

WSR 24-15-019
PERMANENT RULES
DEPARTMENT OF
RETIREMENT SYSTEMS

[Filed July 9, 2024, 2:43 p.m., effective August 9, 2024]

Effective Date of Rule: Thirty-one days after filing.

Purpose: Higher education retirement plan supplemental benefit fund: Making necessary WAC revisions to specify the process that will occur when the pension funding council, in consultation with the state actuary, determines that the higher education retirement plan supplemental benefit funds contain sufficient funding to allow benefit payments.

Citation of Rules Affected by this Order: Amending WAC 415-700-010.

Statutory Authority for Adoption: RCW 41.50.050 and 41.50.280.

Adopted under notice filed as WSR 24-10-052 on April 25, 2024.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 1, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 1, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 0, Repealed 0.

Date Adopted: July 9, 2024.

Tracy Guerin
Director

OTS-5270.1

AMENDATORY SECTION (Amending WSR 12-10-057, filed 5/1/12, effective 6/1/12)

WAC 415-700-010 The higher education retirement plan (HERP) supplemental benefit fund. RCW 28B.10.423 establishes a higher education retirement plan supplemental benefit fund, in the custody of the state treasurer, for the purpose of funding future higher education retirement plan supplemental benefits.

(1) **Who finances the HERP supplemental benefit fund?** Higher education employers pay into the HERP supplemental benefit funds at an employer contribution rate as established in RCW 28B.10.423 on the salaries paid to employees participating in their HERP.

(2) **Who are the higher education employers?** For the purpose of this section, higher education employers, as defined by chapter 28B.10 RCW includes:

- (a) All state universities;
- (b) All regional universities;

(c) All state colleges;
 (d) All community and technical colleges;
 (e) The state board for community and technical colleges; and
 (f) Any other higher education entities granted authority for
 HERP coverage under chapter 28B.10 RCW.

(3) How are the assets in the HERP supplemental benefit funds invested? The Washington state investment board (WSIB) is responsible for investing HERP supplemental benefit funds assets. For investment purposes, the assets may be commingled with other trust fund accounts in the commingled trust fund (CTF).

(4) How are assets in the HERP supplemental benefit funds used? Assets in the HERP supplemental benefit funds are held in trust for the purpose of funding future higher education retirement plan supplemental benefits. Assets will remain in ~~((this fund until the legislature authorizes distribution(s)))~~ these funds until criteria set by the legislature are met as described in subsection (11) of this section.

(5) What role does the department of retirement systems (department) have in administering the HERP supplemental benefit fund? The department will:

(a) Collect employer HERP contributions from higher education employers;

(b) Deposit HERP contributions into the HERP supplemental benefit fund;

(c) Provide buy/sell investment information to WSIB; and

(d) ~~((Account for the fund's assets, including each employer's contributions and the earnings on those contributions.))~~ Provide funding for distributions as outlined in subsection (12) of this section.

(6) What information will higher education employers be responsible for reporting to the department? Each higher education employer will be responsible for reporting the total HERP salaries paid and the contributions owed on those salaries. HERP salaries include the salaries paid to all employees participating in the employer's higher education retirement plan, regardless of employee eligibility for the supplemental benefit portion of the plan. Additional information on monthly funding for benefit payments will be required from each employer after they meet the distribution requirements in subsection (11) of this section.

(7) Are HERP salaries reportable as they are earned or as they are paid? HERP salaries are reportable as they are paid.

(8) When are HERP reports and payment of HERP contributions due to the department? Reporting and payments of HERP salaries and contributions should coincide with the employer's payroll periods. HERP reports and contribution payments for a calendar month are due on or before the 15th day of the calendar month following payment of the HERP salaries. ~~((Reports and contribution payments are considered overdue if not received by the close of business on the third business day after the due date.))~~

Example: A higher education employer pays \$50,000 in HERP salaries on January 10th. The same employer pays another \$50,000 in HERP salaries on January 25th. The employer must report the HERP salaries paid for both payrolls and make payment of the contributions due on the total combined \$100,000 HERP salaries to the department by February 15th.

(9) Does the department charge interest on overdue payments of contributions for the HERP supplemental benefit funds? Yes. The de-

partment charges interest on overdue contributions to the HERP supplemental benefit funds at the rate of one percent per month simple interest. Interest is charged for each day the payment is overdue. Assessed interest will appear on the employer's monthly accounts receivable statement from the department.

(10) **Can the department charge employers an administrative expense fee for the HERP supplemental benefit funds?** Yes. RCW 41.50.110 authorizes the department to charge employers an administrative expense fee for expenses related to the administration of the HERP supplemental benefit funds.

(11) The pension funding council, in consultation with the state actuary, shall determine when each HERP supplemental benefit fund has become sufficiently funded to allow benefit payments to be made from the fund. Disbursements from that fund may then begin as of July 1st of the following fiscal year. To begin those payments, the relevant higher education employer must provide monthly gross payment amounts the employer needs to fund those benefits to the department within the timelines directed by the department. Employers may also be required to provide periodic cash projections to allow the department to coordinate with the state investment board on cash liquidity needs.

(12) Based on the information provided by each employer under subsection (11) of this section, the department will transfer monthly, or direct the transfer, from the relevant HERP supplemental benefit fund to the fund the employer uses to pay supplemental benefits.

(13) If any higher education employer fails to provide the information necessary for the department to coordinate cash flows for their supplement fund's benefit payments, that employer will remain responsible for funding the payment of those benefits to their members.

WSR 24-15-021

PERMANENT RULES

DEPARTMENT OF HEALTH

[Filed July 9, 2024, 3:38 p.m., effective August 9, 2024]

Effective Date of Rule: Thirty-one days after filing.

Purpose: Health equity continuing education (CE) for dental hygienists, WAC 246-815-145. The department of health (department) is adopting a new section of rule to establish health equity CE requirements to implement ESSB 5229 (chapter 276, Laws of 2021), codified as RCW 43.70.613.

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, which require two hours of training every four years. Any rules developed for dental hygienists must meet or exceed the minimum standards in the model rules in WAC 246-12-800 through 246-12-830.

The department is adopting new WAC 246-815-145 to implement ESSB 5229. The department is adopting the health equity model rules, WAC 246-12-800 through 246-12-830, for dental hygienists to comply with RCW 43.70.613.

The adopted rule adds two hours of health equity education, as required in the model rules, to be completed as part of the current CE requirements every four years. The adopted rule does not change total CE hours but requires two hours in health equity CE every four years which is absorbed into the existing number of CE hours required. The health equity CE requirement is counted under existing, unspecified CE requirements for the profession.

Citation of Rules Affected by this Order: New WAC 246-815-145.

Statutory Authority for Adoption: RCW 43.70.613, 18.29.130.

Adopted under notice filed as WSR 24-02-006 on December 20, 2023.

A final cost-benefit analysis is available by contacting Bruce Bronoske Jr., P.O. Box 47852, Olympia, WA 98504-7852, phone 360-236-4843, fax 360-236-2901, TTY 711, email bruce.bronoske@doh.wa.gov, website www.doh.wa.gov.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 1, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 1, Amended 0, Repealed 0.

Date Adopted: July 9, 2024.

Todd Mountin, PMP
Deputy Chief of Policy
for Umair A. Shah, MD, MPH
Secretary

OTS-5076.1

NEW SECTION

WAC 246-815-145 Dental hygiene health equity training requirements. (1) A licensed dental hygienist must complete two hours of health equity continuing education training every four years as described in WAC 246-12-800 through 246-12-830.

(2) The two hours of health equity continuing education a licensed dental hygienist completes counts toward meeting the applicable continuing education requirements under WAC 246-815-140.

(3) An approved program providing health equity continuing education training must meet the requirements listed in WAC 246-12-830. For purposes of this rule, health equity has the same meaning as defined in WAC 246-12-810.

WSR 24-15-025

PERMANENT RULES

DEPARTMENT OF HEALTH

[Filed July 9, 2024, 3:48 p.m., effective August 9, 2024]

Effective Date of Rule: Thirty-one days after filing.

Purpose: Home care aide workforce—Reducing barriers. The department of health (department) is implementing legislation to increase the home care aide workforce by amending WAC 246-980-010, 246-980-025, 246-980-040, 246-980-100, 246-980-110, 246-980-115 and 246-980-140; and creating WAC 246-980-045. The department adopted amendments to chapter 246-980 WAC to align with statutory changes and implement E2SHB 1694 (chapter 424, Laws of 2023) and E2SSB 5278 (chapter 323, Laws of 2023). These rules address the date of hire, the home care aide workforce, certification examinations, certification process, and other aspects of the profession.

Citation of Rules Affected by this Order: New WAC 246-980-045; and amending WAC 246-980-010, 246-980-025, 246-980-040, 246-980-100, 246-980-110, 246-980-115, and 246-980-140.

Statutory Authority for Adoption: RCW 18.88B.021, 18.88B.031, 18.88B.041, and 18.88B.060..

Adopted under notice filed as WSR 24-06-066 on March 4, 2024.

A final cost-benefit analysis is available by contacting Jennifer Osbun, P.O. Box 47850, Olympia, WA 98504-7850, phone 360-236-2737, TTY 711, email homecareaide@doh.wa.gov, website www.doh.wa.gov.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 1, Amended 7, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 1, Amended 0, Repealed 7.

Date Adopted: July 9, 2024.

Todd Mountin, PMP
Deputy Chief of Policy
for Umair A. Shah, MD, MPH
Secretary

OTS-5130.2

AMENDATORY SECTION (Amending WSR 18-20-072, filed 9/28/18, effective 10/29/18)

WAC 246-980-010 Definitions. The definitions in this section and in RCW 74.39A.009 apply throughout this chapter unless the context clearly requires otherwise.

(1) "Activities of daily living" means self-care abilities related to personal care such as bathing, body care, bed mobility, eating, locomotion, medication assistance, use of the toilet, personal hygiene, dressing, and transfer.

(2) "Date of hire" means ~~((~~

~~(a) The date of service authorization for individual providers hired by the department of social and health services; or~~

~~(b)) the first day the long-term care worker is employed by any employer as a long-term care worker or the date the long-term care worker provides direct care for pay from any employer ((, other than the department of social and health services;~~

~~(c) The date of hire is specific to each long-term care worker, not to the employer, and does not change if a long-term care worker changes employers. If a long-term care worker is or has been employed by more than one employer, the earliest date of hire will be the date of hire for that worker)).~~

(3) "Department" means the department of health.

(4) "Direct care worker" means a paid caregiver who provides hands-on personal care services to individuals with disabilities or the elderly requiring long-term care.

(5) "Instrumental activities of daily living" means routine activities performed in the home or the community such as meal preparation, shopping, house cleaning, laundry, maintaining employment, travel to medical services, use of the telephone, and management of personal finances.

(6) "Medication assistance" has the same meaning as ~~((chapter 246-888 WAC))~~ RCW 69.41.010.

(7) "Secretary" means the secretary of the department of health.

AMENDATORY SECTION (Amending WSR 18-20-072, filed 9/28/18, effective 10/29/18)

WAC 246-980-025 Individuals exempt from obtaining a home care aide certification. (1) The following individuals are not required to obtain certification as a home care aide. If they choose to voluntarily become certified, they ~~((must))~~ shall successfully pass the entry level training required by RCW 74.39A.074 and meet the requirements of WAC 246-980-040 ~~((1)(b) and (e))~~.

(a) An individual provider caring only for a biological, step, or adoptive child or parent.

(b) An individual provider caring only for a sibling, aunt, uncle, cousin, niece, nephew, grandparent, or grandchild (including by marriage or domestic partnership).

(c) A long-term care worker providing approved services only for a spouse or registered domestic partner and funded through the United States Department of Veterans Affairs home and community-based programs.

(d) An individual provider who provides ~~((twenty))~~ 20 hours or less of care for one person in any calendar month.

~~((e))~~ (e) An individual employed by a community residential service business.

~~((d))~~ (f) An individual employed by a residential habilitation center licensed under chapter 71A.20 RCW or a facility certified under 42 C.F.R. Part 483.

~~((e))~~ (g) A direct care worker who is not paid by the state or by a private agency or facility licensed by the state to provide personal care services.

~~((f))~~ (h) A person working as an individual provider who only provides respite services and works less than ~~((three hundred))~~ 300 hours in any calendar year.

~~((g))~~ (i) Any direct care worker exempt under RCW 18.88B.041(1).

(2) The following long-term care workers are not required to obtain certification as a home care aide. If they choose to voluntarily become certified, they must meet the requirements of WAC 246-980-040 ~~((1)(b) and (e))~~. The training requirements under RCW 74.39A.074(1) are not required.

(a) An individual who holds an active credential by the department as a:

(i) Registered nurse, a licensed practical nurse, or advanced registered nurse practitioner under chapter 18.79 RCW; or

(ii) Nursing assistant-certified under chapter 18.88A RCW.

(b) A home health aide who was employed by a medicare certified home health agency within the year before being hired as a long-term care worker and has met the requirements of 42 C.F.R. Part 484.36.

(c) A person who is in an approved training program for certified nursing assistant under chapter 18.88A RCW, provided that the training program is completed within ~~((one hundred twenty))~~ 120 calendar days of the date of hire and that the nursing assistant-certified credential has been issued within ~~((two hundred))~~ 200 calendar days of the date of hire.

(d) An individual with special education training and an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 and is approved by the secretary.

(e) An individual employed as a long-term care worker on January 6, 2012, or who was employed as a long-term care worker between January 1, 2011, and January 6, 2012, and who completed all of the training requirements in effect as of the date of hire. This exemption expires if the long-term care worker has not provided care for three consecutive years.

(i) The department may require the exempt long-term care worker who was employed as a long-term care worker between January 1, 2011, and January 6, 2012, to provide proof of that employment. Proof may include a letter or similar documentation from the employer that hired the long-term care worker between January 1, 2011, and January 6, 2012, indicating the first and last day of employment, the job title, a job description, and proof of completing training requirements. Proof of training will also be accepted directly from the approved instructor or training program, if applicable.

(ii) For an individual provider reimbursed by the department of social and health services, the department will accept verification from the department of social and health services or the training partnership.

AMENDATORY SECTION (Amending WSR 21-02-002, filed 12/23/20, effective 1/23/21)

WAC 246-980-040 Certification requirements. ~~((1))~~ To qualify for certification as a home care aide, the applicant ~~((must))~~ shall:

~~((a))~~ (1) Successfully complete all training required by RCW 74.39A.074(1) within ~~((one hundred twenty))~~ 120 calendar days of the date of hire as a long-term care worker;

~~((b))~~ (2) Successfully pass the home care aide certification examination, after completing training; and

~~((c))~~ (3) Become certified within ~~((two hundred))~~ 200 days of date of hire, or ~~((two hundred sixty))~~ 260 days if granted a provisional certificate under RCW 18.88B.041.

~~((2) An applicant for certification as a home care aide must submit to the department:~~

~~(a) A completed application for both certification and the examination on forms provided by the department;~~

~~(b) The exam fee set by the examination vendor and required fees under WAC 246-980-990; and~~

~~(c) A certificate of completion from an approved training program indicating that the applicant has successfully completed the entry level training required by RCW 74.39A.074. The certificate of completion or other official verification may also be submitted directly from the approved instructor or training program.~~

~~(3) An applicant must submit to a state and federal background check as required by RCW 74.39A.056.~~

~~(4) An applicant exempt from certification under WAC 246-980-025(2) who voluntarily chooses to be certified must provide documentation of qualification for the exemption. The applicant is not required to take the training required in subsection (1)(a) of this section or provide proof of training completion to the department.)~~

NEW SECTION

WAC 246-980-045 Application requirements. (1) An applicant for certification as a home care aide shall submit to the department:

(a) A completed application on forms provided by the department;

(b) The required fees under WAC 246-980-990; and

(c) A certificate of completion from an approved training program indicating that the applicant has successfully completed the entry level training required by RCW 74.39A.074. The certificate of completion or other official verification may be submitted directly from the approved instructor or training program.

(2) An applicant must submit to a state and federal background check as required by RCW 74.39A.056 and 18.130.064.

AMENDATORY SECTION (Amending WSR 18-20-072, filed 9/28/18, effective 10/29/18)

WAC 246-980-100 Examination and reexamination for home care aide certification. (1) The certification examination will consist of both a written knowledge test and a skills demonstration.

(2) The certification examination will test the core competencies ~~((r))~~ including, but not limited to:

(a) Communication skills;

(b) Worker self-care;

(c) Problem solving;

(d) Maintaining dignity;

- (e) Consumer directed care;
- (f) Cultural sensitivity;
- (g) Body mechanics;
- (h) Fall prevention;
- (i) Skin and body care;
- (j) Home care aide roles and boundaries;
- (k) Supporting activities of daily living; and
- (l) Food preparation and handling.

(3) ~~((An applicant must apply to take the examination by completing the application for both certification and the examination and returning it to the department.))~~ The department will notify the examination contractor once an applicant meets ~~((all))~~ requirements to take the certification examination.

(4) ~~The applicant shall contact the examination contractor ((will notify an applicant of the date, time, and place of)) to schedule the examination and submit payment, if required. The examination fees are set by the vendor.~~

(5) The examination contractor will notify both the department and an applicant of the examination results.

~~((a))~~ (6) An applicant who does not successfully pass any portion of the examination ~~((can))~~ may follow the examination contractor's procedures for review and appeal.

~~((b))~~ (7) An applicant who does not successfully pass any portion of the examination may retake that portion of the examination ~~((two))~~ three times.

~~((i))~~ (a) To retake the examination, an applicant ~~((must submit an application for reexamination, along with the required reexamination fee directly to the examination contractor.))~~

~~((ii))~~ An application for reexamination may be submitted) shall contact the examination contractor to:

- (i) Schedule a new exam; and
- (ii) Pay the reexamination fee.

(b) An applicant may schedule a reexamination any time after ~~((an applicant receives))~~ notice of not successfully completing any portion of the certification examination.

(c) An applicant who does not successfully pass both portions of the certification examination ~~((within two years of successfully completing the required training or who does not successfully pass both portions of the certification examination after completing the certification examination three))~~ after four consecutive times:

- (i) ~~((Must))~~ Shall retake and successfully complete the core competencies portion of the entry-level training as required by RCW 74.39A.074 before retaking both portions of the certification examination; and
- (ii) Cannot continue to provide care as a long-term care worker until the certification has been issued.

AMENDATORY SECTION (Amending WSR 13-19-087, filed 9/18/13, effective 10/19/13)

WAC 246-980-110 Continuing education. (1) A home care aide ~~((must))~~ shall demonstrate completion of ~~((twelve))~~ 12 hours of continuing education per year as required by RCW 74.39A.341. The required continuing education must be obtained during the period between renew-

als. Continuing education is subject to the provisions of ((chapter 246-12 WAC, Part 7)) WAC 246-12-170 through 246-12-240.

(2) Verification of completion of the continuing education requirement is due upon renewal of an active credential. If the first renewal period is less than a full year from the date of certification, no continuing education will be due for the first renewal period.

(3) No continuing education is required for renewal of a credential that has been expired five years or less.

AMENDATORY SECTION (Amending WSR 18-20-072, filed 9/28/18, effective 10/29/18)

WAC 246-980-115 Renew or reinstate an expired certification.

(1) To renew a home care aide certification the practitioner ((must)) shall:

(a) Renew the certification every year by the home care aide's birthday as provided in ((chapter 246-12 WAC, Part 2)) WAC 246-12-020 through 246-12-051;

(b) Submit a completed application as provided by the department; and

(c) Provide verification of ((twelve)) 12 hours of continuing education as required by RCW 74.39A.341 and WAC 246-980-110 with the renewal application.

(2) To reinstate an expired certification:

(a) If the certification has been expired for ((less than three years)) five years or less, the practitioner ((must submit proof of twelve continuing education hours as required by RCW 74.39A.341 and WAC 246-980-110 for each year it has been expired, and)) shall meet the requirements of ((chapter 246-12 WAC, Part 2)) WAC 246-12-040.

(b) If the certification has been expired for ((three years or)) more than five years, the practitioner ((must)) shall successfully repeat the training ((and)) requirements or the examination requirements in WAC 246-980-040 and meet the requirements of ((chapter 246-12 WAC, Part 2)) WAC 246-12-020 through 246-12-051.

((c) A practitioner previously exempt from certification by WAC 246-980-025(2) who voluntarily chooses to be certified is not required to complete training to reinstate a certification expired over three years so long as they continue to be exempt under WAC 246-980-025(2) at the time of reapplying.))

AMENDATORY SECTION (Amending WSR 18-20-072, filed 9/28/18, effective 10/29/18)

WAC 246-980-140 Scope of practice for long-term care workers.

