement that each hospital submit a financial report related to hospitals' annual budgets; (2) an amendment to WAC 246-454-010 to remove the definition of "budget," a term related to the section repealed; and (3) an amendment to correct a statutory reference in WAC 246-454-010; and an amendment to the introduction sentence in WAC 246-454-010 to provide clarity.	Order	18-Jan-20	SUPPORT	Andrew Busz andrewb@wsha.org
	3 Trauma Registry (WAC 246-976-420) The Department of Health (DOH) is considering amendments to update rules to improve data quality, better align with trauma registry software, and remove unnecessary data elements.	Order	14-Apr-19	MONITOR	Lauren McDonald Laurenm@wsha.org
	3 WAC 246-840-533 Nursing Preceptors, interdisciplinary preceptors, and proctors in clinical or practice settings for nursing education programs located in Washington State The Nursing Care Quality Assurance Commission (commission) proposes amendments to existing rule that will provide rule clarification and reduce barriers for nursing student access to preceptors for the purpose of completing clinical experience. The proposed amendments also reduce barriers for qualified individuals to become preceptors and proctors in Washington State.	Order	27-Apr-19	MONITOR	Lauren McDonald Laurenm@wsha.org
	3 WAC 182-531-2040 Enhanced reimbursement Medication assisted treatment for opioid use disorder - This rule is being amended because the Washington State Legislature provided funding to increase the Medication Assisted Treatment (MAT) rate for opioid use disorder to match the Medicare rate in order to encourage more providers to treat patients with opioid use disorder. This represents an exception to current payment methodology and needs to be described in the administrative code.	Order	13-May-19	SUPPORT	Andrew Busz andrewb@wsha.org
	3 Health Care Authority - Dental services The agency is revising these rules to comply with legislation in Substitute Senate Bill 5883 for providing dental services through managed care, adding coverage for teledentistry, revising limitation on visual oral assessments, revising the reference to smoking cessation to read tobacco/nicotine cessation, and removing the restriction of "for pregnant women only" to aligned with other agency rulemaking filed under WSR 18-18-094	Order	1-Jul-19	MONITOR	Andrew Busz andrewb@wsha.org
	3 Health Care Authority - Section under chapter 182-426 for Ground Emergency Medical Transportation (GEMT - This rulemaking is necessary to implement House Bill 2007 that directed the agency to design and implement a supplemental Medicaid reimbursement in addition to the rate of payment that an eligible provider would otherwise receive for Medicaid ground emergency medical transportation services for both fee-for-service and managed care-enrolled clients. An eligible provider is one who provides ground emergency medical transportation services to Medicaid beneficiaries, is enrolled as a Medicaid provider, and is owned or operated by the state, a city, county fire protection district, community services district, health care district, federally recognized Indian tribe, or any unit of government as defined in 42 C.F.R. Sec. 433.50.	Order	1-May-19	SUPPORT	Ben Lindekugel BenL@awphd.org
	3 COFA Premium Payment Assistance SSB 5683 - (2018) ESSB 6032 - (2018) (Ch. 182-524 WAC) As directed by the Legislature, the Health Care Authority (HCA) is creating rules to implement a premium assistance program for Pacific Islanders residing in Washington under a compact of free association (COFA).	Order	17-Jun-19	SUPPORT	Andrew Busz andrewb@wsha.org

	Premium Payment Program (Ch. 182-558 WAC) The Health Care Authority (HCA) is amending Chapter 182-558 WAC to clarify and update eligibility criteria for clients receiving premium assistance subsidies for comprehensive health insurance.	Order	22-Jun-19	MONITOR	Andrew Busz andrewb@wsha.org
	Federal Medicare Savings Program (WAC 182-517-0100) The Health Care Authority (HCA) is amending these rules to create a second eligibility methodology based on household size for the qualified Medicare beneficiary program. During the course of this review, the agency may identify additional changes that are required to improve clarity or update policy.	Order	5-Jul-19	MONITOR	Shirley Prasad shirleyp@wsha.org
	Health Care Authority - 182-550-2900 Payment limits – Inpatient hospital services; 182-550-2950 – Payment limits – Provider preventable fourteen-day readmissions The agency is amending WAC 182-550-2900 and adding WAC 182-550-2950 to describe the parameters for fourteen-day provider preventable readmissions.	Order	7-Jul-19	NEUTRAL	Andrew Busz andrewb@wsha.org
	Collaborative Care The Health Care Authority (HCA) is creating rules for coverage of a new model of care called Collaborative Care, which is part of the integration of mental health and physical health. (WAC 182-531-0425)	Order	11-Jul-19	MONITOR	Shirley Prasad shirleyp@wsha.org