(1) A long-term care worker performs activities of daily living or activities of daily living and instrumental activities of daily living. A person performing only instrumental activities of daily living is not acting under the long-term care worker scope of practice.

(a) "Activities of daily living" means self-care abilities related to personal care such as bathing, eating, medication assistance, using the toilet, dressing, and transfer. This may include fall prevention, skin and body care.

(b) "Instrumental activities of daily living" means activities in the home and community including cooking, shopping, house cleaning, doing laundry, working, and managing personal finances.

(2) A long-term care worker documents observations and tasks completed, as well as communicates observations.

(3) A long-term care worker may perform medication assistance as described in (~~chapter 246-888 WAC~~) RCW 69.41.010.

(4) A long-term care worker may perform nurse delegated tasks, to include medication administration, if he or she meets and follows the requirements in WAC 246-980-130.

(5) A long-term care worker may provide skills acquisition training on instrumental activities of daily living and the following activities of daily living tasks: Dressing, application of deodorant, washing hands and face, hair washing, hair combing and styling, application of makeup, menses care, shaving with an electric razor, tooth brushing or denture care, and bathing tasks excluding any transfers in or out of the bathing area.

(6) This section applies to all long-term care workers, whether required to be certified or exempt.

WSR 24-15-027

PERMANENT RULES

WASHINGTON STATE UNIVERSITY

[Filed July 10, 2024, 11:53 a.m., effective August 10, 2024]

Effective Date of Rule: Thirty-one days after filing.

Purpose: Washington State University (WSU) is updating the campus parking and traffic regulations for WSU Vancouver.

Citation of Rules Affected by this Order: Amending WAC 504-19-010, 504-19-020, 504-19-080, 504-19-100, 504-19-200, 504-19-210, 504-19-250, 504-19-300, 504-19-350, 504-19-370, 504-19-450, 504-19-510, 504-19-520, 504-19-540, 504-19-560, 504-19-580, 504-19-600, 504-19-650, 504-19-810, 504-19-860, 504-19-865, 504-19-870, 504-19-880, 504-19-885, and 504-19-930.

Statutory Authority for Adoption: RCW 28B.30.150.

Adopted under notice filed as WSR 24-11-154 on May 22, 2024.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 25, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 25, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 25, Repealed 0.

Date Adopted: July 10, 2024.

Deborah L. Bartlett, Director
Procedures, Records, and Forms
and University Rules Coordinator

OTS-5372.1

AMENDATORY SECTION (Amending WSR 08-08-049, filed 3/27/08, effective 7/1/08)

WAC 504-19-010 Authorization. Pursuant to the authority granted by RCW 28B.30.125, 28B.30.150, 28B.10.560, and chapter 34.05 RCW, the board of regents of the university, or the university president or designee, as applicable, adopts this chapter to govern parking and traffic at Washington State University Vancouver, hereinafter referred to as WSUV.

AMENDATORY SECTION (Amending WSR 08-08-049, filed 3/27/08, effective 7/1/08)

WAC 504-19-020 Purposes of regulations. (1) The purposes of these regulations are to:

- (a) Expedite university business and provide maximum safety, order, and access;
- (b) Regulate parking, with priority given to:
- (i) Services of the university;
 - (ii) ~~((Persons))~~ Individuals who require the use of vehicles in connection with their on-campus work; and
 - (iii) Staff and students who require the use of private vehicles because of a disability or other approved reason; and
- (c) Provide and maintain suitable campus parking and ~~((traffic facilities))~~ transportation systems.
- (2) The vice chancellor or designee whose responsibilities include supervision of ~~((the parking department))~~ parking services shall have the authority to designate particular locations as parking, temporary parking, restricted parking, or prohibited parking, as well as the authority to designate permanent and temporary areas as being closed to vehicular traffic.

AMENDATORY SECTION (Amending WSR 96-15-050, filed 7/15/96, effective 8/15/96)

WAC 504-19-080 Severability. If any provision of this chapter, chapter 504-19 WAC, or its application to any ~~((person))~~ individual or circumstance is held invalid, the remainder of the chapter or its application to other ~~((persons))~~ individuals or circumstances is unaffected.

AMENDATORY SECTION (Amending WSR 18-22-065, filed 11/1/18, effective 12/2/18)

WAC 504-19-100 Definitions. The definitions in this section are applicable within the context of this chapter.

(1) Access-control/gate card. A plastic card that provides access to a location, building, or parking area, and/or activates a gate or similar device controlling access to certain parking areas.

(2) Campus. Describes all property owned, leased, ~~((and/))~~ or controlled by WSUV which is or may hereafter be dedicated mainly to the educational, research, housing, recreational, parking, or other activities of WSUV.

~~((2))~~ (3) Day. Unless otherwise specified, the term "day" refers to a calendar day.

~~((3))~~ (4) Disability zone. A parking zone designated for exclusive use by ~~((persons))~~ individuals with disability and identified with a sign bearing the associated international symbol.

~~((4))~~ (5) Electric-assisted bicycle. As defined under RCW 46.04.169.

(6) Fire zone. An area needed for emergency access to buildings, fire hydrants, or fire equipment. Such areas include, but are not limited to, areas with adjacent curbs or rails painted red.

~~((5))~~ (7) Illegal use of permit. A parking violation in which a parking ticket is issued under the following circumstances:

(a) Use of a parking permit or indicator on a vehicle other than the specified vehicle identified by a license number on the permit.

(b) Use of a counterfeit parking permit or indicator.

~~(c)~~ Use of a parking permit or indicator obtained under false pretenses.

~~((e))~~ (d) Use of a modified parking permit or indicator.

~~((d))~~ (e) Use and/or retention of a parking permit or indicator by ~~((person(s)))~~ individual(s) ineligible, or no longer eligible, for such permit as described and authorized in this chapter.

~~((6))~~ (8) Impound. To take and hold a vehicle in legal custody, either by use of a ~~((wheel lock and/or))~~ vehicle immobilization device or towing.

~~((7))~~ (9) Indicator. A vinyl, plastic, or paper instrument displayed adjacent to a parking permit which defines the parking areas available to a permit holder.

~~((8))~~ (10) Loading zone. A loading dock or an area signed "loading zone" adjacent to a facility or in a parking area. Such an area is intended for loading and unloading bulky or voluminous material. Loading zones are restricted at all times unless signed otherwise.

~~((9))~~ ~~Moped. Any two-wheeled or three-wheeled motor vehicle with an engine displacement of 50cc or less.~~

~~((10))~~ ~~Motorcycle. Any two-wheeled or three-wheeled motor vehicle with an engine displacement greater than 50cc.~~

~~((11))~~ ~~Motor vehicle. All motor-driven conveyances except wheelchairs.)~~ (11) Moped. As defined under RCW 46.04.304.

(12) Motorcycle. As defined under RCW 46.04.330.

(13) Motorized foot scooter. As defined under RCW 46.04.336.

(14) Motor vehicle. As defined under RCW 46.04.320. Also referred to as "vehicle" in this chapter.

~~((12))~~ (15) No parking zone. Any area not specifically marked and/or signed for parking. Such areas include, but are not limited to, areas with adjacent curbs or rails painted yellow or red.

~~((13))~~ (16) Officer. Any parking or police official employed by the university who is designated by the parking administrator or police department head to issue parking tickets, to place or remove ~~((wheel locks))~~ vehicle immobilization devices, or to cause vehicles to be towed under this chapter.

~~((14))~~ (17) Owner. The person registered with any state as the present owner of a vehicle in the most current registration record available to the university, the owner's expressed representative, or any transferee not designated in such records, provided that the parking administrator or police department head has received actual written notice of the transfer.

~~((15))~~ (18) Park/parking. This refers to the placement or standing of a vehicle, with or without a driver in attendance, and with or without the engine running.

~~((16))~~ (19) Parking administrator. The manager in charge of ~~((the parking department))~~ parking services or designee.

~~((17))~~ (20) Parking appeals committee. Any ~~((person or persons))~~ individual(s) appointed to consider parking violations and the application of fees, fines, and sanctions. Said ~~((person or persons))~~ individuals are appointed by the vice chancellor whose responsibilities include supervision of ~~((the parking department))~~ parking services or designee.

~~((18))~~ ~~Parking department. The university department which is charged with the responsibility of managing, operating, planning, and maintaining parking facilities and enforcing the parking regulations for the WSUV campus.~~

~~((19))~~ (21) Parking meter. A single fixed device that typically requires payment and limits the amount of time a vehicle can park in a

single space. Also referred to as "meter" in this chapter. A parking meter is not a parking payment device.

~~((20))~~ (22) Parking payment device. A machine that requires payment and vends a parking permit and/or a paid receipt. Parking payment devices may be located in various places on campus. A parking payment device is not a parking meter.

~~((21))~~ (23) Parking permit. A vinyl, plastic, paper, or other instrument sanctioned by ~~((the parking department))~~ parking services that is displayed from a vehicle and authorizes parking in specified areas. Some parking permits may be purchased online and may be virtual in nature, as defined in subsection (44) of this section; and identified by other means, such as by license plate. Also referred to as "permit" in this chapter.

~~((22))~~ (24) Parking services. The university department which is charged with the responsibility of managing, operating, planning, and maintaining parking facilities and enforcing the parking regulations for the WSUV campus.

(25) Parking ticket. The first notice of a parking violation which is usually placed in a visible location on a motor vehicle.

~~((23))~~ (26) Pay parking facility. A location where parking is provided and payment is made on-site via a parking payment device, cashier, or other means other than a parking meter.

~~((24))~~ (27) Pedestrian mall. A space that is designed primarily for pedestrian use, but with limited authorized use of motor vehicle and other motorized and nonmotorized conveyances.

~~((25) Persons)~~ (28) Individuals with disability. For the purposes of this chapter, individuals with disabilities shall refer to ((a person or persons)) an individual or individuals with a disability or disabilities who qualify for a state-issued individual with disabilities parking identification and permit.

~~((26))~~ (29) Service vehicle. A vehicle used to provide a service for WSUV or a tenant or contractor of WSUV (e.g., a university-owned vehicle or a privately owned vehicle with a valid service vehicle authorization displayed).

~~((27))~~ (30) Service zone. Parking spaces or area designated for the use of service vehicles, other government-owned vehicles, and vehicles displaying a service indicator or commercial permit. Authorized vehicles may park in these zones on an occasional basis for a maximum of ~~((fifteen))~~ 15 minutes, except for vehicles that display a service indicator issued for an extended time. Service zones are restricted at all times unless signed otherwise.

~~((28))~~ (31) Staff. For the purposes of these regulations, "staff" includes all nonstudent employees of the university, and the nonstudent employees of other entities located on or regularly doing business on campus. Teaching assistants, research assistants, and other students employed by the university or other entities located on or regularly doing business on campus are not "staff." They are considered as students for the purpose of these rules.

~~((29))~~ (32) Standing. "Standing" is the stopping of a vehicle with the driver remaining in it.

~~((30))~~ (33) Storage of a vehicle. Impounded vehicles are held in storage until released. During such time they are subject to storage fees.

~~((31))~~ (34) Student. The term "student" includes all ~~((persons))~~ individuals who are not staff, who are taking courses at the university, enrolled full-time or part-time, pursuing undergraduate, graduate, professional studies, or auditing one or more classes.

~~((32))~~ (35) Summer session. The summer session includes all summer sessions beginning on the first day of the earliest session and ending on the last day of the latest session.

~~((33))~~ (36) University. Refers to Washington State University Vancouver.

~~((34))~~ (37) University holiday. A day regarded by the university as an official university holiday.

~~((35))~~ (38) Unpaid. A full or partial outstanding balance due. This definition includes parking tickets which are pending appeal.

~~((36))~~ (39) Vacation. A period of time when classes or final exams are not in session. Except for holidays that fall within this period, the business offices of WSUV typically are open during this time.

~~((37) Visitors. Persons who are not staff or students and who only visit the campus on an occasional basis.~~

~~(38) Wheel lock))~~ (40) Vehicle immobilization device. A device used to temporarily immobilize a motor vehicle. ~~((Wheel-locked))~~ Immobilized vehicles are considered to be impounded in place and subject to storage fees. A vehicle immobilization device may also be referred to as a wheel lock device.

~~((39) Wheel lock-eligible))~~ (41) Vehicle immobilization-eligible list. The current list of ~~((wheel-lock-eligible))~~ vehicle immobilization-eligible vehicles as maintained by ~~((the parking department))~~ parking services. A vehicle remains on the ~~((wheel-lock-eligible))~~ vehicle immobilization-eligible list until all fines and fees related to parking tickets are paid in full or otherwise resolved to include the payment of fines and fees related to parking tickets not yet eligible for late fees.

~~((40) Wheel lock-eligible))~~ (42) Vehicle immobilization-eligible vehicle. Any vehicle on which three or more parking tickets more than ~~((thirty))~~ 30 days old are unpaid and which parking tickets were issued during the time the vehicle was registered to or otherwise held by the owner. The vehicle remains ~~((wheel-lock-eligible))~~ vehicle immobilization-eligible until all fines and fees related to parking tickets are paid in full or otherwise resolved to include the payment of fines and fees related to parking tickets not yet eligible for late fees.

~~((41))~~ (43) Vehicle storage. Vehicle storage means the parking or leaving of any vehicle for a period of more than 24 consecutive hours.

(44) Virtual permit. A virtual permit is authorization given at the time of vehicle registration with parking services, allowing the registered vehicle to park in a designated lot, zone, or space. The virtual permit is associated to the vehicle license plate number and is used to identify the parking authorization.

(45) Visitors. Individuals who are not staff or students and who only visit the campus on an occasional basis.

(46) WSUV. Refers to Washington State University Vancouver.

AMENDATORY SECTION (Amending WSR 08-08-049, filed 3/27/08, effective 7/1/08)

WAC 504-19-200 Enforcement authority. WSUV public safety and ~~((the parking department))~~ parking services are charged with the impartial enforcement of these regulations. Officers of these depart-

ments have authority to issue parking tickets, to impound vehicles, and to control access to areas.

AMENDATORY SECTION (Amending WSR 08-08-049, filed 3/27/08, effective 7/1/08)

WAC 504-19-210 Times of enforcement. Parking regulations are subject to enforcement at all times.

(1) Parking permit areas. All parking permit areas are limited to authorized permit holders during specific hours. These hours are posted in each parking area at the entrance to parking areas or along roadways where parking is marked.

(2) Restricted spaces. These spaces are restricted for their designated purpose at all times unless signed otherwise:

- (a) Disability zones.
- (b) Load/unload.
- (c) Service.
- (d) Reserved.
- (e) Reserved (bagged) parking meters.
- (f) Pedestrian mall.

(g) Areas which are specially signed or physically set apart by barricades, traffic cones, tape, or other traffic devices.

(3) Parking metered spaces. Parking meters are in effect during the times posted on each meter. During these times the meter must be paid the posted amount. Additional time cannot be purchased beyond the meter's posted maximum time limit (e.g., a ~~((thirty))~~ 30-minute meter will allow a maximum of ~~((thirty))~~ 30 minutes to be purchased at one time). A motor vehicle which is parked at an expired meter is considered in violation initially, and after each period equal to the maximum time posted for the meter. In such case, a parking ticket may be issued for each violation. For example, a vehicle parked at a meter with a two-hour maximum time limit for six hours and five minutes of CONTINUOUS unpaid parking at the same meter would be eligible for up to three parking tickets.

(4) Pay parking facilities. Some parking areas provide parking on an hourly basis. Hours of operation and a schedule of fees are posted at the facility entrance and at the point of payment. Parking tickets are issued to vehicles that are parked over the duration of time that was paid for and for nonpayment. Parking areas with parking meters are not considered pay parking facilities.

AMENDATORY SECTION (Amending WSR 12-11-024, filed 5/8/12, effective 6/8/12)

WAC 504-19-250 Motorcycles and mopeds. (1) The general traffic regulations applicable to motor vehicles apply to motorcycles and mopeds. Motorcycles or mopeds may not be driven on sidewalks or in pedestrian mall areas. Owners of motorcycles and mopeds are responsible for all violations issued.

(2) The university classifies mopeds and motorcycles ~~((by engine displacement (also referred to as engine size). This definition applies only to university property and does not replace or supersede))~~

in accordance with the definitions established by the state of Washington for licensing purposes. See RCW 46.04.304 and 46.04.330.

(3) (~~Motorcycles and mopeds~~) Motorcycles and mopeds may park only in spaces which are marked by signs or the letter "M" painted on the parking surface. Motorcycles and mopeds parking in such designated areas must display a valid WSUV motorcycle permit during posted times. During all other times, these spaces are restricted to use by motorcycles and mopeds only. To park a motorcycle or moped in nonmotorcycle parking spaces, a full-price vehicle permit must be displayed in an approved motorcycle permit holder. Approved motorcycle permit holders may be signed out from parking services at the time of permit purchase. Issued permit holders must be returned to parking services within two weeks of the permit's expiration date or an administrative service fee is charged to the permit user's account.

AMENDATORY SECTION (Amending WSR 08-08-049, filed 3/27/08, effective 7/1/08)

WAC 504-19-300 Financial responsibility for parking tickets.

(1) Each registered parking permit holder shall be financially responsible for parking tickets on vehicles:

(a) Registered with (~~the parking department~~) parking services; and/or

(b) Displaying the registered parking permit holder's permit.

(2) Owners of vehicles are held ultimately financially responsible for parking tickets issued to their vehicles.

AMENDATORY SECTION (Amending WSR 18-22-065, filed 11/1/18, effective 12/2/18)

WAC 504-19-350 Use of areas for emergency, maintenance, events, or construction. (1) WSUV reserves the right to close any campus parking area at any time it is deemed necessary for maintenance, safety, events, construction, (~~or~~) emergencies, or to meet special needs. Parking services provides notice to users when possible.

(2) (~~The~~) WSUV public safety or parking (~~department~~) services may authorize the towing of vehicles parked in areas that are designated to be used for emergencies, special needs, maintenance, events, or construction. Towing is at the owner's expense.

(3) Public safety and maintenance personnel performing official duties may deviate from these regulations as required to conduct emergency procedures.

AMENDATORY SECTION (Amending WSR 18-22-065, filed 11/1/18, effective 12/2/18)

WAC 504-19-370 Vehicle storage. The storage of vehicles, including motorcycles and mopeds, is prohibited on campus unless otherwise authorized by (~~the parking department~~) parking services.

AMENDATORY SECTION (Amending WSR 08-08-049, filed 3/27/08, effective 7/1/08)

WAC 504-19-450 Replacement parking permits and indicators. (1) Sold or traded vehicles. Failure to advise (~~(the parking department)~~) parking services of a sale or trade for registration purposes may result in continued responsibility to the permit holder for parking tickets received on that vehicle.

The permit holder has responsibility for removing parking permits prior to selling or trading a vehicle. The identifiable remnants of the original permit must be presented to (~~(the parking department)~~) parking services to receive a free replacement. (~~(Persons)~~) Individuals failing to comply with this requirement shall pay the cost of a new permit.

(2) Lost/stolen permits. Permit holders are responsible for the security of their permits. The theft or loss of a parking permit should be reported to (~~(the parking department)~~) parking services immediately upon discovery. A lost or stolen permit may be replaced upon payment to (~~(the parking department)~~) parking services of the cost of replacing the permit, according to a schedule adopted by (~~(the parking department)~~) parking services. Lost or stolen permits must be returned to (~~(the parking department)~~) parking services immediately if recovered.

(3) Windshield replacements. When a permit-bearing windshield is replaced, the permit replacement fee is waived if proof of windshield replacement is presented.

AMENDATORY SECTION (Amending WSR 08-08-049, filed 3/27/08, effective 7/1/08)

WAC 504-19-510 Parking permits—General. (~~(The parking department)~~) Parking services issues parking permits for designated areas of the campus. Any vehicle parked on the campus, other than a pay area or metered space, must clearly display a valid WSUV parking permit in accordance with this chapter during the posted hours and in locations when and where permits are required. University staff and students may not use any other permit in lieu of a valid university parking permit.

AMENDATORY SECTION (Amending WSR 18-22-065, filed 11/1/18, effective 12/2/18)

WAC 504-19-520 Parking permits—Form and display. All parking permits must be displayed in the approved position on the vehicle with permit numbers and relevant dates visible. Vehicles with permits which are not displayed in accordance with the provisions of this section are subject to parking tickets for the violation of improperly displaying a permit, or for the violation of no parking permit if a valid permit cannot be verified from the exterior of the vehicle.

(1) Autos and trucks:

(a) Daily permits must be displayed as instructed on the permit.

(b) Annual and semester permits must be displayed on the left side (driver's side) of the windshield. Permits must be mounted com-

pletely by means of their own design. No additional substances may be used to adhere the permit to the windshield unless approved by ~~((the parking department))~~ parking services.

(2) Motorcycles and mopeds ~~((+))~~. Motorcycle and moped permits must be mounted completely by means of their own adhesive and prominently displayed on the left rear side of the vehicle or on top of the rear tail light.

(3) Virtual permits. Certain parking permissions do not require that a permit be displayed. In those instances, the virtual permit is associated with the vehicle license plate registered.

(a) Vehicles must be parked so that the license plate is visible from the driving aisle.

(b) No covers may be placed over the license plate that would inhibit the reflectivity of the plate.

(c) The alphanumeric characters of the license plate must be visible and unobstructed by license plate frames and/or other accessories.

(d) Individuals with virtual permits must ensure their current vehicle is registered and associated with their virtual permit through parking services.

(e) Multiple registered vehicles may be associated on the same virtual permit. In this case, no more than one registered motor vehicle using the virtual permit may be parked on campus at a time.

AMENDATORY SECTION (Amending WSR 08-08-049, filed 3/27/08, effective 7/1/08)

WAC 504-19-540 Zone parking permits—Availability and use. The management and assignment of parking zones is designed to provide a parking space to permit holders. However, uncontrolled access to parking areas and unexpected parking demand make it impossible to guarantee a parking space in the permit holder's assigned zone. Staff and students are generally assigned to specific parking areas referred to as zones. Parking zones are color-coded with respect to their price and numbered with respect to the specific parking zone assignment of each permit holder. Permit holders may park in their assigned zone as reflected by the combination of color and number on their permit and corresponding sign, or they may park in other zones as described below.

(1) Orange permits. Orange permit holders may park in ~~((their numerically assigned))~~ any orange zone, or in any green, red, or gray zone.

(2) Green permits. Green permit holders may park in ~~((their numerically assigned))~~ any green zone, or in any red or gray zone.

(3) Red permits. Red permit holders may park in ~~((their numerically assigned))~~ any red zone, or in any gray zone.

(4) Gray permits. Gray permit holders may park in any gray zone.

AMENDATORY SECTION (Amending WSR 18-22-065, filed 11/1/18, effective 12/2/18)

WAC 504-19-560 Other parking permits—Availability and use. (1)

Visitor permits. Visitor permits may be used only by bona fide visitors as defined by this chapter. Use by any other person constitutes illegal use of a parking permit. Visitor permits are valid in any zone and parking spaces signed for visitors only. Visitor permits are not valid at meters or restricted spaces.

(2) Permits honored by reciprocal agreement. Permits from other universities, including other WSU campuses, may be used only if detailed in and allowed by a fully executed reciprocal agreement with WSU Vancouver.

(3) Golden cougar permits. Golden cougar permits are special permits that are issued to retired staff in recognition of their service without additional cost. They are issued on an annual basis and are valid in any zone that is designated and approved by ~~((the parking department))~~ parking services. Staff who are employed by the university or other entities located on campus after formal retirement are not eligible to use a golden cougar permit in lieu of a regular paid zone permit.

~~((3))~~ (4) President's associates decals. President's associates decals are issued to eligible members of the Washington State University foundation. Use of these decals for parking shall be in accordance with a separate agreement between WSU and the WSU foundation. However, WSU faculty, staff, and students may not use a president's associates decal or any other parking benefit instrument in lieu of a paid zone permit.

~~((4) Conference))~~ (5) Event/conference permits. ~~((Conference))~~ Event/conference permits are available to visitors who participate in events or conferences held on the WSUV campus. They are available on a daily basis only. ~~((Conference))~~ Event/conference permits are valid as marked on the issued permit.

~~((5))~~ (6) Motorcycle permits. Motorcycle permits are valid within boundaries of areas specifically posted ~~((and/))~~ or marked for motorcycle permits.

~~((6))~~ (7) Construction permits. A construction permit is issued to personnel who are working on a construction site on campus. Construction permits are assigned to a specific parking area.

~~((7))~~ (8) Carpool. Upon application to WSUV parking services, a bona fide carpool as defined by the campus policies and procedures is given preference in the assignment of parking zones, and issued a permit that facilitates the carpool. Carpool permits shared by more than one registered vehicle, virtual or otherwise, may not park more than one vehicle associated with the permit on campus at the same time. Obtaining or using a carpool permit under false pretenses constitutes the illegal use of a permit.

~~((8))~~ (9) Commercial permits. Commercial permits are issued to vendors, suppliers, and service representatives of outside companies performing a service for the university. Commercial permits are valid in zones and areas indicated on the permit.

~~((9))~~ (10) Departmental permits. Departmental parking permits are available for use by department employees who need to use their personal vehicles for university business. Departmental permits are available in different forms and are valid at parking meters, service zones, orange, green, red, and gray permit zones, and pay parking fa-

cilities. Departmental permits are not valid in reserved spaces. The use of departmental permits for anything other than official departmental business is prohibited by the State Ethics Act.

AMENDATORY SECTION (Amending WSR 12-11-024, filed 5/8/12, effective 6/8/12)

WAC 504-19-580 Special virtual designation, indicator decals, and hangers. Special virtual designation, indicator decals, or hangers may be issued to staff and student permit holders who have otherwise valid parking permits in the following cases:

(1) A "service virtual designation, indicator decal, or hanger" is valid typically for a maximum of (~~(thirty)~~) 30 minutes in a marked service zone. A "mall service" virtual designation or indicator is valid typically for a maximum of (~~(thirty)~~) 30-minute parking in the pedestrian mall. If the virtual designation or indicator is needed for longer than (~~(thirty)~~) 30 minutes, the issued permit is subject to the current daily rate for parking on the WSUV campus unless a parking permit valid for that time period is already present in the vehicle.

(2) Reserved parking virtual designation, indicator decals, and hangers which are valid in parking spaces that are signed for the corresponding permit and designation or indicator.

AMENDATORY SECTION (Amending WSR 18-22-065, filed 11/1/18, effective 12/2/18)

WAC 504-19-600 Parking for individuals with disabilities. (1) The provisions of this chapter cover disability parking and the payment of fees and fines associated with parking for individuals with disabilities.

(2) For the purpose of this chapter, individuals with disabilities shall refer to individuals with disabilities who qualify for a state-issued individual with disabilities parking identification and permit as provided in chapter 308-96B WAC. Use of disability accommodation parking at WSUV also requires payment for parking in the form of a WSUV parking permit or receipt of payment.

(3) The university uses the state individual with disabilities parking permit system to determine eligibility for disability parking.

(4) Unless otherwise authorized, parking in spaces designated for individuals with disabilities requires a state-issued disability parking placard or license plate and a WSUV parking permit or proof of payment to park on campus. University semester and annual parking permits for individuals with disabilities are available at the gray zone rate. Daily and temporary parking permits are available at the regular rates.

(5) (~~(Persons)~~) Individuals with a state-issued disability parking placard or license plate and a WSUV parking permit or proof of payment may park in parking spaces designated for individuals with disabilities and any other, nonrestricted permit space within a parking permit zone.

(6) (~~(Persons)~~) Individuals with a state-issued disability parking placard or license plate and a WSUV parking permit or proof of

payment may not park in restricted spaces with the exception of individuals with disabilities parking spaces.

(7) Unless otherwise posted, any university parking permit to include a state-issued disability parking placard or license plate is not valid in lieu of payment of regular posted fees in pay parking lots and facilities.

(8) A state-issued individuals with disabilities license plate, placard, or permit is valid in parking zones during times when a university permit is not required.

(9) The university intends to retain control of access to the pedestrian malls on campus. For that reason a state-issued disability parking placard or license plate and a WSUV parking permit or proof of payment is required as authorization to use a pedestrian mall to access marked individuals with disabilities parking spaces within the confines of a pedestrian mall.

AMENDATORY SECTION (Amending WSR 18-22-065, filed 11/1/18, effective 12/2/18)

WAC 504-19-650 Parking fees and fines. (1) Schedules for parking fees, parking administrative fees, late payment fees, parking fines and sanctions, parking meter rates, prorate and refund schedules, and the effective date thereof are submitted to the president or (~~his/her~~) designee and to the board of regents for approval by motion, provided however, that increases in fees and fines do not exceed limits established by the board of regents. Increases in fees and fines that do not exceed limits established by the board of regents are not submitted to the board of regents so long as the board of regents has delegated authority to the president or (~~his~~) designee to approve all such fees and fines. The schedules described above for all parking fees and fines are thereafter posted in the public area of (~~the parking department~~) parking services office and posted on (~~the parking department's~~) parking service's website.

(2) Before purchasing a permit, the balance of any fees and fines owed to (~~the parking department~~) parking services must be paid in full.

(3) Payments. Parking fees and fines may be paid at (~~the parking department~~) parking services by cash, check, approved payment card, or money order, and online through the WSUV parking services payment portal website. A payroll deduction plan is available for eligible university employees and eligible graduate students.

(4) The annual fee for any shorter period relative to all permits shall be prorated according to the published schedule.

(5) The proper fee must be paid for all vehicles parked in parking meter spaces unless otherwise authorized.

(6) Staff members whose work schedules qualify them for nighttime differential pay may purchase a permit for one-half the regular fee. Verification is required.

(7) Refunds. Annual permits being relinquished may be returned to (~~the parking department~~) parking services for a pro rata refund (if any is available) in accordance with university policy. Identifiable remnants of the permit must be returned. In the case of annual virtual permits, the permit purchaser must notify parking services in person or in writing that they want to relinquish the permit permissions for a pro rata refund (if any is available) in accordance with university

policy. The balance of any fees and fines owed (~~(the parking department)~~) parking services is deducted from any refund due. Refunds for temporary permits are not granted. Refunds for pretax payroll deductions cannot be granted pursuant to federal tax laws.

(8) (~~(The parking department)~~) Parking services makes a wide array of options available in advance to university departments for use by their visitors, guests, and employees for the purpose of conducting departmental business. However, when necessary, university departments that can establish in writing that a parking ticket issued by (~~(the parking department)~~) parking services was received as a result of parking any vehicle for the purpose of conducting official state business, or while conducting official business with the university or an entity located at the university are assessed a parking fee assessment (PFA) in lieu of the parking fine. Such requests for PFAs are signed by a department fiscal custodian. A PFA consists of the maximum daily parking fee plus an additional administrative fee for failing to purchase and provide the necessary parking permit or fee in advance or at the time of parking. University departments are encouraged to avoid additional administrative fees associated with PFAs by purchasing and storing prepaid parking permits and by making them available as the department deems necessary. Nothing in this rule allows a university employee to receive, or attempt to receive, any benefit associated with (~~(his or her)~~) their personal expenses in violation of the State Ethics Act. All questionable employee conduct regarding the application of this section is reported to, and investigated by, the university internal auditor. This section applies only to parking tickets issued pursuant to this chapter.

AMENDATORY SECTION (Amending WSR 08-08-049, filed 3/27/08, effective 7/1/08)

WAC 504-19-810 Violations, fines, and sanctions. (1) Violations and fines. Parking violations are processed by the university. Fines must be paid at (~~(the parking department)~~) parking services or at other authorized locations. Schedules for parking violations, fines, and sanctions are posted in the public area of the parking services office and on (~~(the parking department's)~~) parking service's website.

(2) Reduction of fines.

(a) Fines for violations of overtime/nonpayment at meter and overtime in time zone paid within (~~(twenty-four)~~) 24 hours of issuance are reduced by one-half. Eligible violations received on Friday or Saturday can be paid on the following Monday to satisfy the (~~(twenty-four)~~) 24-hour requirement. Mailed payment must be postmarked within (~~(twenty-four)~~) 24 hours to receive the one-half reduction.

(b) Visitors. The first violation of notices for "no parking permit" and "no parking permit for this area" issued to a visitor is considered a warning notice upon presentation to (~~(the parking department)~~) parking services.

(c) If a permit holder of record neglects to display (~~(his or her)~~) their permit and receives a notice of violation for "no parking permit," a reduced fine is assessed when possession of a valid parking permit for the location is verified by (~~(the parking department)~~) parking services within (~~(twenty-four)~~) 24 hours.

(d) Internal policies regarding disposition of parking tickets may be established on approval of the vice chancellor or designee

whose responsibilities include supervision of (~~the parking department~~) parking services under the advisement of the university's internal auditor.

(3) Inoperable vehicles. It is the owner's responsibility to immediately contact (~~the parking department~~) parking services in the event that the owner's vehicle becomes inoperable when the vehicle is present on campus.

(4) Payment of parking fines (~~(-)~~):

(a) All parking fines are due upon issuance of a parking ticket. Thirty days after date of issuance of a parking ticket, a late fee shall be added to all unpaid parking fines. For example, a parking ticket issued on May 1st would be assessed a late fee on May 31st. Failure to pay the fine and fee assessed for any violation results in referral to the university controller's office for collection. The controller (or designee) may, if other collection efforts fail, withhold the amount of the outstanding fines and fees from deposits or other funds held for any student (~~in order~~) to secure payment.

When collection efforts are unsuccessful, the controller (or designee) may notify the registrar to refrain from issuing student transcripts or to withhold permission to reenroll for a subsequent term until outstanding fines and fees are paid. The procedures discussed above are not exclusive, however, and failure by anyone to pay fines and fees may also lead to towing or use of the (~~wheel lock~~) vehicle immobilization device described in these regulations. Nor are the procedures discussed above a precondition to towing or use of (~~the wheel lock~~) vehicle immobilization.

(b) Account balances not paid to the university voluntarily may be forwarded to an external collections agency and are subject to additional collection fees of up to 50 percent, attorney's fees, and court costs when necessary.

(5) Failure to pay fines. Failure to pay a fine or comply with other penalties assessed pursuant to these regulations, and exhausting or failing to exercise appeals provided for in these regulations, may result in the inability to renew a vehicle license through the state pursuant to RCW 46.16.216.

AMENDATORY SECTION (Amending WSR 08-08-049, filed 3/27/08, effective 7/1/08)

WAC 504-19-860 Appeal (~~s~~) procedure. The parking ticket represents a determination that a parking violation has been committed and the determination is final unless otherwise provided for or appealed as provided in this chapter.

(1) Purpose. The parking appeals process serves the following functions:

(a) To hear parking ticket appeals;

(b) To hear appeals of (~~wheel lock eligibility~~) vehicle immobilization-eligible determinations; and

(c) To hear appeals of impoundments.

(2) Procedure. Any (~~person~~) individual who has received a parking ticket may appeal the alleged parking violation. Appeal of (~~wheel lock eligibility~~) vehicle immobilization-eligible determinations and impoundments are described in WAC 504-19-865 and 504-19-870.

(3) Written parking ticket appeals. The appeal must be in writing and received at (~~the parking department~~) parking services within

~~((ten))~~ 10 calendar days of issuance of the parking ticket. Forms for this purpose are available from ~~((the parking department))~~ parking services. The parking appeals committee makes an initial decision regarding the appeal within ~~((twenty))~~ 20 calendar days during the academic year and ~~((thirty))~~ 30 calendar days during the summer months after receipt of the appeal. The committee provides a brief statement of the reason for its decision to the appellant within ~~((ten))~~ 10 calendar days of the decision.

(4) Review hearing of initial decision. If the appellant is dissatisfied with the initial decision, ~~((he or she))~~ they may request a hearing before a hearing officer or the parking appeals committee. Such a request must be made within ~~((ten))~~ 10 calendar days of the date of the initial parking appeals committee decision. If no such request is received, the initial decision shall be final. During the hearing the appellant and representatives of ~~((the parking department))~~ parking services may present and cross-examine witnesses. The hearing officer or appeals committee shall render a decision in writing and provide the appellant with the decision within ~~((ten))~~ 10 calendar days after the hearing.

(5) Appeal to district court. RCW 28B.10.560 provides that ~~((a person))~~ an individual who is not satisfied with the final decision of the university may appeal to district court. The application for appeal to district court shall be in writing and must be filed at ~~((the parking department))~~ parking services within ~~((ten))~~ 10 calendar days after the date of the review hearing. ~~((The parking department))~~ Parking services forwards the documents relating to the appeal to the district court.

AMENDATORY SECTION (Amending WSR 18-22-065, filed 11/1/18, effective 12/2/18)

WAC 504-19-865 General. (1) Pursuant to the provisions of this chapter, an officer shall cause a vehicle to be ~~((wheel-locked))~~ immobilized, or towed, or both, if:

(a) The vehicle is on the ~~((wheel-lock-eligible))~~ vehicle immobilization-eligible list; or

(b) The vehicle displays a lost, stolen, or counterfeit parking permit.

(2) Any vehicle may be towed away at owner's/operator's expense if the vehicle:

(a) Has been immobilized by ~~((wheel-lock))~~ a vehicle immobilization device for more than ~~((twenty-four))~~ 24 hours; or

(b) Is illegally parked in a marked tow-away zone; or

(c) Is a hazard or obstruction to vehicular or pedestrian traffic (including, but not limited to, vehicles parked at curbs or rails painted yellow or red or in crosswalks); or

(d) Cannot be immobilized with a ~~((wheel-lock))~~ vehicle immobilization device; or

(e) Is illegally parked in a disability space; or

(f) Is parked in an area designated to be used for emergencies, maintenance, events, or construction; or

(g) Is otherwise illegally parked on the executive authority of ~~((the parking department))~~ parking services or the university police department.

(3) The driver and/or owner of a towed vehicle shall pay towing and storage expenses.

(4) Any vehicle immobilized by use of ~~((the wheel-lock))~~ a vehicle immobilization device in excess of ~~((twenty-four))~~ 24 hours is assessed a storage fee for each calendar day or portion thereof, beyond the first ~~((twenty-four))~~ 24 hours of being immobilized.

(5) The university assumes no responsibility in the event of damages resulting from towing, use of wheel lock devices, storage, or attempts to move a vehicle with a ~~((wheel-lock))~~ vehicle immobilization device installed.

(6) No vehicle impounded by towing or ~~((wheel-lock))~~ vehicle immobilization devices shall be released until the following fines are paid in cash or with an approved payment card:

(a) All unpaid parking ticket fines and late fees against said vehicle and any other vehicle registered to the owner;

(b) A ~~((wheel-lock))~~ vehicle immobilization fee; and

(c) All towing and storage fees.

(7) ~~((A person))~~ An individual wishing to challenge the validity of any fines or fees imposed under this chapter may appeal such fines or fees as provided in WAC 504-19-860. However, ~~((in order))~~ to secure release of the vehicle, such ~~((person))~~ individual must pay the amount of such fines or fees as a bond which shall be refunded to the extent the appeal is successful.

(8) An accumulation of six unpaid violations during any ~~((twelve))~~ 12-month period, exclusive of overtime at parking meter violations, and overtime in time zone violations, subjects the violator to revocation or denial of parking privileges. Vehicles without permits which accumulate the above number of violations may be prohibited from parking on university property.

AMENDATORY SECTION (Amending WSR 08-08-049, filed 3/27/08, effective 7/1/08)

WAC 504-19-870 ~~((Wheel-lock-eligible))~~ Vehicle immobilization-eligible list. (1) The parking administrator shall be responsible for creating and maintaining the ~~((wheel-lock-eligible))~~ vehicle immobilization-eligible list. See definition of "~~((wheel-lock-eligible))~~ vehicle immobilization-eligible vehicle."

(2) A ~~((wheel-lock-eligible))~~ vehicle immobilization-eligible vehicle shall be placed on the ~~((wheel-lock-eligible))~~ vehicle immobilization-eligible list after notice has been issued as provided in subsection (3) of this section and an appeal of the ~~((wheel-lock-eligibility))~~ vehicle immobilization-eligible determination, if requested, under subsection (4) of this section.

(3) At least ~~((ten))~~ 10 days prior to placing a vehicle on the ~~((wheel-lock-eligible))~~ vehicle immobilization-eligible list, the parking administrator shall mail a notice to the owner. The parking administrator mails the notice to the address stated on the most current registration records available to the university from a state, or any more current address of which the parking administrator or chief of police has actual written notice. The notice is sent by first class United States mail, postage prepaid. The notice shall set forth:

(a) The make and license plate number of the alleged ~~((wheel-lock-eligible))~~ vehicle immobilization-eligible vehicle.

(b) A specified date on which the (~~wheel lock-eligible~~) vehicle immobilization-eligible vehicle is subject to placement on the (~~wheel lock-eligible~~) vehicle immobilization-eligible list.

(c) A list of the three or more alleged unpaid parking tickets, including the parking ticket number, date, time, place of the violation, and the nature of the violation. This list shall include all unpaid parking tickets issued to a particular vehicle to include the payment of fines and fees related to parking tickets not yet eligible for late fees.