	Department of Health - Safe Medication Return Program The Department of Health (DOH) is creating rules as required by state law to establish a system of regulation for the safe and secure collection and disposal of unwanted medicines through a uniform drug "take-back" program. The enabling legislation (chapter 69.48 RCW) is very prescriptive in how the drug take-back program is to be established and executed, including the functions that the department must perform. The rules only touch on parts of the law in need of more clarity. The rules primarily address administrative and oversight details and include: <ul style="list-style-type: none"> • A process to identify covered manufacturers who must pay into the drug take-back program. • The type of budget information required in the program operator's proposal submitted to the program for approval, as well as budget information submitted by the program operator with each annual report. • The process to appeal department decisions. • How to determine areas in the state underserved by the drug take-back program. • Setting department fees. 	Final rule language Concise explanatory statement Adoption notice Program application form Order	1-Aug-19	SUPPORT	Lauren McDonald Laurenm@wsha.org
	Collaborative Care The Health Care Authority (HCA) is creating rules for coverage of a new model of care called Collaborative Care, which is part of the integration of mental health and physical health. (WAC 182-531-0425)	Order	7-Jul-19	MONITOR	Shirley Prasad shirleyp@wsha.org
	Office of Financial Management - All-payer health care claims database (WA-APCD) WAC 82-75-030 provides additional definitions for terms used in the chapter that establishes and regulates the WA-APCD. This rule making is to revise definitions that have been enacted and add definitions for other terms that have not previously been defined in statute or rule	Order Amended chapter 82-75-030 Concise explanatory statement	18-Mar-19	MONITOR	Shirley Prasad shirleyp@wsha.org
	Psychiatric physician-related services and other professional mental health services - 182-531-1400 (SB Bill 5779) Health Care Authority - Proposing to revise multiple Washington Apple Health rules regarding nonessential restrictions and limitations.	Order	22-Aug-19	MONITOR	Jaclyn Greenberg jaclyng@wsha.org

	<p>Family Planning Only Program and TAKE CHARGE Program (WACs 182-532-700 to -790) The Health Care Authority (HCA) is modifying the Family Planning Only Program and Take Charge Program sections to: (1) meet clinical standards, (2) align with current eligibility and provider enrollment policies, and (3) assure compliance with the recently approved federal extension of the Washington Family Planning Only Program (Demonstration Project) granted under the authority of section 1115(a) of the Social Security Act.</p>	Final Order	1-Oct-19	NEUTRAL	Ian Corbridge ianc@wsha.org
	<p>Continuing Requirements for providers - WAC 182-502-0016 The agency is updating this section to provide notice to providers and support enforcement of compliance with state and federal requirements related to the operations of entities receiving more than \$5 million in Medicaid payments annually, including but not limited to such entities providing information about the False Claims Act and establishing written policies for employees.</p>	Final Order	10/27/2019	NEUTRAL	Andrew Busz andrewb@wsha.org
	<p>Health Care Authority - 182-552-140 - Respiratory care—Reimbursement—General; 182-552-1600, Respiratory care equipment and supplies— Reimbursement—Methodology for purchase, rental, and repair; other related rules as appropriate The agency is amending these rules to align with section 503 of the Consolidated Appropriations Act, 2016 and section 5002 of the 21st Century Cures Act of 2016, which added section 1903(i)(27) to the Social Security Act.</p>	Final Order	11/14/2019	NEUTRAL	Andrew Busz andrewb@wsha.org
	<p>Chapter 246-440 WAC, Health care-associated infections reporting The Department of Health (Department) is considering amending rules on health care associated infection (HAI) reporting requirements. The Centers for Medicare and Medicaid Services (CMS) has updated its reporting requirements and established separate requirements by type of hospital rather than the generic reporting of the same requirements by all hospitals as has previously been the case in Washington State. Updated hospital reporting requirements may be needed to align with new CMS changes.</p>	Final Order	11/6/2019	NEUTRAL	Jaclyn Greenberg jaclyng@wsha.org
	<p>Washington Medical Commission. WAC 246-919-990 Physician and surgeon fees and renewal cycle and 246-918-990 Physician assistant fees and renewal cycle Proposing to increase renewal fees and late renewal penalties for allopathic physicians and allopathic physician assistants.</p>	Final Order	2/1/2020	NEUTRAL	Lauren McDonald Laurenm@wsha.org