(d) That the owner may avoid the placement of the vehicle on the (~~wheel lock-eligible~~) vehicle immobilization-eligible list by making payment in full of fines and late fees on all unpaid parking tickets to include the payment of fines and fees related to parking tickets not yet eligible for late fees by the specified date on which the vehicle is subject to placement on the (~~wheel lock-eligible~~) vehicle immobilization-eligible list.

(e) The name, mailing address (and street address if different), and telephone number of (~~the parking department office~~) parking services that may be contacted to appeal the (~~wheel lock-eligibility~~) vehicle immobilization-eligible determination. Such an appeal only considers whether an individual vehicle was properly placed on the (~~wheel lock-eligible~~) vehicle immobilization-eligible list and not the merits of an individual parking ticket, which may be addressed pursuant to a separate appeals process described in WAC 504-19-860.

(f) That the vehicle is subject to (~~wheel lock~~) vehicle immobilization, towing, or both once it is placed on the (~~wheel lock-eligible~~) vehicle immobilization-eligible list.

(g) That all late fees, (~~wheel lock~~) vehicle immobilization fees, towing, and storage fees shall be payable in full to obtain the release of a vehicle (~~wheel locked~~) immobilized or towed pursuant to this chapter in addition to payment of any and all unpaid parking tickets on this vehicle or other vehicles owned by the registered owner to include the payment of fines and fees related to parking tickets not yet eligible for late fees.

(4) If a request for an appeal of a (~~wheel lock-eligibility~~) vehicle immobilization-eligible determination is received by the parking administrator before the specified date in the notice for placement of the vehicle on the (~~wheel lock-eligibility~~) vehicle immobilization-eligible list, then the parking administrator shall afford the owner an opportunity to appeal the (~~wheel lock-eligibility~~) vehicle immobilization-eligible determination prior to the placing of a vehicle on the (~~wheel lock-eligible~~) vehicle immobilization-eligible list. Although the parking administrator shall not have the authority to adjudicate the merits of any parking ticket, (~~she or he~~) they shall, however, receive evidence and other input from the owner appealing the (~~wheel lock-eligibility~~) vehicle immobilization-eligible determination that the notice given under subsection (3) of this section was erroneous or based on erroneous information.

(5) If an owner timely participates in the appeal as scheduled by the parking administrator, (~~he or she~~) they shall furnish the owner written notice of (~~his or her~~) their decision prior to placing the vehicle on the (~~wheel lock-eligible~~) vehicle immobilization-eligible list.

(6) After the specified date provided in the notice issued under subsection (3) of this section, the parking administrator shall review the records to ensure that the alleged unpaid parking tickets have not

been paid or otherwise resolved, and that no information has been received indicating that the notice was erroneous.

(7) Once a vehicle has been placed on the ~~((wheel lock-eligible))~~ vehicle immobilization-eligible list, it shall not be removed from the list unless and until:

(a) The fines and fees on all unpaid parking tickets issued during the time it has been registered to or otherwise held by the owner are paid or otherwise resolved to include the payment of fines and fees related to parking tickets not yet eligible for late fees;

(b) The parking administrator receives reliable information that title to the vehicle has been transferred; or

(c) The parking administrator determines that the placement of the vehicle on the ~~((wheel lock-eligible))~~ vehicle immobilization-eligible list was erroneous.

(8) If a vehicle is not properly registered in any state or no registration information is available to the university and the vehicle is ~~((wheel lock-eligible))~~ vehicle immobilization-eligible, then notice shall be provided by posting on the vehicle a conspicuous notice, which shall set forth:

(a) A description of the alleged ~~((wheel lock-eligible))~~ vehicle immobilization-eligible vehicle;

(b) A specified date on which the ~~((wheel lock-eligible))~~ vehicle immobilization-eligible vehicle is subject to placement on the ~~((wheel lock-eligible))~~ vehicle immobilization-eligible list;

(c) That the owner may avoid placement of the vehicle on the ~~((wheel lock-eligible))~~ vehicle immobilization-eligible list by making payment in full of fines and late fees on all unpaid parking tickets to include the payment of fines and fees related to parking tickets not yet eligible for late fees by the specified date certain on which the vehicle is subject to placement on the ~~((wheel lock-eligible))~~ vehicle immobilization-eligible list; and

(d) That the vehicle is subject to ~~((wheel lock))~~ vehicle immobilization, towing or both once it is placed on the ~~((wheel lock-eligible))~~ vehicle immobilization-eligible list.

(9) An officer shall attempt to ~~((wheel lock))~~ immobilize any vehicle which appears on the ~~((wheel lock-eligible))~~ vehicle immobilization-eligible list when parked, lawfully or unlawfully, on campus.

(10) The parking administrator or the ~~((chief of))~~ senior police administrator shall ensure that officers are on duty to remove ~~((wheel locks))~~ vehicle immobilization devices from vehicles Monday through Friday between 8:00 a.m. and 5:00 p.m., except during recognized holidays.

AMENDATORY SECTION (Amending WSR 08-08-049, filed 3/27/08, effective 7/1/08)

WAC 504-19-880 Fees, fines, and release of an impounded vehicle.

The owner of an impounded vehicle may not secure the release of the stored vehicle until payment in full of fines and fees has been made on all unpaid parking tickets to include the payment of fines and fees related to parking tickets not yet eligible for late fees relating to the vehicle which were issued while the vehicle was owned by the ~~((person))~~ individual who owned the vehicle at the time it is ~~((wheel locked))~~ immobilized or towed hereunder, and the owner has paid in full the ~~((wheel lock))~~ vehicle immobilization fee, unpaid parking

tickets, late fees, storage fees, and towing fees for any and all other vehicles owned by the registered owner.

AMENDATORY SECTION (Amending WSR 08-08-049, filed 3/27/08, effective 7/1/08)

WAC 504-19-885 Theft, damage, or removal of a ((wheel-lock)) vehicle immobilization device. The following conduct of any ((person)) individual shall be reported to parking services and university police:

(1) Causing physical damage to a ((wheel-lock)) vehicle immobilization device;

(2) Removing, or attempting to remove, a ((wheel-lock)) vehicle immobilization device; or

(3) Taking or stealing a ((wheel-lock)) vehicle immobilization device.

AMENDATORY SECTION (Amending WSR 18-22-065, filed 11/1/18, effective 12/2/18)

WAC 504-19-930 Bicycles, skateboards, scooters, and roller blades/skates. (1) The riding and use of bicycles, skateboards, scooters, and roller blades/skates is prohibited from all building plazas, interior building spaces, stairways, steps, ledges, benches, planting areas, any other fixtures, and in any other posted area.

(2) Bicycles, skateboards, scooters, and roller blades/skates may be ridden and used on sidewalks when a bike path is not provided. Operators must move at a safe speed and yield to pedestrians at all times. Reckless or negligent operation of bicycles, skateboards, scooters, and roller blades/skates on any part of campus is prohibited.

(3) Electric-assisted bicycles must be used in human propulsion only mode on pedestrian malls and sidewalks.

(4) Motorized foot scooters must be used in a human propulsion only mode on sidewalks.

(5) Bicyclists must obey all traffic rules of the road when operating a bicycle in roadways.

(6) Bicycles may be secured only at bicycle racks and facilities designed for such purpose.

(7) Bicycles that are not secured at university-provided bicycle racks or bicycle storage facilities may be impounded at the owner's expense.

(8) Abandoned and inoperable bicycles. Internal policies regarding abandoned and inoperable bicycles, including the impoundment of bicycles at the WSUV campus, may be established upon approval by the vice chancellor or designee whose responsibilities include supervision of ((the parking department)) parking services.

WSR 24-15-035

PERMANENT RULES

TRANSPORTATION COMMISSION

[Filed July 11, 2024, 9:37 a.m., effective August 15, 2024]

Effective Date of Rule: August 15, 2024.

Purpose: The purpose of this rule is to adjust toll rates on the SR 520 Bridge to generate the necessary revenue to meet financial obligations. The anticipated effects of this proposal, which are expected to take effect on August 15, 2024, are:

- Tolls will increase by an average of 10 percent for the entire week, rounded to the nearest nickel. This will range from a decrease of \$0.10 to an increase of \$0.70, depending on the time of day/day of week.

- There will be fewer rate variations throughout the week, resulting in six different prices instead of the existing eight.

Citation of Rules Affected by this Order: Amending WAC 468-270-071.

Statutory Authority for Adoption: RCW 47.56.030, 47.56.795, 47.56.850, and 47.56.870.

Adopted under notice filed as WSR 24-11-107 on May 17, 2024.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 1, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 0, Repealed 0.

Date Adopted: July 10, 2024.

Reema Griffith
Executive Director

OTS-5445.2

AMENDATORY SECTION (Amending WSR 22-07-078, filed 3/22/22, effective 4/22/22)

WAC 468-270-071 What are the toll rates on the SR 520 Bridge?

Tables 2 through 6 show the applicable toll rates by vehicle axles, day and time of travel, and method of payment.

((~~TABLE 2a, Effective July 1, 2017~~

~~SR 520 BRIDGE~~

~~TWO-AXLE VEHICLE TOLL RATES~~

Mondays through Fridays	Good To Go!TM Pass¹	Pay By Mail¹	Good To Go!TM Pay By Plate²
Midnight to 5 a.m.	\$1.25	\$3.25	\$1.50
5 a.m. to 6 a.m.	\$2.00	\$4.00	\$2.25
6 a.m. to 7 a.m.	\$3.40	\$5.40	\$3.65
7 a.m. to 9 a.m.	\$4.30	\$6.30	\$4.55
9 a.m. to 10 a.m.	\$3.40	\$5.40	\$3.65
10 a.m. to 2 p.m.	\$2.70	\$4.70	\$2.95
2 p.m. to 3 p.m.	\$3.40	\$5.40	\$3.65
3 p.m. to 6 p.m.	\$4.30	\$6.30	\$4.55
6 p.m. to 7 p.m.	\$3.40	\$5.40	\$3.65
7 p.m. to 9 p.m.	\$2.70	\$4.70	\$2.95
9 p.m. to 11 p.m.	\$2.00	\$4.00	\$2.25
11 p.m. to 11:59 p.m.	\$1.25	\$3.25	\$1.50

Saturdays and Sundays³	Good To Go!TM Pass¹	Pay By Mail¹	Good To Go!TM Pay By Plate²
Midnight to 5 a.m.	\$1.25	\$3.25	\$1.50
5 a.m. to 8 a.m.	\$1.40	\$3.40	\$1.65
8 a.m. to 11 a.m.	\$2.05	\$4.05	\$2.30
11 a.m. to 6 p.m.	\$2.65	\$4.65	\$2.90
6 p.m. to 9 p.m.	\$2.05	\$4.05	\$2.30
9 p.m. to 11 p.m.	\$1.40	\$3.40	\$1.65
11 p.m. to 11:59 p.m.	\$1.25	\$3.25	\$1.50

Notes: ¹The rate for electronic tolls has been rounded to the nearest five cents, as needed.
²For this type of payment method, the customer is charged the Good to Go!TM Pass toll rate plus a \$0.25 fee as provided in WAC 468-270-300.
³The weekend rates will be assessed on the days on which holidays are observed: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

TABLE 2b, Effective July 1, 2023
SR 520 BRIDGE
TWO-AXLE VEHICLE TOLL RATES

Mondays through Fridays	Good To Go!TM Pass¹	Pay By Mail¹	Good To Go!TM Pay By Plate²
Midnight to 5 a.m.	\$1.25	\$3.25	\$1.50
5 a.m. to 6 a.m.	\$2.50	\$4.50	\$2.75
6 a.m. to 7 a.m.	\$3.80	\$5.80	\$4.05
7 a.m. to 10 a.m.	\$4.50	\$6.50	\$4.75
10 a.m. to 11 a.m.	\$3.80	\$5.80	\$4.05
11 a.m. to 2 p.m.	\$3.25	\$5.25	\$3.50
2 p.m. to 3 p.m.	\$3.80	\$5.80	\$4.05
3 p.m. to 7 p.m.	\$4.50	\$6.50	\$4.75
7 p.m. to 8 p.m.	\$3.80	\$5.80	\$4.05
8 p.m. to 9 p.m.	\$3.25	\$5.25	\$3.50
9 p.m. to 11 p.m.	\$2.50	\$4.50	\$2.75
11 p.m. to 11:59 p.m.	\$1.25	\$3.25	\$1.50

Saturdays and Sundays³	Good To Go!TM Pass¹	Pay By Mail¹	Good To Go!TM Pay By Plate²
Midnight to 5 a.m.	\$1.25	\$3.25	\$1.50

Saturdays and Sundays ³	Good To Go! TM Pass ¹	Pay By Mail ¹	Good To Go! TM Pay By Plate ²
5 a.m. to 8 a.m.	\$1.60	\$3.60	\$1.85
8 a.m. to 11 a.m.	\$2.35	\$4.35	\$2.60
11 a.m. to 6 p.m.	\$3.05	\$5.05	\$3.30
6 p.m. to 9 p.m.	\$2.35	\$4.35	\$2.60
9 p.m. to 11 p.m.	\$1.60	\$3.60	\$1.85
11 p.m. to 11:59 p.m.	\$1.25	\$3.25	\$1.50

Notes: ¹The rate for electronic tolls has been rounded to the nearest five cents, as needed.
²For this type of payment method, the customer is charged the Good to Go!TM Pass toll rate plus a \$0.25 fee as provided in WAC 468-270-300.
³The weekend rates will be assessed on the days on which holidays are observed: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

TABLE 3a, Effective July 1, 2017
SR-520 BRIDGE
THREE-AXLE VEHICLE TOLL RATES

Mondays through Fridays	Good To Go! TM Pass ¹	Pay By Mail ¹	Good To Go! TM Pay By Plate ²
Midnight to 5 a.m.	\$1.90	\$4.90	\$2.15
5 a.m. to 6 a.m.	\$3.00	\$6.00	\$3.25
6 a.m. to 7 a.m.	\$5.10	\$8.10	\$5.35
7 a.m. to 9 a.m.	\$6.45	\$9.45	\$6.70
9 a.m. to 10 a.m.	\$5.10	\$8.10	\$5.35
10 a.m. to 2 p.m.	\$4.05	\$7.05	\$4.30
2 p.m. to 3 p.m.	\$5.10	\$8.10	\$5.35
3 p.m. to 6 p.m.	\$6.45	\$9.45	\$6.70
6 p.m. to 7 p.m.	\$5.10	\$8.10	\$5.35
7 p.m. to 9 p.m.	\$4.05	\$7.05	\$4.30
9 p.m. to 11 p.m.	\$3.00	\$6.00	\$3.25
11 p.m. to 11:59 p.m.	\$1.90	\$4.90	\$2.15

Saturdays and Sundays ³	Good To Go! TM Pass ¹	Pay By Mail ¹	Good To Go! TM Pay By Plate ²
Midnight to 5 a.m.	\$1.90	\$4.90	\$2.15
5 a.m. to 8 a.m.	\$2.10	\$5.10	\$2.35
8 a.m. to 11 a.m.	\$3.10	\$6.10	\$3.35
11 a.m. to 6 p.m.	\$4.00	\$7.00	\$4.25
6 p.m. to 9 p.m.	\$3.10	\$6.10	\$3.35
9 p.m. to 11 p.m.	\$2.10	\$5.10	\$2.35
11 p.m. to 11:59 p.m.	\$1.90	\$4.90	\$2.15

Notes: ¹The rate for electronic tolls has been rounded to the nearest five cents, as needed.
²For this type of payment method, the customer is charged the Good to Go!TM Pass toll rate plus a \$0.25 fee as provided in WAC 468-270-300.
³The weekend rates will be assessed on the days on which holidays are observed: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

TABLE 3b, Effective July 1, 2023
SR-520 BRIDGE
THREE-AXLE VEHICLE TOLL RATES

Mondays through Fridays	Good To Go! TM Pass ¹	Pay By Mail ¹	Good To Go! TM Pay By Plate ²
Midnight to 5 a.m.	\$1.90	\$4.90	\$2.15

Mondays through Fridays	Good To Go!TM Pass¹	Pay By Mail¹	Good To Go!TM Pay By Plate²
5 a.m. to 6 a.m.	\$3.75	\$6.75	\$4.00
6 a.m. to 7 a.m.	\$5.70	\$8.70	\$5.95
7 a.m. to 10 a.m.	\$6.75	\$9.75	\$7.00
10 a.m. to 11 a.m.	\$5.70	\$8.70	\$5.95
11 a.m. to 2 p.m.	\$4.90	\$7.90	\$5.15
2 p.m. to 3 p.m.	\$5.70	\$8.70	\$5.95
3 p.m. to 7 p.m.	\$6.75	\$9.75	\$7.00
7 p.m. to 8 p.m.	\$5.70	\$8.70	\$5.95
8 p.m. to 9 p.m.	\$4.90	\$7.90	\$5.15
9 p.m. to 11 p.m.	\$3.75	\$6.75	\$4.00
11 p.m. to 11:59 p.m.	\$1.90	\$4.90	\$2.15

Saturdays and Sundays³	Good To Go!TM Pass¹	Pay By Mail¹	Good To Go!TM Pay By Plate²
Midnight to 5 a.m.	\$1.90	\$4.90	\$2.15
5 a.m. to 8 a.m.	\$2.40	\$5.40	\$2.65
8 a.m. to 11 a.m.	\$3.55	\$6.55	\$3.80
11 a.m. to 6 p.m.	\$4.60	\$7.60	\$4.85
6 p.m. to 9 p.m.	\$3.55	\$6.55	\$3.80
9 p.m. to 11 p.m.	\$2.40	\$5.40	\$2.65
11 p.m. to 11:59 p.m.	\$1.90	\$4.90	\$2.15

Notes:

¹The rate for electronic tolls has been rounded to the nearest five cents, as needed.

²For this type of payment method, the customer is charged the Good to Go!TM Pass toll rate plus a \$0.25 fee as provided in WAC 468-270-300.

³The weekend rates will be assessed on the days on which holidays are observed: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

TABLE 4a, Effective July 1, 2017

SR 520 BRIDGE

FOUR-AXLE VEHICLE TOLL RATES

Mondays through Fridays	Good To Go!TM Pass¹	Pay By Mail¹	Good To Go!TM Pay By Plate²
Midnight to 5 a.m.	\$2.50	\$6.50	\$2.75
5 a.m. to 6 a.m.	\$4.00	\$8.00	\$4.25
6 a.m. to 7 a.m.	\$6.80	\$10.80	\$7.05
7 a.m. to 9 a.m.	\$8.60	\$12.60	\$8.85
9 a.m. to 10 a.m.	\$6.80	\$10.80	\$7.05
10 a.m. to 2 p.m.	\$5.40	\$9.40	\$5.65
2 p.m. to 3 p.m.	\$6.80	\$10.80	\$7.05
3 p.m. to 6 p.m.	\$8.60	\$12.60	\$8.85
6 p.m. to 7 p.m.	\$6.80	\$10.80	\$7.05
7 p.m. to 9 p.m.	\$5.40	\$9.40	\$5.65
9 p.m. to 11 p.m.	\$4.00	\$8.00	\$4.25
11 p.m. to 11:59 p.m.	\$2.50	\$6.50	\$2.75

Saturdays and Sundays³	Good To Go!TM Pass¹	Pay By Mail¹	Good To Go!TM Pay By Plate²
Midnight to 5 a.m.	\$2.50	\$6.50	\$2.75
5 a.m. to 8 a.m.	\$2.80	\$6.80	\$3.05

Saturdays and Sundays ³	Good To Go! TM Pass ¹	Pay By Mail ¹	Good To Go! TM Pay By Plate ²
8 a.m. to 11 a.m.	\$4.10	\$8.10	\$4.35
11 a.m. to 6 p.m.	\$5.30	\$9.30	\$5.55
6 p.m. to 9 p.m.	\$4.10	\$8.10	\$4.35
9 p.m. to 11 p.m.	\$2.80	\$6.80	\$3.05
11 p.m. to 11:59 p.m.	\$2.50	\$6.50	\$2.75

Notes: ¹The rate for electronic tolls has been rounded to the nearest five cents, as needed.
²For this type of payment method, the customer is charged the Good to Go!TM Pass toll rate plus a \$0.25 fee as provided in WAC 468-270-300.
³The weekend rates will be assessed on the days on which holidays are observed: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

TABLE 4b, Effective July 1, 2023
SR 520 BRIDGE
FOUR-AXLE VEHICLE TOLL RATES

Mondays through Fridays	Good To Go! TM Pass ¹	Pay By Mail ¹	Good To Go! TM Pay By Plate ²
Midnight to 5 a.m.	\$2.50	\$6.50	\$2.75
5 a.m. to 6 a.m.	\$5.00	\$9.00	\$5.25
6 a.m. to 7 a.m.	\$7.60	\$11.60	\$7.85
7 a.m. to 10 a.m.	\$9.00	\$13.00	\$9.25
10 a.m. to 11 a.m.	\$7.60	\$11.60	\$7.85
11 a.m. to 2 p.m.	\$6.50	\$10.50	\$6.75
2 p.m. to 3 p.m.	\$7.60	\$11.60	\$7.85
3 p.m. to 7 p.m.	\$9.00	\$13.00	\$9.25
7 p.m. to 8 p.m.	\$7.60	\$11.60	\$7.85
8 p.m. to 9 p.m.	\$6.50	\$10.50	\$6.75
9 p.m. to 11 p.m.	\$5.00	\$9.00	\$5.25
11 p.m. to 11:59 p.m.	\$2.50	\$6.50	\$2.75

Saturdays and Sundays ³	Good To Go! TM Pass ¹	Pay By Mail ¹	Good To Go! TM Pay By Plate ²
Midnight to 5 a.m.	\$2.50	\$6.50	\$2.75
5 a.m. to 8 a.m.	\$3.20	\$7.20	\$3.45
8 a.m. to 11 a.m.	\$4.70	\$8.70	\$4.95
11 a.m. to 6 p.m.	\$6.10	\$10.10	\$6.35
6 p.m. to 9 p.m.	\$4.70	\$8.70	\$4.95
9 p.m. to 11 p.m.	\$3.20	\$7.20	\$3.45
11 p.m. to 11:59 p.m.	\$2.50	\$6.50	\$2.75

Notes: ¹The rate for electronic tolls has been rounded to the nearest five cents, as needed.
²For this type of payment method, the customer is charged the Good to Go!TM Pass toll rate plus a \$0.25 fee as provided in WAC 468-270-300.
³The weekend rates will be assessed on the days on which holidays are observed: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

TABLE 5a, Effective July 1, 2017
SR 520 BRIDGE
FIVE-AXLE VEHICLE TOLL RATES

Mondays through Fridays	Good To Go! TM Pass ¹	Pay By Mail ¹	Good To Go! TM Pay By Plate ²
Midnight to 5 a.m.	\$3.15	\$8.15	\$3.40
5 a.m. to 6 a.m.	\$5.00	\$10.00	\$5.25

Mondays through Fridays	Good To Go!TM Pass¹	Pay By Mail¹	Good To Go!TM Pay By Plate²
6 a.m. to 7 a.m.	\$8.50	\$13.50	\$8.75
7 a.m. to 9 a.m.	\$10.75	\$15.75	\$11.00
9 a.m. to 10 a.m.	\$8.50	\$13.50	\$8.75
10 a.m. to 2 p.m.	\$6.75	\$11.75	\$7.00
2 p.m. to 3 p.m.	\$8.50	\$13.50	\$8.75
3 p.m. to 6 p.m.	\$10.75	\$15.75	\$11.00
6 p.m. to 7 p.m.	\$8.50	\$13.50	\$8.75
7 p.m. to 9 p.m.	\$6.75	\$11.75	\$7.00
9 p.m. to 11 p.m.	\$5.00	\$10.00	\$5.25
11 p.m. to 11:59 p.m.	\$3.15	\$8.15	\$3.40

Saturdays and Sundays³	Good To Go!TM Pass¹	Pay By Mail¹	Good To Go!TM Pay By Plate²
Midnight to 5 a.m.	\$3.15	\$8.15	\$3.40
5 a.m. to 8 a.m.	\$3.50	\$8.50	\$3.75
8 a.m. to 11 a.m.	\$5.15	\$10.15	\$5.40
11 a.m. to 6 p.m.	\$6.65	\$11.65	\$6.90
6 p.m. to 9 p.m.	\$5.15	\$10.15	\$5.40
9 p.m. to 11 p.m.	\$3.50	\$8.50	\$3.75
11 p.m. to 11:59 p.m.	\$3.15	\$8.15	\$3.40

Notes:

¹The rate for electronic tolls has been rounded to the nearest five cents, as needed.

²For this type of payment method, the customer is charged the Good to Go!TM Pass toll rate plus a \$0.25 fee as provided in WAC 468-270-300.

³The weekend rates will be assessed on the days on which holidays are observed: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

TABLE 5b, Effective July 1, 2023

SR 520 BRIDGE

FIVE-AXLE VEHICLE TOLL RATES

Mondays through Fridays	Good To Go!TM Pass¹	Pay By Mail¹	Good To Go!TM Pay By Plate²
Midnight to 5 a.m.	\$3.15	\$8.15	\$3.40
5 a.m. to 6 a.m.	\$6.25	\$11.25	\$6.50
6 a.m. to 7 a.m.	\$9.50	\$14.50	\$9.75
7 a.m. to 10 a.m.	\$11.25	\$16.25	\$11.50
10 a.m. to 11 a.m.	\$9.50	\$14.50	\$9.75
11 a.m. to 2 p.m.	\$8.15	\$13.15	\$8.40
2 p.m. to 3 p.m.	\$9.50	\$14.50	\$9.75
3 p.m. to 7 p.m.	\$11.25	\$16.25	\$11.50
7 p.m. to 8 p.m.	\$9.50	\$14.50	\$9.75
8 p.m. to 9 p.m.	\$8.15	\$13.15	\$8.40
9 p.m. to 11 p.m.	\$6.25	\$11.25	\$6.50
11 p.m. to 11:59 p.m.	\$3.15	\$8.15	\$3.40

Saturdays and Sundays³	Good To Go!TM Pass¹	Pay By Mail¹	Good To Go!TM Pay By Plate²
Midnight to 5 a.m.	\$3.15	\$8.15	\$3.40
5 a.m. to 8 a.m.	\$4.00	\$9.00	\$4.25
8 a.m. to 11 a.m.	\$5.90	\$10.90	\$6.15

Saturdays and Sundays ³	Good To Go! TM Pass ¹	Pay By Mail ¹	Good To Go! TM Pay By Plate ²
11 a.m. to 6 p.m.	\$7.65	\$12.65	\$7.90
6 p.m. to 9 p.m.	\$5.90	\$10.90	\$6.15
9 p.m. to 11 p.m.	\$4.00	\$9.00	\$4.25
11 p.m. to 11:59 p.m.	\$3.15	\$8.15	\$3.40

Notes: ¹The rate for electronic tolls has been rounded to the nearest five cents, as needed.
²For this type of payment method, the customer is charged the Good to Go!TM Pass toll rate plus a \$0.25 fee as provided in WAC 468-270-300.
³The weekend rates will be assessed on the days on which holidays are observed: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

TABLE 6a, Effective July 1, 2017
SR 520 BRIDGE
SIX-AXLE OR MORE VEHICLE TOLL RATES

Mondays through Fridays	Good To Go! TM Pass ¹	Pay By Mail ¹	Good To Go! TM Pay By Plate ²
Midnight to 5 a.m.	\$3.75	\$9.75	\$4.00
5 a.m. to 6 a.m.	\$6.00	\$12.00	\$6.25
6 a.m. to 7 a.m.	\$10.20	\$16.20	\$10.45
7 a.m. to 9 a.m.	\$12.90	\$18.90	\$13.15
9 a.m. to 10 a.m.	\$10.20	\$16.20	\$10.45
10 a.m. to 2 p.m.	\$8.10	\$14.10	\$8.35
2 p.m. to 3 p.m.	\$10.20	\$16.20	\$10.45
3 p.m. to 6 p.m.	\$12.90	\$18.90	\$13.15
6 p.m. to 7 p.m.	\$10.20	\$16.20	\$10.45
7 p.m. to 9 p.m.	\$8.10	\$14.10	\$8.35
9 p.m. to 11 p.m.	\$6.00	\$12.00	\$6.25
11 p.m. to 11:59 p.m.	\$3.75	\$9.75	\$4.00

Saturdays and Sundays ³	Good To Go! TM Pass ¹	Pay By Mail ¹	Good To Go! TM Pay By Plate ²
Midnight to 5 a.m.	\$3.75	\$9.75	\$4.00
5 a.m. to 8 a.m.	\$4.20	\$10.20	\$4.45
8 a.m. to 11 a.m.	\$6.15	\$12.15	\$6.40
11 a.m. to 6 p.m.	\$7.95	\$13.95	\$8.20
6 p.m. to 9 p.m.	\$6.15	\$12.15	\$6.40
9 p.m. to 11 p.m.	\$4.20	\$10.20	\$4.45
11 p.m. to 11:59 p.m.	\$3.75	\$9.75	\$4.00

Notes: ¹The rate for electronic tolls has been rounded to the nearest five cents, as needed.
²For this type of payment method, the customer is charged the Good to Go!TM Pass toll rate plus a \$0.25 fee as provided in WAC 468-270-300.
³The weekend rates will be assessed on the days on which holidays are observed: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

TABLE 6b, Effective July 1, 2023
SR 520 BRIDGE
SIX-AXLE OR MORE VEHICLE TOLL RATES

Mondays through Fridays	Good To Go! TM Pass ¹	Pay By Mail ¹	Good To Go! TM Pay By Plate ²
Midnight to 5 a.m.	\$3.75	\$9.75	\$4.00
5 a.m. to 6 a.m.	\$7.50	\$13.50	\$7.75
6 a.m. to 7 a.m.	\$11.40	\$17.40	\$11.65

Mondays through Fridays	Good To Go!TM Pass¹	Pay By Mail¹	Good To Go!TM Pay By Plate²
7 a.m. to 10 a.m.	\$13.50	\$19.50	\$13.75
10 a.m. to 11 a.m.	\$11.40	\$17.40	\$11.65
11 a.m. to 2 p.m.	\$9.75	\$15.75	\$10.00
2 p.m. to 3 p.m.	\$11.40	\$17.40	\$11.65
3 p.m. to 7 p.m.	\$13.50	\$19.50	\$13.75
7 p.m. to 8 p.m.	\$11.40	\$17.40	\$11.65
8 p.m. to 9 p.m.	\$9.75	\$15.75	\$10.00
9 p.m. to 11 p.m.	\$7.50	\$13.50	\$7.75
11 p.m. to 11:59 p.m.	\$3.75	\$9.75	\$4.00

Saturdays and Sundays³	Good To Go!TM Pass¹	Pay By Mail¹	Good To Go!TM Pay By Plate²
Midnight to 5 a.m.	\$3.75	\$9.75	\$4.00
5 a.m. to 8 a.m.	\$4.80	\$10.80	\$5.05
8 a.m. to 11 a.m.	\$7.05	\$13.05	\$7.30
11 a.m. to 6 p.m.	\$9.15	\$15.15	\$9.40
6 p.m. to 9 p.m.	\$7.05	\$13.05	\$7.30
9 p.m. to 11 p.m.	\$4.80	\$10.80	\$5.05
11 p.m. to 11:59 p.m.	\$3.75	\$9.75	\$4.00

Notes: ¹The rate for electronic tolls has been rounded to the nearest five cents, as needed.
²For this type of payment method, the customer is charged the Good to Go!TM Pass toll rate plus a \$0.25 fee as provided in WAC 468-270-300.
³The weekend rates will be assessed on the days on which holidays are observed: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.)

TABLE 2, Effective August 15, 2024
SR 520 BRIDGE
TWO-AXLE VEHICLE TOLL RATES

<u>Mondays through Fridays</u>	<u>Good To Go!TM Pass¹</u>	<u>Pay By Mail¹</u>	<u>Good To Go!TM PayBy Plate²</u>
<u>Midnight to 5 a.m.</u>	<u>\$1.35</u>	<u>\$3.35</u>	<u>\$1.60</u>
<u>5 a.m. to 6 a.m.</u>	<u>\$2.75</u>	<u>\$4.75</u>	<u>\$3.00</u>
<u>6 a.m. to 7 a.m.</u>	<u>\$3.95</u>	<u>\$5.95</u>	<u>\$4.20</u>
<u>7 a.m. to 10 a.m.</u>	<u>\$4.90</u>	<u>\$6.90</u>	<u>\$5.15</u>
<u>10 a.m. to 3 p.m.</u>	<u>\$3.95</u>	<u>\$5.95</u>	<u>\$4.20</u>
<u>3 p.m. to 7 p.m.</u>	<u>\$4.90</u>	<u>\$6.90</u>	<u>\$5.15</u>
<u>7 p.m. to 9 p.m.</u>	<u>\$3.95</u>	<u>\$5.95</u>	<u>\$4.20</u>
<u>9 p.m. to 11 p.m.</u>	<u>\$2.75</u>	<u>\$4.75</u>	<u>\$3.00</u>
<u>11 p.m. to midnight</u>	<u>\$1.35</u>	<u>\$3.35</u>	<u>\$1.60</u>

<u>Saturdays and Sundays³</u>	<u>Good To Go!TM Pass¹</u>	<u>Pay By Mail¹</u>	<u>Good To Go!TM PayBy Plate²</u>
<u>Midnight to 5 a.m.</u>	<u>\$1.35</u>	<u>\$3.35</u>	<u>\$1.60</u>
<u>5 a.m. to 8 a.m.</u>	<u>\$1.70</u>	<u>\$3.70</u>	<u>\$1.95</u>
<u>8 a.m. to 9 p.m.</u>	<u>\$2.95</u>	<u>\$4.95</u>	<u>\$3.20</u>
<u>9 p.m. to 11 p.m.</u>	<u>\$1.70</u>	<u>\$3.70</u>	<u>\$1.95</u>
<u>11 p.m. to midnight</u>	<u>\$1.35</u>	<u>\$3.35</u>	<u>\$1.60</u>

Notes: ¹The rate for electronic tolls has been rounded to the nearest five cents, as needed.
²For this type of payment method, the customer is charged the Good to Go!TM Pass toll rate plus a \$0.25 fee as provided in WAC 468-270-300.
³The weekend rates will be assessed on the weekdays on which holidays are observed: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

TABLE 3, Effective August 15, 2024

SR 520 BRIDGE

THREE-AXLE VEHICLE TOLL RATES

<u>Mondays through Fridays</u>	<u>Good To Go!™ Pass¹</u>	<u>Pay By Mail¹</u>	<u>Good To Go!™ Pay By Plate²</u>
Midnight to 5 a.m.	\$2.05	\$5.05	\$2.30
5 a.m. to 6 a.m.	\$4.15	\$7.15	\$4.40
6 a.m. to 7 a.m.	\$5.95	\$8.95	\$6.20
7 a.m. to 10 a.m.	\$7.35	\$10.35	\$7.60
10 a.m. to 3 p.m.	\$5.95	\$8.95	\$6.20
3 p.m. to 7 p.m.	\$7.35	\$10.35	\$7.60
7 p.m. to 9 p.m.	\$5.95	\$8.95	\$6.20
9 p.m. to 11 p.m.	\$4.15	\$7.15	\$4.40
11 p.m. to midnight	\$2.05	\$5.05	\$2.30

<u>Saturdays and Sundays³</u>	<u>Good To Go!™ Pass¹</u>	<u>Pay By Mail¹</u>	<u>Good To Go!™ Pay By Plate²</u>
Midnight to 5 a.m.	\$2.05	\$5.05	\$2.30
5 a.m. to 8 a.m.	\$2.55	\$5.55	\$2.80
8 a.m. to 9 p.m.	\$4.45	\$7.45	\$4.70
9 p.m. to 11 p.m.	\$2.55	\$5.55	\$2.80
11 p.m. to midnight	\$2.05	\$5.05	\$2.30

Notes: ¹The rate for electronic tolls has been rounded to the nearest five cents, as needed.
²For this type of payment method, the customer is charged the Good to Go!™ Pass toll rate plus a \$0.25 fee as provided in WAC 468-270-300.
³The weekend rates will be assessed on the weekdays on which holidays are observed: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

TABLE 4, Effective August 15, 2024

SR 520 BRIDGE

FOUR-AXLE VEHICLE TOLL RATES

<u>Mondays through Fridays</u>	<u>Good To Go!™ Pass¹</u>	<u>Pay By Mail¹</u>	<u>Good To Go!™ Pay By Plate²</u>
Midnight to 5 a.m.	\$2.70	\$6.70	\$2.95
5 a.m. to 6 a.m.	\$5.50	\$9.50	\$5.75
6 a.m. to 7 a.m.	\$7.90	\$11.90	\$8.15
7 a.m. to 10 a.m.	\$9.80	\$13.80	\$10.05
10 a.m. to 3 p.m.	\$7.90	\$11.90	\$8.15
3 p.m. to 7 p.m.	\$9.80	\$13.80	\$10.05
7 p.m. to 9 p.m.	\$7.90	\$11.90	\$8.15
9 p.m. to 11 p.m.	\$5.50	\$9.50	\$5.75
11 p.m. to midnight	\$2.70	\$6.70	\$2.95

<u>Saturdays and Sundays³</u>	<u>Good To Go!™ Pass¹</u>	<u>Pay By Mail¹</u>	<u>Good To Go!™ Pay By Plate²</u>
Midnight to 5 a.m.	\$2.70	\$6.70	\$2.95
5 a.m. to 8 a.m.	\$3.40	\$7.40	\$3.65
8 a.m. to 9 p.m.	\$5.90	\$9.90	\$6.15
9 p.m. to 11 p.m.	\$3.40	\$7.40	\$3.65
11 p.m. to midnight	\$2.70	\$6.70	\$2.95

Notes: ¹The rate for electronic tolls has been rounded to the nearest five cents, as needed.

²For this type of payment method, the customer is charged the Good to Go!™ Pass toll rate plus a \$0.25 fee as provided in WAC 468-270-300.

³The weekend rates will be assessed on the weekdays on which holidays are observed: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

TABLE 5, Effective August 15, 2024

SR 520 BRIDGE

FIVE-AXLE VEHICLE TOLL RATES

<u>Mondays through Fridays</u>	<u>Good To Go!™ Pass¹</u>	<u>Pay By Mail¹</u>	<u>Good To Go!™ Pay By Plate²</u>
<u>Midnight to 5 a.m.</u>	<u>\$3.40</u>	<u>\$8.40</u>	<u>\$3.65</u>
<u>5 a.m. to 6 a.m.</u>	<u>\$6.90</u>	<u>\$11.90</u>	<u>\$7.15</u>
<u>6 a.m. to 7 a.m.</u>	<u>\$9.90</u>	<u>\$14.90</u>	<u>\$10.15</u>
<u>7 a.m. to 10 a.m.</u>	<u>\$12.25</u>	<u>\$17.25</u>	<u>\$12.50</u>
<u>10 a.m. to 3 p.m.</u>	<u>\$9.90</u>	<u>\$14.90</u>	<u>\$10.15</u>
<u>3 p.m. to 7 p.m.</u>	<u>\$12.25</u>	<u>\$17.25</u>	<u>\$12.50</u>
<u>7 p.m. to 9 p.m.</u>	<u>\$9.90</u>	<u>\$14.90</u>	<u>\$10.15</u>
<u>9 p.m. to 11 p.m.</u>	<u>\$6.90</u>	<u>\$11.90</u>	<u>\$7.15</u>
<u>11 p.m. to midnight</u>	<u>\$3.40</u>	<u>\$8.40</u>	<u>\$3.65</u>
<u>Saturdays and Sundays³</u>	<u>Good To Go!™ Pass¹</u>	<u>Pay By Mail¹</u>	<u>Good To Go!™ Pay By Plate²</u>
<u>Midnight to 5 a.m.</u>	<u>\$3.40</u>	<u>\$8.40</u>	<u>\$3.65</u>
<u>5 a.m. to 8 a.m.</u>	<u>\$4.25</u>	<u>\$9.25</u>	<u>\$4.50</u>
<u>8 a.m. to 9 p.m.</u>	<u>\$7.40</u>	<u>\$12.40</u>	<u>\$7.65</u>
<u>9 p.m. to 11 p.m.</u>	<u>\$4.25</u>	<u>\$9.25</u>	<u>\$4.50</u>
<u>11 p.m. to midnight</u>	<u>\$3.40</u>	<u>\$8.40</u>	<u>\$3.65</u>

Notes:

¹The rate for electronic tolls has been rounded to the nearest five cents, as needed.

²For this type of payment method, the customer is charged the Good to Go!™ Pass toll rate plus a \$0.25 fee as provided in WAC 468-270-300.