	<p>Increasing initial license and annual fees for acute care, psychiatric, and alcohol and chemical dependency hospitals, DOH Increase initial license and annual fees for acute care, psychiatric, and alcohol and chemical dependency hospitals.</p>	Final Order	10/1/2019	NEUTRAL	Andrew Busz andrewb@wsha.org
	<p>Revisions to EAP Exemption from the Minimum Wage Act Effective July 1, 2020, the final rule establishes an overtime pay threshold of 2.5 times the state’s minimum wage with a phased-in implementation over 8 years (until 2028). For an employee to be exempt from overtime pay obligations, they will need to make more than the threshold specified by L&I and satisfy the relevant duties test.</p>	Final Order WSHA Policy Bulletin L&I Fact Sheet Implementation Schedule Concise Explanatory Statement	7/1/2020	CONCERNS WSHA commented on the second pre-draft proposal WSHA commented on the first pre-draft proposal	Jaclyn Greenberg jaclyng@wsha.org David Streeter david@wsha.org

 2	Health Care Authority - Chapter 182-502A WAC Program integrity; other related rules as appropriate The agency is updating the rules for program integrity activities related to managed care to align with federal rules. As part of this rulemaking, the agency intends to repeal WAC 182-538A-160 and replace it with revisions to Chapter 182-502A	Final Order	13-Oct-19	CONCERNS	Shirley Prasad shirleyp@wsha.org
 2	HCA Allowing Medicaid Providers to Appeal Rejected Medicaid Applications Amends WAC 182-502-0012(5) and WAC 182-502-0040(2) to allow providers to request the agency to reconsider agency decisions to deny enrollment applications, and to request the agency to reconsider terminations of a provider agreement for convenience. The reconsideration process being added to 182-502-0012 is a separate process from the reconsideration process in Chapter 182-526 WAC and separate from the dispute resolution process in WAC 182-502-	Final Order	11-Nov-19	SUPPORT	Andrew Busz andrewb@wsha.org
 2	182-550-2590 Agency prior authorization requirements for Level 1 and Level 2 LTAC services; 182-550-2600 Inpatient psychiatric services; 182-550-2900 Payment limits – Inpatient hospital services; 182-550-4550 Administrative day rate and swing bed day rate; other related rules as appropriate The agency is amending these rules to clarify that pharmacy and pharmacy services may be billed when a client is admitted under administrative status for inpatient hospital stays.	Final Order	28-Oct-19	SUPPORT	Andrew Busz andrewb@wsha.org
 2	Behavioral health integration - Health Care Authority This rulemaking is required to implement Engrossed Second Substitute Senate Bill 5432 which directs the agency to fully implement behavioral health integration for January 1, 2020, by: 1) removing behavioral health organizations from law; 2) clarifying the roles and responsibilities among the Health Care Authority, the Department of Social and Health Services, and the Department of Health; and 3) clarifying the roles and responsibilities of behavioral health administrative services organizations and the Medicaid managed care organizations; and 4) making technical corrections related to the behavioral health system. This rulemaking is also needed to implement Second Substitute Senate Bill 6312 concerning state purchasing of mental health and chemical dependency treatment services and the full integration of medical and behavioral health services by January 1, 2020	Final Order	1-Jan-20	NEUTRAL	Jaclyn Greenberg jaclyng@wsha.org
 2	HCA Single Bed Certification Rules This rulemaking is required to comply with the requirements in 2ESHB 1388 which changed the designation of the state Behavioral Health Services, effective July 1, 2018. The Single Bed Certification rules were previously filed under Preproposal Statement of Inquiry WSR18-14-080 and Emergency Rulemaking Order 19-13-057, as WAC 182-538D-0526. The rulemaking under WSR 18-14-080 has progressed to a public hearing under WSR 19-20-125. Rulemaking for Single Bed Certification will be continued through a separate rulemaking progress as the agency has additional work to do to develop the program. Single Bed Certification has also been renumbered from WAC 182-538D-0526 to WAC 182-100-0200 to reflect that it is not solely a service under Medicaid.	Final Order	11-Oct-19	NEUTRAL	Jaclyn Greenberg jaclyng@wsha.org
 2	WAC 182-503-0050 Verification of eligibility factors; New WAC 182-503-0055 Asset Verification System; WAC 182-503-0080 Washington apple health – Application denials and withdrawals; other related rules as appropriate As required by 42 U.S.C. 1396w, the agency is creating a new WAC to create an asset verification program to determine or re-determine the eligibility of an individual for Apple Health.	Final Order	3-Nov-19	NEUTRAL	Shirley Prasad shirleyp@wsha.org