³The weekend rates will be assessed on the weekdays on which holidays are observed: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

TABLE 6, Effective August 15, 2024

SR 520 BRIDGE

SIX-AXLE OR MORE VEHICLE TOLL RATES

<u>Mondays through Fridays</u>	<u>Good To Go!™ Pass¹</u>	<u>Pay By Mail¹</u>	<u>Good To Go!™ Pay By Plate²</u>
<u>Midnight to 5 a.m.</u>	<u>\$4.05</u>	<u>\$10.05</u>	<u>\$4.30</u>
<u>5 a.m. to 6 a.m.</u>	<u>\$8.25</u>	<u>\$14.25</u>	<u>\$8.50</u>
<u>6 a.m. to 7 a.m.</u>	<u>\$11.85</u>	<u>\$17.85</u>	<u>\$12.10</u>
<u>7 a.m. to 10 a.m.</u>	<u>\$14.70</u>	<u>\$20.70</u>	<u>\$14.95</u>
<u>10 a.m. to 3 p.m.</u>	<u>\$11.85</u>	<u>\$17.85</u>	<u>\$12.10</u>
<u>3 p.m. to 7 p.m.</u>	<u>\$14.70</u>	<u>\$20.70</u>	<u>\$14.95</u>
<u>7 p.m. to 9 p.m.</u>	<u>\$11.85</u>	<u>\$17.85</u>	<u>\$12.10</u>
<u>9 p.m. to 11 p.m.</u>	<u>\$8.25</u>	<u>\$14.25</u>	<u>\$8.50</u>
<u>11 p.m. to midnight</u>	<u>\$4.05</u>	<u>\$10.05</u>	<u>\$4.30</u>
<u>Saturdays and Sundays³</u>	<u>Good To Go!™ Pass¹</u>	<u>Pay By Mail¹</u>	<u>Good To Go!™ Pay By Plate²</u>
<u>Midnight to 5 a.m.</u>	<u>\$4.05</u>	<u>\$10.05</u>	<u>\$4.30</u>
<u>5 a.m. to 8 a.m.</u>	<u>\$5.10</u>	<u>\$11.10</u>	<u>\$5.35</u>
<u>8 a.m. to 9 p.m.</u>	<u>\$8.85</u>	<u>\$14.85</u>	<u>\$9.10</u>
<u>9 p.m. to 11 p.m.</u>	<u>\$5.10</u>	<u>\$11.10</u>	<u>\$5.35</u>

<u>Saturdays and Sundays³</u>	<u>Good To Go!TM Pass¹</u>	<u>Pay By Mail¹</u>	<u>Good To Go!TM Pay By Plate²</u>
<u>11 p.m. to midnight</u>	<u>\$4.05</u>	<u>\$10.05</u>	<u>\$4.30</u>

Notes:

¹The rate for electronic tolls has been rounded to the nearest five cents, as needed.

²For this type of payment method, the customer is charged the Good to Go!TM Pass toll rate plus a \$0.25 fee as provided in WAC 468-270-300.

³The weekend rates will be assessed on the weekdays on which holidays are observed: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

WSR 24-15-041
PERMANENT RULES
DEPARTMENT OF

SOCIAL AND HEALTH SERVICES

(Developmental Disabilities Administration)

[Filed July 11, 2024, 4:12 p.m., effective August 11, 2024]

Effective Date of Rule: Thirty-one days after filing.

Purpose: The developmental disabilities administration (DDA) amended these rules primarily to: Comply with federal background check requirements; align rules with recent amendments to state law passed under SB 5252; and clarify when an employee at a residential habilitation center (RHC) is required to complete a background check or background check renewal. Instead of requiring a renewal for a job class change, DDA will require an RHC employee to complete a renewal when there is a change in job class series.

Citation of Rules Affected by this Order: Amending WAC 388-825-335, 388-825-600, 388-825-610, 388-825-615, and 388-825-620.

Statutory Authority for Adoption: RCW 71A.12.030.

Other Authority: RCW 43.43.837 and 74.39A.056.

Adopted under notice filed as WSR 24-11-101 on May 17, 2024.

A final cost-benefit analysis is available by contacting Chantelle Diaz, P.O. Box 45310, Olympia, WA 98504-5310, phone 360-790-4732, fax 360-407-0955, TTY 1-800-833-6388, email Chantelle.Diaz@dshs.wa.gov.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 4, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 5, Repealed 0.

Date Adopted: July 11, 2024.

Lisa N.H. Yanagida
Chief of Staff

SHS-4986.5

AMENDATORY SECTION (Amending WSR 14-14-029, filed 6/24/14, effective 7/25/14)

WAC 388-825-335 Is a background check required of a long-term care worker employed by a home care agency licensed by the department of health? (1) In order to be a long-term care worker employed by a home care agency, a person must:

(a) Complete the required DSHS form online authorizing a background check((-));

(b) Disclose any disqualifying criminal convictions and pending charges as listed in chapter 388-113 WAC, and also disclose civil adjudication proceedings and negative actions as those terms are defined in WAC (~~(388-71-0512)~~) 388-113-0030(~~(-)~~);

(c) (~~(Effective January 8, 2012, be)~~) Be screened through a Washington (~~(state's)~~) state name and date of birth background check(~~(r)~~) (Preliminary results may require a thumb print for identification purposes); and

(d) (~~(Effective January 8, 2012, be)~~) Be screened through (~~(the)~~) a Washington state and national fingerprint-based background check(~~(r)~~) as required by RCW 74.39A.056.

(2) Results of background checks are provided to the department and the employer or potential employer for the purpose of determining whether the person:

(a) Is disqualified based on a disqualifying criminal conviction or a pending charge for a disqualifying crime (~~(as listed in)~~) under WAC 388-113-0020, civil adjudication proceeding(~~(r)~~) or negative action (~~(as defined in)~~) under WAC (~~(388-71-0512 and listed in WAC 388-71-0540)~~) 388-113-0030; or

(b) Should or should not be employed based on his or her character, competence, (~~(and/)~~) or suitability.

(3) For (~~(those providers)~~) an applicant or service provider listed in RCW 43.43.837(1), (~~(a second national fingerprint-based background check is required if they have lived out of the state of Washington since the first national fingerprint-based background check was completed)~~) a national fingerprint-based background check is required if the person lived out of the state of Washington in the past 36 months or is a new hire.

(4) The department may require a long-term care worker to have a Washington state name and date of birth background check (~~(or a Washington state and national fingerprint-based background check, or both, at any time.)~~) if information is disclosed or found regarding a new:

(a) Pending charge;

(b) Conviction; or

(c) Negative action.

AMENDATORY SECTION (Amending WSR 23-07-130, filed 3/22/23, effective 4/22/23)

WAC 388-825-600 What definitions apply to WAC 388-825-600 through 388-825-690 of this chapter? The following definitions apply to WAC 388-825-600 through 388-825-690 of this chapter:

"Agency" means any agency of the state or any private agency providing services to individuals with developmental disabilities.

"Background check central unit (BCCU)" means a division within the department that processes background checks for department-authorized providers and department programs.

"Certification" means a process used by the department to determine if an applicant or service provider complies with chapter 388-101 WAC and is eligible to provide certified community residential services and supports to clients.

"Client" means a person who has a developmental disability as defined in RCW 71A.10.020(6) and has been determined eligible to receive services by DDA under chapter 388-823 WAC.

"**Community residential service businesses**" has the same meaning as under RCW 74.39A.009.

"**DDA**" means the developmental disabilities administration within the department of social and health services (DSHS).

"**Department**" means the department of social and health services (DSHS).

"**Disqualified**" means that the results of a person's background check exclude the person from a position that will or may involve unsupervised access to DDA clients.

"**Individual provider**" has the same meaning as defined in RCW 74.39A.240.

"**Job class**" means a level of work.

"**Job class series**" means a grouping of job functions having similar purpose and knowledge requirements but different levels of difficulty and responsibility. Where there is a professional structure that includes a job family and a job level, different job levels within one job family constitutes a class series (WAC 357-01-080).

"**Long-term care worker**" has the same meaning as defined in RCW 74.39A.009.

"**Personal information**" means any individually identifiable information that could be used to identify or contact a person and includes protected health information and financial information.

"**Provider**" means an individual or agency who meets the provider qualifications and is contracted with a county or DSHS to provide services to a DDA client.

"**Qualified**" means a person can be hired into a position that includes unsupervised access to DDA clients because the results of the person's background check are not disqualifying.

"**Temporary restraining order**" means a restraining order or order of protection that expired without a hearing, was dismissed following an initial hearing, or was dismissed by stipulation of the parties in lieu of an initial hearing.

"**Unsupervised**," under RCW 43.43.830, means not in the presence of:

(1) Another employee or volunteer from the same business or organization as the applicant who has not been disqualified by the background check.

(2) Any relative or guardian of a DDA client to whom the applicant has access during the course of his or her employment or involvement with the business or organization.

AMENDATORY SECTION (Amending WSR 23-07-130, filed 3/22/23, effective 4/22/23)

WAC 388-825-610 Who must have a background check and a background check renewal? (1) DDA requires background checks under WAC 388-825-615 and background check renewals under WAC 388-825-320 for all contracted providers, agency employees, owner-operators, administrators, subcontractors, and volunteers who may have:

(a) Unsupervised access to a DDA client; or

(b) Access to a DDA client's personal information.

(2) For community residential service businesses, any person who provides instruction and support services (ISS), including volunteers, must have a background check and background check renewal and follow background check requirements under this chapter.

(3) All residential habilitation center employees and volunteers must have a background check. If a residential habilitation center employee changes job class series, the employee must have a background check renewal as required by RCW 43.43.837.

AMENDATORY SECTION (Amending WSR 23-07-130, filed 3/22/23, effective 4/22/23)

WAC 388-825-615 What type of background check is required? (1)

~~((Beginning January 7, 2012, long)) Long-term care workers and providers ((, including parents and individual providers,))~~ undergoing a background check for initial hire or initial contract ~~((,))~~ must be screened through a Washington state name and date of birth check and a national fingerprint-based background check as required by RCW 43.43.837.

~~((2)) Beginning January 1, 2016, a newly hired long-term care worker employed by a community residential service business must be screened through a Washington state name and date of birth check and a national fingerprint-based background check.~~)

~~((a))~~ (2) For a renewal, a person who has continuously resided in Washington state for the past ~~((three consecutive years))~~ 36 months must be screened through a Washington state name and date of birth check.

~~((b))~~ (3) For a renewal, a person who has resided outside of Washington state in the past ~~((three years))~~ 36 months must be screened through a Washington state name and date of birth check and a national fingerprint-based background check as required by RCW 43.43.837.

~~((3))~~ (4) For adult family homes, refer to chapter 388-76 WAC. For assisted living facilities, refer to chapter 388-78A WAC.

~~((4))~~ (5) Beginning July ~~((1))~~ 23, 2023, a residential habilitation center (RHC) applicant undergoing a background check for initial hire must be screened through a Washington state name and date of birth check and a national fingerprint-based background check. An RHC employee must complete a background check renewal, which includes a fingerprint check, when applying for a change in job class series or transferring from one RHC to another, as required by RCW 43.43.837.

~~((5))~~ (6) All background checks must be completed through the online background check system.

AMENDATORY SECTION (Amending WSR 23-07-130, filed 3/22/23, effective 4/22/23)

WAC 388-825-620 How often must a background check be renewed?

(1) DDA requires a background check at least every ~~((three years))~~ 36 months, or more frequently if required by program rule.

(2) A background check renewal will be conducted as follows:

(a) ~~((Individuals who have))~~ A person who has continuously resided in Washington state for the past ~~((three consecutive years will))~~ 36 months must be screened through a state name and date of birth background check.

(b) ~~((Individuals who have))~~ A person who has lived outside of Washington state within the past ~~((three years will))~~ 36 months must

be screened through a state name and date of birth check and a national fingerprint-based background check as required by RCW 43.43.837.

(c) (~~Individuals who live~~) A person who lives outside of Washington state and (~~provide~~) provides DDA services in Washington state (~~will~~) must be screened through a Washington state name and date of birth check and a national fingerprint-based background check.

(3) The department may require a long-term care worker or residential habilitation center employee to have a renewed Washington state name and date of birth background check if information is disclosed or found regarding a new:

- (a) Pending charge;
- (b) Conviction; or
- (c) Negative action.

WSR 24-15-059

PERMANENT RULES

SECRETARY OF STATE

[Filed July 16, 2024, 2:23 p.m., effective August 16, 2024]

Effective Date of Rule: Thirty-one days after filing.

Purpose: Removes obsolete position language for the committee member from the state auditor with generalized membership language.

Citation of Rules Affected by this Order: Amending WAC 434-624-010, 434-624-020, 434-630-010, and 434-630-020.

Statutory Authority for Adoption: RCW 40.14.020.

Adopted under notice filed as WSR 24-10-115 on May 1, 2024.

Changes Other than Editing from Proposed to Adopted Version: The position "chief examiner of departmental audits," no longer exists and this negates a potential issue in filling the position on the committee. The position "chief examiner of the division of municipal corporations," no longer exists and this negates a potential issue in filling the position on the committee.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 4, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 4, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 0, Repealed 0.

Date Adopted: July 16, 2024.

Amanda Doyle
Chief of Staff

OTS-5301.1

AMENDATORY SECTION (Amending WSR 93-04-001, filed 1/21/93, effective 2/21/93)

WAC 434-624-010 Membership. (~~The chief examiner of the division of departmental audits of the state auditor's office~~) A representative appointed by the state auditor, the state archivist, a representative appointed by the attorney general and a representative appointed by the director of the office of financial management shall constitute a committee to be known as the state records committee.

AMENDATORY SECTION (Amending WSR 93-04-001, filed 1/21/93, effective 2/21/93)

WAC 434-624-020 Committee officers—Duties. The (~~chief examiner of the division of departmental audits of the state auditor's office~~) representative of the state auditor shall be ex officio chairperson of the state records committee. The representative appointed by the attorney general shall be vice chairperson. The state archivist shall act as secretary and shall be responsible for the proper recording of its proceedings.

OTS-5302.1

AMENDATORY SECTION (Amending WSR 92-18-047, filed 8/28/92, effective 9/28/92)

WAC 434-630-010 Membership. (~~The chief examiner of the division of municipal corporations of the state auditor's office~~) A representative appointed by the state auditor, the state archivist, and a representative appointed by the attorney general shall constitute a committee to be known as the local records committee. Reference: RCW 40.14.070.

AMENDATORY SECTION (Amending WSR 92-18-047, filed 8/28/92, effective 9/28/92)

WAC 434-630-020 Committee officers—Duties. The (~~chief examiner of the division of municipal corporations~~) representative of the state auditor shall be ex officio chairperson of the local records committee. The representative appointed by the attorney general shall be vice chairperson. The state archivist shall act as secretary and shall be responsible for the proper recording of its proceedings.

WSR 24-15-060
PERMANENT RULES
SECRETARY OF STATE

[Filed July 16, 2024, 2:25 p.m., effective August 16, 2024]

Effective Date of Rule: Thirty-one days after filing.

Purpose: Clarify the custody of public records when located by agencies in temporary storage at the state records center. To state that it is not prohibited for agencies to transfer records between each other when needed to perform a governmental function.

Citation of Rules Affected by this Order: Amending WAC 434-615-020.

Statutory Authority for Adoption: RCW 40.14.020.

Adopted under notice filed as WSR 24-10-114 on May 1, 2024.

Changes Other than Editing from Proposed to Adopted Version: By removing the word "physical" as part of the custody requirement, it makes clear that local governments may use private record storage facilities and all agencies may use cloud storage providers. It also makes clear that one agency may transfer records to another agency in order to perform a governmental function.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 1, Amended 1, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 1, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 0, Repealed 0.

Date Adopted: July 16, 2024.

Amanda Doyle
Chief of Staff

OTS-5300.1

AMENDATORY SECTION (Amending WSR 93-04-001, filed 1/21/93, effective 2/21/93)

WAC 434-615-020 Custody. (1) Unless otherwise provided by law, public records must remain in the legal custody of the office in which they were originally filed, which shall be considered the office of record, or shall be destroyed or transferred pursuant to instructions from the state or local records committee as required by chapter 40.14 RCW. They shall not be placed in the legal (~~or physical~~) custody of any other person or agency, public or private, or released to individuals, except for disposition pursuant to law or unless otherwise expressly provided by law or by these regulations.

(2) Nothing in this rule shall be construed to prohibit an agency from transferring records to another agency whenever it is necessary

that the agency possess the records in order to perform a governmental function. Any agency that has received records that should by law have been filed with another agency may transfer those records to the proper agency, or return to the filer.

WSR 24-15-065

PERMANENT RULES

DEPARTMENT OF AGRICULTURE

[Filed July 17, 2024, 7:03 a.m., effective August 17, 2024]

Effective Date of Rule: Thirty-one days after filing.

Purpose: This rule-making order amends chapter 16-240 WAC, WSDA grain inspection program—Definitions, standards, and fees, by:

1. Increasing the following fees:

- Increase the hourly rate for export operations to \$75.00 per hour and increase the overtime rate to \$37.50 per hour in WAC 16-240-060 Table 1 and 16-240-070 Table 5.
- Stowage exams on export vessels will be at \$650.00 per inspection in WAC 16-240-070 Table 8.
- Mycotoxin tests will increase to \$50.00 per test in WAC 16-240-070 Table 7.
- Barge sample-only inspections will be \$0.15 per metric ton in WAC 16-240-070 Table 2 and 16-240-080 Table 1.
- In, out, or local will be increased to \$0.30 per metric ton in WAC 16-240-070 Table 1 and 16-240-080 Table 1.
- Weight only will be increased to \$0.25 per metric ton in WAC 16-240-070 Table 3 and 16-240-080 Table 3.
- Class Y weighing will increase to \$2.00 per railcar in WAC 16-240-070 Table 3.
- Service cancellation fee will be \$300.00 per employee for canceled shift in WAC 16-240-060 Table 1.

2. Revising some of the fee structures to more accurately reflect the scope of services provided including, but not limited to, adding fees for services that are not specifically identified.

- Adding an emergency tier and an automated emergency tier rate for export vessels in WAC 16-240-070 Table 1 and 16-240-080 Table 1.
- The department of agriculture is also adding a noncontract rate of \$150.00 per hour and a noncontract overtime rate of \$75.00 per hour in WAC 16-240-060 Table 1.
- Stress crack analysis in corn will be charged at one half hour per inspection in WAC 16-240-070 Tables 1, 2, and 4.

3. Clarify language to ease in the understanding of the rule.

- Adding and removing language to WAC 16-240-020 for clarification.
- Implementing a permanent contract and removing the permanent staffing request language in WAC 16-240-036.
- Striking language and adding language in WAC 16-240-038 for the emergency tier.
- Adding and removing language to WAC 16-240-043 that will initiate the emergency tier.
- Replacing staffing requests to permanent contract under WAC 16-240-048.
- Adding language to WAC 16-240-060 to clarify what services are charged under what fee type.

Citation of Rules Affected by this Order: Amending WAC 16-240-020, 16-240-036, 16-240-038, 16-240-043, 16-240-048, 16-240-060, 16-240-070, and 16-240-080.

Statutory Authority for Adoption: RCW 22.90.020 and 22.09.790.

Adopted under notice filed as WSR 24-12-060 on June 3, 2024.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 8, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 6, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 0, Repealed 0.

Date Adopted: July 17, 2024.

Derek I. Sandison
Director

OTS-5469.1

AMENDATORY SECTION (Amending WSR 17-19-051, filed 9/13/17, effective 10/14/17)

WAC 16-240-020 Washington state grain and commodity service points. The offices located in the following cities are service points for providing sampling, inspecting, weighing, and certification services.

(1) Service points:

(a) Colfax.

(b) Kalama (North).

(c) Kalama (South).

(d) Longview.

(e) Olympia.

(f) ~~((Othello.~~

~~(g) Paseo.~~

~~(h)) Quincy.~~

~~((i))~~ (g) Seattle.

~~((j))~~ (h) Spokane.

~~((k))~~ (i) Tacoma.

~~((l))~~ (j) Vancouver.

(2) Aberdeen has been delegated to Washington state as a service point by the Federal Grain Inspection Service. Services for Aberdeen are as follows:

(a) Services for Aberdeen may be requested through the Tacoma grain inspection office.

(b) Travel time and mileage will be charged from Tacoma to Aberdeen for all services requested at Aberdeen until a permanent staff is established.

(3) Inspection points may be added or deleted within the department's delegated and designated service area.

AMENDATORY SECTION (Amending WSR 17-19-051, filed 9/13/17, effective 10/14/17)

WAC 16-240-036 Permanent contract staffing ((requests)). An applicant may request the department to establish permanent staffing on shifts ~~((as shown below))~~ using the application issued by the department:

(1) ~~Requests for permanent staffing ((of day, night, swing, or graveyard shifts must be made in writing at least seven business days prior to the shift(s) that are requested))~~ must be submitted to the department by July 5th for permanent staffing to be established that year. For FY 2025, the department will accept requests until September 5, 2024.

(a) Requests for permanent contract staffing of any night, swing or graveyard shift will be deemed to include a request for permanent contract staffing of the day shift.

(b) The requested shift(s) will be established if the department has an adequate number of trained personnel and the applicant and the department execute a permanent contract.

~~((c) Confirmation of staffing requirements must be received by the inspection office by 2:00 p.m. each business day for the next service day, including requests for weekend days, for Mondays, or for holidays, which must be requested by 2:00 p.m. on the last business day of the week (see WAC 16-240-034).~~

~~(d) Failure to meet the notification requirement may result in denial of service.))~~

(2) When the department is able to staff the permanent night, swing, or graveyard shift(s) requested by the applicant, the overtime rate established under WAC 16-240-048 will be waived for the requested shift(s). Permanent staffing contracts will establish the billing structure for permanent staffing.

(3) ~~((Once established, permanent shifts will continue until canceled by the requesting party or canceled by the department for good cause))~~ Permanent staffing contracts lapse one year from the date that service is to commence under the agreement unless the contract is properly renewed by the applicant by sufficient written notice consistent with the terms of the permanent staffing contract.

(a) ~~((Cancellation))~~ Termination requests must be received, in writing, ~~((giving))~~ at least ~~((fifteen business days' notice))~~ 60 days before the termination may be effective, unless the parties mutually agree to an earlier termination date.

(b) Applicants will be charged for any shifts established ~~((at their request until the cancellation))~~ in the permanent staffing contract until the termination notice period has expired.

AMENDATORY SECTION (Amending WSR 22-23-008, filed 11/3/22, effective 12/4/22)

WAC 16-240-038 Revenue minimum determination. The circumstances under which the department adjusts rates to meet the revenue minimum are as follows:

(1) When the daily volume of work at a service location at the established fees does not generate revenue at least equal to the straight time hourly rate per hour, per employee, a sufficient additional amount, calculated by using the straight time hourly rate per

hour, per employee, will be added to the established fee amount to meet the revenue minimum, except as provided in subsection (2) of this section.

(2) The daily revenue minimum charge applies only to the Tier 1 ~~((and)), Tier 2, and emergency tier~~ metric tonnage rate shown in WAC 16-240-070 (2)(b) at USGSA Table 1 and in WAC 16-240-080 (2)(b) at AMA Table 1. When the Tier 3 rate is in effect (WAC 16-240-043, 16-240-070, and 16-240-080), export locations will not be subject to daily revenue minimum charges during the Tier 3 rate period allowed under WAC 16-240-043.

(3) Work volume daily averaging at export locations will be determined as follows:

(a) When the daily volume of work at a service location at the established fees does not generate revenue equivalent to the straight time hourly rate per hour, per employee, including applicable supervisory and clerical employee hours, according to the staffing needs at the facility, the department will charge an additional fee, except as provided in subsection (2) of this section.

(b) The straight time hourly rate will be charged per hour, per employee.

(c) Service cancellation fees, WAC 16-240-054, are not considered to be revenue under daily averaging.

(4) Work volume monthly averaging at export locations will be determined as follows:

(a) When the applicant has requested the department to establish one or more permanent shifts, the applicant may request, in writing, that the revenue minimum required for staffing at the location be determined based on the completed invoices for the calendar month, instead of paying the fees for daily volume of work.

(b) Under this subsection (4), and except for when the work volume monthly averaging for the revenue minimum is determined under (a) of this subsection, when the monthly volume of work at the established fees does not generate revenue equivalent to the contract/noncontract straight time hourly rate per hour, per employee, including applicable supervisory and clerical employee hours, according to the staffing needs at the facility, a sufficient additional amount, calculated by using the contract/noncontract straight time hourly rate per hour, per employee, will be added to the established fee amount to meet the revenue minimum for each month during which work volume monthly averaging applies. As provided under ~~((+f))~~ (e) of this subsection, this revenue minimum adjustment applies only during any month when Tier 1 ~~((and)), Tier 2, and emergency tier~~ rates are in effect.

(c) At export locations, the request for monthly averaging stays in effect until canceled.

~~(d) ((An applicant's written request to establish or cancel monthly averaging for the coming month must be received by 2:00 p.m. of the last business day in the month.~~

~~(e))~~ Service cancellation fees under WAC 16-240-054 are not considered to be revenue under monthly averaging.

~~((+f))~~ (e) The monthly revenue minimum charge applies only to the Tier 1 ~~((and)), Tier 2, and emergency tier~~ rate shown in USGSA Table 1 under WAC 16-240-070 (2)(b) and AMA Table 1 under WAC 16-240-080 (2)(b) of this schedule. When the Tier 3 rate is in effect, export locations will not be subject to daily revenue minimum charges during the Tier 3 rate period allowed under WAC 16-240-043.

~~((i) Upon the applicant's written notification to the department, the monthly revenue minimum will not be applied to the month in~~

~~which an export facility resumes operations after an extended down-time. This exception for maintenance or repair is available once per fiscal year.~~

~~(ii))~~ When the department provides services at a nonexport location or a transloading facility, and the hourly, unit, and applicable travel fees do not cover the cost of providing the service, a sufficient additional amount calculated by using the travel straight time hourly rate per hour, per employee, will be added to the established fee amount to meet the revenue minimum.

AMENDATORY SECTION (Amending WSR 17-19-051, filed 9/13/17, effective 10/14/17)

WAC 16-240-043 Minimum operating fund balance fee adjustment.

The department shall establish the minimum operating fund balance amount on the first business day of July each year.

(1) At the time the minimum operating fund balance amount is established, if the fund balance is above the new minimum operating fund balance amount by at least ~~((ten))~~ 10 percent, the metric ton vessel rate and the approved automated weighing system rate per metric ton under WAC 16-240-070 (2)(b) at USGSA Table 1 shall be the next lower tier rate beginning August 1st of that year, and the metric ton vessel rate and the approved automated weighing systems rate per metric ton under WAC 16-240-080 (2)(b) at AMA Table 1 shall be the next lower tier rate beginning August 1st of that year.

(2) At the time the minimum operating fund balance amount is established, if the fund balance is below the new minimum operating fund balance by at least ~~((ten))~~ 10 percent, the metric ton vessel rate and the approved automated weighing systems rate per metric ton under WAC 16-240-070 (2)(b) at USGSA Table 1 shall be the next higher tier rate beginning August 1st of that year, and the metric ton vessel rate and the approved automated weighing systems rate per metric ton under WAC 16-240-080 (2)(b) at AMA Table 1 shall be the next higher tier rate beginning August 1st of that year.

(3) If after three months at the Tier 2 rate the fund balance is not reduced to or projected by the department to achieve reduction to the minimum operating fund balance within the following six months, the metric ton vessel rate and approved automated weighing system rate per metric ton under WAC 16-240-070 (2)(b) at USGSA Table 1 shall be the Tier 3 rate beginning the first day of the following month, and the metric ton vessel rate and the approved automated weighing systems rate per metric ton under WAC 16-240-080 (2)(b) at AMA Table 1 shall be the Tier 3 rate beginning the first day of the following month.

(4) In the event that the fund balance drops below one-half of the determined six-month operating fund balance any time during the fiscal year, the Emergency Tier (EM) and Automated Emergency Tier (AEM) will be implemented the 1st of the following month. When the fund balance returns to the determined six-month operating fund balance, Tier 2 will be implemented on the first of the following month.

(5) The department may review the status of the minimum operating fund balance any month during each fiscal year. On the first business day of the month following such review, if the fund balance is above the minimum operating balance by at least ~~((ten))~~ 10 percent, the next lower tier rate under this section shall apply. If the fund balance is below the minimum operating fund balance by at least ~~((ten))~~ 10 per-

cent, the next higher tier rate under this section shall apply. Any change in the rates required under this subsection shall take effect beginning the first day of the following month. The department shall give notice of any rate change as provided under subsection ~~((+5))~~ (6) of this section.

~~((+5))~~ (6) The department shall post notice of each year's current minimum operating fund balance amount on the department's ~~((WSDA-grades.com))~~ website within three business days of the date in July when that amount is established under this section.

~~((+6))~~ (7) The department shall post notice of the rates established under subsections (1) through ~~((+4))~~ (5) of this section on the department's ~~((WSDAgrades.com))~~ website within three business days of the date the department determines the rates. The posted notice shall identify the rate for each affected category of service and the date each rate takes effect. Notice is not required to be posted when an established rate does not change following review under this section.

~~((+7))~~ (8) By email or other means, the department may provide optional additional notice to current customers and to any other interested persons of the minimum operating fund balance established under this section and notice of any rates established or changed under subsections (1) through ~~((+4))~~ (5) of this section. Such optional additional notice should be given within the same times as the required notices under subsections ~~((+5))~~ (6) and ~~((+6))~~ (7) of this section. This subsection ~~((+7))~~ (8) shall not affect the validity of any rates established or changed under this section.

AMENDATORY SECTION (Amending WSR 17-19-051, filed 9/13/17, effective 10/14/17)

WAC 16-240-048 Rates for working outside established business hours (overtime). In addition to regular inspection and weighing fees and any applicable hourly rate, the department will charge the overtime rate per hour, per employee, including applicable supervisory and clerical employee hours, when a service is requested:

- (1) Anytime on Saturdays, Sundays, or holidays.
- (2) Before or after regularly scheduled office hours, Monday through Friday, except as provided in WAC 16-240-036 for an established permanent staffing ~~((request))~~ contract.
- (3) During established meal periods on any shift.
- (4) For services requested at unstaffed export locations.
- (5) Overtime is charged in one-half hour increments.

AMENDATORY SECTION (Amending WSR 22-05-011, filed 2/4/22, effective 3/7/22)

WAC 16-240-060 WSDA grain program hourly rates, fees and cancellation fees. USGSA—AMA—WSDA Table 1 contains fees for USDA, AMS, FGIS scale authorization, contract straight-time hourly rate, noncontract hourly rate, contract overtime hourly rate, noncontract overtime hourly rate, travel hourly rate, and service cancellation fees for

services performed under the United States Grain Standards Act, the Agricultural Marketing Act of 1946, and Washington state rule.

**USGSA—AMA—WSDA Table 1
WSDA Grain Program Hourly Rates, Fees and
Cancellation Fees**

1. Scale authorization/travel time fee, per hour, per employee	\$56.00
2. Straight-time rate/contract rate, per hour, per employee	(\$56.00) \$75.00
3. Overtime rate/contract overtime rate established under WAC 16-240-048, per hour, per employee	(\$28.00) \$37.50
4. Noncontract rate, per hour, per employee	\$150.00
5. Noncontract overtime rate, per hour, per employee	\$75.00
6. Service cancellation fee, per employee	(\$200.00) \$300.00

AMENDATORY SECTION (Amending WSR 22-23-008, filed 11/3/22, effective 12/4/22)

WAC 16-240-070 Fees for services under the United States Grain Standards Act. (1) USGSA Tables 1 through (8) in this section contain fees for official sampling, inspection, weighing services, and fees for other associated services under the United States Grain Standards Act (USGSA). Services available include inspection, sampling, testing, weighing, laboratory analysis, and certification.

(2) Fees that are not otherwise provided for in this chapter for services under the United States Grain Standards Act are described below.

(a) Fees for other services under the United States Grain Standards Act not specifically cited in WAC 16-240-070 are provided at the rates contained in WAC 16-240-080 or 16-240-090 or at the published rates of the laboratory or organization providing the official service or analysis. The program will require the applicant for service to provide advance consent to the rate for any service necessary to be performed at an external laboratory or organization.

(b) An applicant may be required to provide the necessary supplies and equipment when requesting a new or special type of analysis.

**USGSA Table 1
Fees for Combination Inspection and Weighing Services**

1. In, out, or local, rate for all tiers, per metric ton	(\$0.250) \$0.300
2. Vessels (export and domestic ocean-going), Tier 1 rate, per metric ton	\$0.300
3. Vessels and local (export and domestic ocean-going) with approved automated weighing systems, Tier 1 rate, per metric ton	\$0.280
Note: For automated weighing systems:	

■	When approved automated weighing systems are not functioning properly, dedicated staff time may be required at the rates established in WAC 16-240-060.	
4.	Vessels and local (export and domestic ocean-going), Tier 2 rate, per metric ton	\$0.250
5.	Vessels and local (export and domestic ocean-going) with approved automated weighing systems, Tier 2 rate, per metric ton	\$0.230
6.	Vessels and local (export and domestic ocean-going), Tier 3 rate, per metric ton	\$0.100
7.	<u>Vessels (export and domestic ocean-going), Emergency Tier rate, per metric ton</u>	<u>\$0.400</u>
8.	<u>Vessels (export and domestic ocean-going) with approved automated weighing system, Automated Emergency Tier rate, per metric ton</u>	<u>\$0.380</u>
<u>9.</u>	Official ship samples	\$7.00
Note: For vessels (export and domestic ocean-going):		
■	The metric ton vessel rate includes all additional factor inspection services required by the load order. All other additional factor inspection services in USGSA Table 1 are charged at the per factor fee.	
■	Stress crack analysis in corn (is included in the fees in USGSA Table 1) <u>will be charged one-half hour per inspection.</u>	
■	During vessel loading, fees for other tests, such as protein analysis, falling number determinations, or mycotoxin analysis will be charged at the per unit rates included under this chapter.	
((8-)) <u>10.</u>	Trucks or containers, per truck or container	\$35.00
((9-)) <u>11.</u>	Additional nongrade determining factor analysis, per factor	\$3.00

**USGSA Table 2
Fees for Official Sampling and Inspection
Without Weighing Services**

1.	Original or new sample reinspection trucks or containers sampled by approved grain probe, including factor only or sampling only services, per truck or container	\$30.00
2.	Barge sampled by USDA approved mechanical sampler, including factor only or sampling only services, per metric ton	(\$0.10) \$0.150
3.	Railcars sampled by USDA approved mechanical sampler, including factor only or sampling only services, per railcar	\$20.00

4.	Original or new sample reinspection railcars sampled by USDA approved grain probe, applicant assisted, including factor only or sampling only services, per railcar	\$20.00
5.	Original or new sample reinspection railcars sampled by USDA approved grain probe, including factor only or sampling only services, per railcar	\$40.00
<p>Note: The following applies to all fees in this table:</p> <ul style="list-style-type: none"> ■ For barley, determining and certifying of dockage to tenths is included in the fees in USGSA Table 2. ■ Stress crack analysis in corn (is included in the fees in USGSA Table 2) will be charged <u>one-half hour per inspection</u>. ■ Analysis that requires additional equipment or personnel will be provided at the applicable hourly rate under this chapter. ■ The per railcar rate applies to each railcar included in a batch grade. A batch grade is two or more cars that are combined, at the applicant's request, for a single grade. ■ FGIS supervision fee will be assessed at current per metric ton rate (WAC 16-240-039). 		
6.	Inspection of bagged grain, including tote bags, per hundredweight (cwt)	\$0.140
7.	Additional nongrade determining factor analysis, per factor	\$5.00

**USGSA Table 3
Fees for Official Class X Weighing Services
Without an Inspection of Bulk Grain**

1.	In, out, or local, per metric ton	(\$0.200) \$0.250
2.	Vessels (export and domestic ocean-going), per metric ton	(\$0.200) \$0.250
3.	Trucks or containers, per weight lot	\$20.00
4.	Class Y weighing per railcar	(\$1.00) \$2.00
<ul style="list-style-type: none"> ■ FGIS supervision fee will be assessed at current per metric ton rate (WAC 16-240-039). 		

**USGSA Table 4
Fees for Inspection of Submitted Samples,
Fees for Reinspections Based on Official
File Samples and Fees for Additional Fac-
tors**

1.	Submitted samples, including factor-only inspections, per inspection	\$15.00
2.	Reinspections based on official file sample, including factor-only reinspections, per inspection	\$15.00
3.	Warehousemen samples	\$15.00

4.	Warehousemen reinspection	\$15.00
5.	Additional, nongrade determining factor analysis, per factor	\$5.00
6.	Stress crack only analysis on corn, per sample	\$9.00
<p>Note: The following applies to all fees in this table:</p> <ul style="list-style-type: none"> ■ When submitted samples are not of sufficient size to allow for official grade analysis, obtainable factors may be provided, upon request of the applicant, at the submitted sample rates shown above. ■ For barley, determining and certifying of dockage to tenths is included in the fees in USGSA Table 4. ■ Stress crack analysis in corn is included in the fees in USGSA Table 4. ■ Analysis that requires additional equipment or personnel will be provided at the applicable hourly rate under this chapter. ■ FGIS supervision fee will be assessed at current per metric ton rate (WAC 16-240-039). 		

**USGSA Table 5
Fees for Miscellaneous Services**

1.	Laboratory analysis, at cost	At cost
2.	All other USGSA services not listed in this section, per hour, per employee	(\$56.00) \$75.00
<p>Note: The following applies to all fees in this table:</p> <ul style="list-style-type: none"> ■ On request, shipping arrangements billed directly by shipper to the customer's shipping account may be coordinated by the department. ■ FGIS supervision fee will be assessed at current per metric ton rate (WAC 16-240-039). 		

**USGSA Table 6
Fees for Official Analysis for Protein, Oil, or Other Official Constituents**

Original or reinspection based on file sample, per test	\$9.00
<p>Note: The following applies to the fee in USGSA Table 6:</p> <ul style="list-style-type: none"> ■ When a reinspection service includes a request for a new sample, the appropriate sampling fee will also be charged. ■ Results for multiple criteria achieved in a single testing operation are provided at the single test rate unless certificated separately. ■ FGIS supervision fee will be assessed at current per metric ton rate (WAC 16-240-039). 	

**USGSA Table 7
Fees for Testing for the Presence of Mycotoxins Using USDA Approved Methods**

Original, reinspection based on official file sample, or submitted sample, per test	(\$40.00) \$50.00
Note: The following applies to this table:	

- When a reinspection service includes a request for a new sample, the appropriate sampling fee to obtain the sample will be charged in addition to the per test fee shown earlier (see WAC 16-240-070, USGSA Table 2).
- FGIS supervision fee will be assessed at current per metric ton rate (WAC 16-240-039).

**USGSA Table 8
Fees for Stowage Examination Services on Vessels or Ocean-Going Barges and Fees for Other Stowage Examination Services**

1. Vessels or ocean-going barges stowage examination, original or reinspection, per request	(\$500.00) \$650.00
2. Other stowage examinations of railcars, trucks, trailers, or containers, original or reinspection, per inspection	\$9.00

AMENDATORY SECTION (Amending WSR 22-23-008, filed 11/3/22, effective 12/4/22)

WAC 16-240-080 Fees for services under the Agricultural Marketing Act of 1946. (1) AMA Tables 1 through 5 in this section contain official sampling, inspection, or weighing services and fees for other services under the Agricultural Marketing Act of 1946 (AMA). Services available include inspection, sampling, testing, weighing, laboratory analysis, and certification.

(2) Fees that are not otherwise provided for in this chapter for services under the Agricultural Marketing Act of 1946 are described below.

(a) Fees for other services under the Agricultural Marketing Act of 1946 not contained in WAC 16-240-080 are contained in WAC 16-240-070 or 16-240-090 or at the published rates of the laboratory or organization providing the official service or analysis.

(b) An applicant may be required to provide the necessary supplies or equipment when requesting a new or special type of analysis.

**AMA Table 1
Fees for Combination Sampling, Inspection and Weighing Services, and Additional Factors**

1. In, out, or local, rate for all tiers, per metric ton	(\$0.250) \$0.300
2. Vessels (export or domestic), Tier 1 rate, per metric ton	\$0.300
3. Vessels and local (export and domestic ocean-going) with approved automated weighing systems, Tier 1 rate, per metric ton	\$0.280

Note: For automated weighing systems:

- When approved automated weighing systems are not functioning properly, dedicated staff time may be required at the rates established in WAC 16-240-060.