 2	HCA Adjustment to Inpatient Rates Is extending the date for rate enhancements for sole community hospitals from July 1, 2018 through June 30, 2021. During this time, the agency multiplies a hospital's specific conversion factor and per diem rates by 1.50. Starting July 1, 2021, the agency multiplies a hospital's specific conversion factor and per diem rates by 1.25.	Final Order	11-Jan-19	SUPPORT	Andrew Busz andrewb@wsha.org
 2	HCA, Program Integrity Updates WAC 182-502A-0401 provides detail about PI activity methods and specifies that the agency may request and evaluate records or other information. This rule also sets out requirements for the electronic or facsimile submission of records and states that the agency destroys hardcopies submitted without prior approval. The rule provides that entities must not adjust or rebill a claim subject to a PI activity until the activity and all appeals are exhausted.	Final Order	31-Jan-20	NEUTRAL	Shirley Prasad shirleyp@wsha.org

<p>2</p> 	<p>HCA, Rural Health Clinic Reimbursement HCA is amending WAC 182-549 to clarify the frequency of reconciliations, and to update timeliness standards criteria for enrollment of Rural Health Clinics to include receipt of Medicare certification letter. The agency is also amending this chapter to clarify that the agency covers dental services under 42 C.F.R. 491.2.</p>	<p>Final Order</p>	<p>26-Jan-20</p>	<p>NEUTRAL</p>	<p>Andrew Busz andrewb@wsha.org</p>
<p>1</p> 	<p>Balancing Billing - The Office of the Insurance Commissioner The Balance Billing Protection Act establishes new requirements applicable to health carriers, hospitals, ambulatory surgical facilities, laboratories and several types of health care providers health care coverage or services in Washington state. Rules may be needed to define implementation processes and clarify terms related to several components of the new law. Such rules will facilitate implementation of the law by ensuring that all affected entities understand their rights and obligations under the law.</p>	<p>Final Order</p>	<p>20-Dec-19</p>	<p>SUPPORT</p>	<p>Andrew Busz andrewb@wsha.org</p>
<p>2</p> 	<p>Office of the Insurance Commissioner -Implementation of SHB 1870 – Federal Patient Protection and Affordable Care Act – State Law SHB 1870 (Chapter 33, Laws of 2019) codifies several provisions of the Affordable Care Act into state law. Some provisions of SHB 1870 authorize OIC to engage in rulemaking necessary to implement the provisions of the legislation. Existing rules may need to be amended to be consistent with SHB 1870, and new rules may be required. Such rules will facilitate implementation of the law by ensuring that all affected entities understand their rights and obligations under the new law.</p>	<p>Final Order</p>	<p>11-Jan-20</p>	<p>SUPPORT</p>	<p>Shirley Prasad shirleyp@wsha.org</p>
<p>2</p> 	<p>Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) changes to Medicare Supplemental Policies and Certificates Amending WAC 284-66-064, WAC 284-66-067, WAC 284-66-068, and WAC 284-66-130 to conform to changes in the Federal Law to Medicare Supplemental policies by the Medicare Access and CHIP Reauthorization Act of 2015 and Chapter 38, Laws of 2019.</p>	<p>Final Order</p>	<p>20-Sep-19</p>	<p>SUPPORT</p>	<p>Andrew Busz andrewb@wsha.org</p>
<p>2</p> 	<p>Health plan coverage of reproductive healthcare and contraception, OIC The purpose of the rules is to implement the requirements regarding reproductive health care and contraception as provided for in RCW 48.43.072, RCW 48.43.073, and 5602-S2.SL, (Chapter 399, Laws of 2019).</p>	<p>Final Order</p>	<p>27-Dec-19</p>	<p>NEUTRAL</p>	<p>Shirley Prasad shirleyp@wsha.org</p>
<p>1</p> 	<p>WAC 246-901-130 Pharmacist to Pharmacy technician ratio, DOH Eliminates a standard ratio for all practice settings. The rule will allow responsible pharmacy managers to use their professional judgment to determine the appropriate staffing levels for their practice setting. Staffing levels must ensure satisfactory supervision of ancillary personnel for the safe and appropriate delivery of patient care.</p>	<p>Final Order</p>	<p>22-Jul-19</p>	<p>SUPPORT</p>	<p>Lauren McDonald Laurenm@wsha.org</p>
<p>1</p> 	<p>Patient Right of Refusal for Opioid Prescription Section 10 of SSB 5380 directs the commission to adopt or amend rules establishing the requirement for advanced registered nurse practitioners (ARNPs) to notify patients of their right to refuse an opioid prescription or order, and the requirement for ARNPs to document any refusal in the patient's record. SSB 5380 requires the commission to adopt or amend rules by January 1, 2020.</p>	<p>Final Order</p>	<p>1-Jan-20</p>	<p>SUPPORT</p>	<p>Lauren McDonald Laurenm@wsha.org</p>