4.	Vessels and local (export and domestic ocean-going), Tier 2 rate, per metric ton	\$0.250
5.	Vessels and local (export and domestic ocean-going) with approved automated weighing systems, Tier 2 rate, per metric ton	\$0.230
6.	Vessels and local (export and domestic ocean-going), Tier 3 rate, per metric ton	\$0.100
7.	<u>Vessels (export and domestic ocean-going), Emergency Tier rate, per metric ton</u>	\$0.400
8.	<u>Vessels (export and domestic ocean-going) with approved automated weighing system, Automated Emergency Tier rate, per metric ton</u>	\$0.380
9.	Official ship samples	\$7.00
<p>Note: For vessels (export and domestic ocean-going):</p> <ul style="list-style-type: none"> ■ The metric ton vessel rate includes all additional factor inspection services required by the load order. All other additional factor inspection services in AMA Table 1 are charged at the per factor fee. ■ During vessel loading, fees for other tests, such as protein analysis, falling number determinations, or mycotoxin analysis will be charged at the per unit rates included under this chapter. 		
(8:) 10.	Trucks or containers, per truck or container	\$30.00
(9:) 11.	Additional, nongrade determining factor analysis, per factor	\$3.00
<p>Note: The following applies to all fees in this table:</p> <ul style="list-style-type: none"> ■ The rates in the above section also apply to services provided under federal criteria inspection instructions, state established standards, or other applicant requested criteria. ■ Dockage breakdown is included in the basic inspection fee. ■ The metric ton vessel rate includes all additional factor inspection services required by the load order. All other additional factor inspection services in AMA Table 1 are charged at the per factor fee. ■ Fees for other tests, such as mycotoxin analysis, provided during vessel loading will be charged at the per unit rates included in this fee schedule. 		

**AMA Table 2
Fees for Official Sampling and Inspection
Without Weighing Services, and Additional
Factors**

1.	Trucks or containers sampled by USDA approved grain probe, including factor only or sampling only services, per truck or container	\$30.00
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2.	Barge sampled by USDA approved mechanical sampler, including factor only or sampling only services, per metric ton	(\$0.10) <u>\$0.150</u>
3.	Railcars sampled by USDA approved mechanical samplers, including factor only or sampling only services, per railcar	\$30.00
4.	Railcars sampled by USDA approved grain probe, including factor only or sampling only services, per railcar	\$40.00
5.	Inspection of bagged commodities or tote bags, including factor only or sampling only services, per hundredweight (cwt)	\$0.140
6.	Additional, nongrade determining factor analysis, per factor	\$5.00
<p>Note: The following applies to all fees in this table:</p> <ul style="list-style-type: none"> ■ Dockage breakdown is included in the basic inspection fee. ■ Analysis for special grade requirements or criteria analysis that requires additional equipment or personnel will be provided at the hourly rate. ■ The rates shown above also apply to services provided under federal criteria inspection instructions. 		

**AMA Table 3
Fees for Official Weighing Services without Inspections**

1.	In, out, or local, per metric ton	(\$0.200) <u>\$0.250</u>
2.	Vessels (export and domestic ocean-going), per metric ton	(\$0.200) <u>\$0.250</u>
3.	Trucks or containers, per weight lot	\$20.00

**AMA Table 4
Fees for Inspecting Submitted Samples**

1.	Submitted sample, thresher run or processed, including factor-only inspections, per sample	\$24.00
2.	Additional, nongrade determining factor analysis, per factor	\$5.00
<p>Note: The following applies to all fees in this table:</p> <ul style="list-style-type: none"> ■ Dockage breakdown is included in the basic inspection fee. ■ Analysis for special grade requirements or criteria analysis that requires additional equipment or personnel will be provided at the hourly rate. ■ The rates shown above also apply to inspection services provided under federal criteria inspection instructions. ■ When the size of a submitted sample is insufficient to perform official grade analysis, factor-only analysis is available on request of the applicant. 		

**AMA Table 5
Fees for Miscellaneous Services**

1.	Falling number determinations, including liquefaction number on request, per determination	\$20.00
2.	Sampling and handling of processed commodities, per hour, per employee	\$56.00
3.	Laboratory analysis, at cost	At cost
Note: The following applies to all fees in this table:		
<ul style="list-style-type: none"> ■ On request, shipping arrangements billed directly by shipper to the customer's shipping account may be coordinated by the department. 		

WSR 24-15-068
PERMANENT RULES
DEPARTMENT OF
RETIREMENT SYSTEMS

[Filed July 17, 2024, 11:58 a.m., effective August 17, 2024]

Effective Date of Rule: Thirty-one days after filing.

Purpose: Creating an exclusion from the definition of full-time employment for the purpose of automatic enrollment into the state's deferred compensation plan for seasonal workers.

Citation of Rules Affected by this Order: Amending WAC 415-501-110 and 415-501-400.

Statutory Authority for Adoption: RCW 41.50.050 and 41.50.770.

Adopted under notice filed as WSR 24-11-062 on May 13, 2024.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 2, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 2, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 2, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 0, Repealed 0.

Date Adopted: July 17, 2024.

Tracy Guerin
Director

OTS-5276.2

AMENDATORY SECTION (Amending WSR 23-18-025, filed 8/25/23, effective 9/25/23)

WAC 415-501-110 Definitions. (1) **Accumulated deferrals.** Compensation deferred under the plan, adjusted by income received, increases or decreases in investment value, fees, and any prior distributions made.

(2) **Automatic enrollment.** A process of enrolling newly hired full-time employees as of January 1, 2017. See WAC 415-501-400 for details.

(3) **Beneficiary.** The person or entity entitled to receive benefits under the plan after the death of a participant.

(4) **Compensation.** All payments made to a participant by the employer as remuneration for services rendered.

(5) **Contributions.** The amount of deferred compensation that you contribute monthly, which can be pretax, taxed, or a combination of both.

(6) **Deferred compensation.** The amount of the participant's compensation that is deferred. Pretax and taxed contributions are both

considered deferred compensation. See WAC 415-501-400, 415-501-410, and 415-501-450.

(7) **Deferred compensation program or plan.** A plan that allows employees of the state of Washington and approved political subdivisions of the state of Washington to defer a portion of their compensation according to the provisions of Section 457(b) of the Internal Revenue Code.

(8) **Department.** The department of retirement systems created by RCW 41.50.020 or its designee.

(9) **Eligible employee.** Any person who is employed by and receives any type of compensation from a participating employer for whom services are provided, and who is:

(a) A full-time, part-time, or career seasonal employee of Washington state, a county, a municipality, or other political subdivision of the state, whether or not covered by civil service;

(b) An elected or appointed official of the executive branch of the government, including a full-time member of a board, commission, or committee;

(c) A justice of the supreme court, or a judge of the court of appeals or of a superior or district court; or

(d) A member of the state legislature or of the legislative authority of a county, city, or town.

(10) **Eligible rollover distribution.** A distribution to a participant of any or all funds from an eligible retirement plan unless it is:

(a) One in a series of substantially equal annuity payments;

(b) One in a series of substantially equal installment payments payable over 10 years or more;

(c) Required to meet minimum distribution requirements of the plan; or

(d) Distributed for hardship or unforeseeable emergency from a 457 plan.

(11) **Employer.**

(a) The state of Washington; and

(b) Approved political subdivisions of the state of Washington.

(12) **In-plan conversion.** Allows you to take all or a portion of the funds in your pretax account and convert it to a Roth account.

(13) **Normal retirement age.** An age designated by the participant for purposes of the three-year catch-up provision described in WAC 415-501-430(2). The participant may choose a normal retirement age between:

(a) The earliest age at which an eligible participant has the right to receive retirement benefits without actuarial or similar reduction from his/her retirement plan with the same employer; and

(b) Age 70 1/2.

(14) **Participant.** An eligible employee who:

(a) Is currently deferring compensation under the plan; or

(b) Has previously deferred compensation and has not received a distribution of his/her entire benefit under the plan.

(15) **Participation agreement.** The agreement executed by an eligible employee to enroll in the plan through methods established by the department. Includes the participant's authorization to defer compensation through payroll deductions pursuant to WAC 415-501-410 and 415-501-450.

(16) **Qualified distribution.** A distribution of funds from a designated Roth account that is not subject to further taxation. A qualified distribution may only occur:

(a) After a five-taxable-year period of participation in the Roth account; and

(b) If the distribution is made: (i) On or after attainment of age 59 1/2, (ii) becoming permanently disabled, or (iii) death.

(17) **Roth account.** A form of deferred compensation in which funds are subject to federal income tax at the time of contribution.

(18) **Seasonal employee.** An employee whose position is anticipated to last fewer than five consecutive months.

(19) **You,** as used in this chapter, means a participant as defined in subsection (14) of this section.

AMENDATORY SECTION (Amending WSR 23-18-025, filed 8/25/23, effective 9/25/23)

WAC 415-501-400 What is automatic enrollment? Effective January 1, 2017, state agencies and higher education employers must automatically enroll new full-time employees into the deferred compensation program (DCP). Students who work at a college or university, seasonal employees, and retirees who return to employment are exempt from automatic enrollment but may voluntarily enroll at any time. Local employers, including school districts, may use the automatic enrollment provisions by submitting a resolution to the department.

For state employees and some higher education employees, full-time status is defined in WAC 357-01-174. For employees not covered under WAC 357-01-174, the definition of "full time" is at the employer's discretion.

The default deferral amount is pre-tax with a rate of three percent of your taxable compensation. You may change these at any time (see WAC 415-501-450 for details).

The default investment is the Retirement Strategy Fund that assumes you will retire at age 65. You may change your investments at any time (see WAC 415-501-475 for details).

If you are automatically enrolled in DCP, you will receive a mailed notification of automatic enrollment. If you want to alter your automatic enrollment, here are some actions you can take:

(1) Opt out: To prevent the three percent deferral from being deducted from your paycheck, opt out within 30 days of the date on the automatic enrollment notification. To do so, change the three percent default deduction to zero through your established online account or by contacting the DCP record keeper.

(2) Suspend enrollment and remove your contributions: Following your automatic enrollment, you may withdraw DCP deferrals that have been taken from your paycheck. To do so, change the three percent default deduction to zero and request a permissible withdrawal request form. The completed withdrawal request must be received by the DCP record keeper within 90 days of your first payroll contribution under this section. You will receive a distribution of your contributions, plus or minus earnings. These distributions are not eligible for rollover. If you do not request a permissible withdrawal within 90 days from your first payroll contribution, your contributions will be subject to the provisions for distributions described in WAC 415-501-485.

(3) Change your contribution: Adjust your contributions to a smaller or larger whole percentage or select a specific whole dollar amount. With DCP, you may change your contribution amount at any time. Changing your contribution within the first 90 days of automatic en-

rollment verifies your participation in the program, making you no longer eligible for permissible withdrawal.

(4) Change your investment selection: Select another DCP investment option. With DCP, you can change your investment options at any time.

(5) Reenroll: If you opt out, you may reenroll in DCP at any time (see WAC 415-501-410).

WSR 24-15-075

PERMANENT RULES

DEPARTMENT OF HEALTH

(Pharmacy Quality Assurance Commission)

[Filed July 18, 2024, 7:29 a.m., effective August 18, 2024]

Effective Date of Rule: Thirty-one days after filing.

Purpose: Classifying wildlife capture drugs as approved legend drugs for the Washington state department of fish and wildlife (WDFW). The pharmacy quality assurance commission is adopting amendments to WAC 246-945-507 to add four intramammary antibiotics to the list of approved legend drugs in chapter 246-945 WAC in response to a petition request from a veterinarian at WDFW.

Citation of Rules Affected by this Order: Amending WAC 246-945-507.

Statutory Authority for Adoption: RCW 18.64.005, 69.41.075, 69.41.080, and 69.50.320.

Adopted under notice filed as WSR 24-07-066 on March 15, 2024.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 1, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 1, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 1, Repealed 0.

Date Adopted: July 12, 2024.

Hawkins DeFrance, PharmD, Chair
Pharmacy Quality Assurance Commission

OTS-5140.1

AMENDATORY SECTION (Amending WSR 20-12-072, filed 6/1/20, effective 7/1/20)

WAC 246-945-507 Department of fish and wildlife chemical capture programs—Approved legend drugs and approved controlled substances.

(1) The following legend drugs are designated as "approved legend drugs" for use by registered department of fish and wildlife chemical capture programs:

- (a) Acetylpromazine;
- (b) Atipamezole;
- (c) Azaperone;
- (d) Ceftiofur hydrochloride;
- (e) Cephapirin benzathine;
- (f) Detomidine;
- ~~((e))~~ (g) Dexmedetomidine;
- ~~((f))~~ (h) Hetacillin potassium;

- (i) Isoflurane;
- ~~((g))~~ (j) Medetomidine;
- ~~((h))~~ (k) Naltrexone;
- ~~((i))~~ (l) Penicillin G procaine;
- (m) Tolazoline;
- ~~((j))~~ (n) Xylazine; and
- ~~((k))~~ (o) Yohimbine.

(2) The following controlled substances are controlled substances approved for use by registered department of fish and wildlife chemical capture programs:

- (a) Butorphanol;
- (b) Carfentanil;
- (c) Diazepam;
- ~~((e))~~ (d) Diprenorphine;
- ~~((d) Carfentanil;)~~
- (e) Fentanyl;
- (f) Ketamine;
- (g) Midazolam;
- (h) Tiletamine; and
- (i) Zolazepam.

(3) Staff of registered department of fish and wildlife chemical capture programs may administer legend drugs and controlled substances which have been prescribed by a licensed veterinarian for a specific animal or management group of animals, which have been dispensed by a pharmacy or a veterinarian and are properly labeled in accordance with either RCW 18.64.246 or 69.41.050 and WAC 246-945-015 through 246-945-017 or 246-933-340 (5) (a) and (b).

WSR 24-15-076

PERMANENT RULES

DEPARTMENT OF HEALTH

(Pharmacy Quality Assurance Commission)

[Filed July 18, 2024, 7:31 a.m., effective August 18, 2024]

Effective Date of Rule: Thirty-one days after filing.

Purpose: Removing fenfluramine from the list of Schedule IV substances. The pharmacy quality assurance commission (commission) is proposing to add a new subsection to WAC 246-945-055 to delete fenfluramine from Schedule IV in accordance with RCW 69.50.201. The commission is also proposing to create new WAC 246-945-05001, to establish a list of exempted substances from RCW 69.50.204, 69.50.206, 69.50.208, 69.50.210, and 69.50.212, including fenfluramine.

Citation of Rules Affected by this Order: New WAC 246-945-05001; and amending WAC 246-945-055.

Statutory Authority for Adoption: RCW 18.64.005 and 69.50.201.

Adopted under notice filed as WSR 24-07-067 on March 15, 2024.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 1, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 1, Amended 1, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 1, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 1, Amended 1, Repealed 0.

Date Adopted: July 12, 2024.

Hawkins DeFrance, PharmD, Chair
Pharmacy Quality Assurance Commission

OTS-5139.1NEW SECTION

WAC 246-945-05001 Identification of substances deleted from RCW 69.50.204, 69.50.206, 69.50.208, 69.50.210, and 69.50.212. The commission, under RCW 69.50.201, deletes the following substance listed in RCW 69.50.210 from Schedule IV in the state of Washington.

Fenfluramine. Any material, compound, mixture, or preparation containing any quantity of the following substance, including its salts, isomers, and salts of such isomers, whenever the existence of such salts, isomers, and salts of isomers is possible: Fenfluramine.

AMENDATORY SECTION (Amending WSR 20-12-072, filed 6/1/20, effective 7/1/20)

WAC 246-945-055 Schedule IV. The commission finds that the following substances have a low potential for abuse relative to substances in Schedule III under RCW 69.50.208 and WAC 246-945-054, and have currently accepted medical use in treatment in the United States and that the abuse of the substances may lead to limited physical dependence or psychological dependence relative to the substances in Schedule III. In addition to substances listed in RCW 69.50.210, the commission places each of the following drugs and substances by whatever official name, common or usual name, chemical name, or brand name in Schedule IV.

(1) Narcotic drugs. Unless specifically exempted or unless listed in another schedule, any material, compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in limited quantities as set in this subsection: 2-[(dimethylamino)methyl]-1-(3-methoxyphenyl)cyclohexanol, its salts, optical and geometric isomers, and salts of these isomers (including tramadol).

(2) Depressants. Unless specifically exempted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (a) Alfaxalone;
- (b) Fospropofol;
- (c) Suvorexant.

(3) Any material, compound, mixture, or preparation which contains any quantity of Lorcaserin, including its salts, isomers, and salts of such isomers, wherever the existence of such salts, isomers, and salts of isomers is possible.

(4) Stimulants. Unless specifically exempted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position, or geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (a) Cathine ((+) - norpseudoephedrine);
- (b) SPA ((-)-1-dimethylamino-1,2-diphenylethane).

(5) Other substances. Unless specifically exempted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts: Eluxadoline

(5-[[[(2S)-2-amino-3-[4-aminocarbonyl]-2,6-dimethylphenyl]-1-oxopropyl][(1S)-1-(4-phenyl-1H-imidazol-2-yl)ethyl]amino]methyl]-2-methoxybenzoic acid) (including its optical isomers) and its salts, isomers, and salts of isomers.

(6) The commission, under RCW 69.50.201, may delete substances designated as a Schedule IV controlled substance and list them in WAC 246-945-05001.

Reviser's note: The brackets and enclosed material in the text of the above section occurred in the copy filed by the agency and appear in the Register pursuant to the requirements of RCW 34.08.040.

WSR 24-15-080

PERMANENT RULES

GAMBLING COMMISSION

[Filed July 18, 2024, 12:50 p.m., effective August 18, 2024]

Effective Date of Rule: Thirty-one days after filing.

Purpose: The gambling commission sought to review WAC 230-06-025 Restrictions on firearms as prize, to ensure compliance with all state firearm statutes. The changes to WAC 230-06-025 accomplishes the following:

- Limit the certificate to be redeemable by a licensed firearm dealer to a Washington state dealer.
- Limit the firearms that are available as prizes to only those firearms that are authorized for sale in Washington state. Amended language would aim to clarify this point.
- Prohibit persons who are not permitted to own firearms in Washington from winning a firearm in a raffle.

Additional language to the rule was added to ensure such prohibited individuals are not able to acquire a firearm as a raffle prize.

Citation of Rules Affected by this Order: Amending WAC 230-06-025.

Statutory Authority for Adoption: RCW 9.46.070.

Adopted under notice filed as WSR 24-11-080 on May 15, 2024.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 1, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 0, Repealed 0.

Date Adopted: July 11, 2024.

Adam Amorine
Legal Manager and Rules Coordinator

OTS-5441.1

AMENDATORY SECTION (Amending WSR 06-17-132, filed 8/22/06, effective 1/1/08)

WAC 230-06-025 Restrictions on firearms as prizes. Only charitable or nonprofit organizations operating a raffle may award firearms, air guns, or other mechanical devices which are capable of discharging dangerous projectiles, including but not limited to, BB or CO₂ guns, rifles, shotguns, pistols or revolvers, or crossbows as a prize. The firearm must be authorized for sale in Washington state. If

the prize awarded is restricted from transfer by state or federal law, the licensee must award the winner a certificate, redeemable by a licensed Washington state firearms dealer, for the prize offered. Alternatively, the winner shall be awarded a prize of equivalent value, such as a gift certificate, if the winner of the raffle is prohibited from owning or possessing firearms by other sections of the Revised Code of Washington (RCW).

WSR 24-15-092
PERMANENT RULES
PARKS AND RECREATION
COMMISSION

[Filed July 19, 2024, 3:05 p.m., effective August 19, 2024]

Effective Date of Rule: Thirty-one days after filing.

Purpose: WAC 352-32-030 proposal will eliminate the extended off-season length of stay. Some parks are experiencing more people coming into the parks during the "off season," staying longer, and in some cases creating additional work for staff in the form of multiple contacts for payment, and other issues. The WAC 352-32-010 definition of residence aligns with the proposed rule WAC 352-32-030 that requires updating.

Citation of Rules Affected by this Order: Amending WAC 352-32-010 and 352-32-030.

Statutory Authority for Adoption: RCW 79A.05.030, 79A.05.070(6).

Adopted under notice filed as WSR 24-12-004 on May 22, 2024.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 2, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 2, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 0, Repealed 0.

Date Adopted: July 19, 2024.

Valeria Veasley
Management Analyst

OTS-5456.2

AMENDATORY SECTION (Amending WSR 16-10-002, filed 4/20/16, effective 5/21/16)

WAC 352-32-010 Definitions. Whenever used in this chapter the following terms shall be defined as herein indicated:

"Aircraft" shall mean any machine designed to travel through the air, whether heavier or lighter than air; airplane, dirigible, balloon, helicopter, etc. The term aircraft shall not include paraglider or remote controlled aircraft.

"Aquatic facility" shall mean any structure or area within a state park designated by the director or designee for aquatic activities including, but not limited to, swimming pools, wading pools, swimming beaches, floats, docks, ramps, piers or underwater parks.

"Bivouac" shall mean to camp overnight on a vertical rock climbing route on a ledge or in a hammock sling.

"Campfires" shall mean any open flame from a wood source.

"Camping" shall mean erecting a tent or shelter or arranging bedding, or both, or parking a recreation vehicle or other vehicle for the purpose of remaining overnight.

"Camping party" shall mean an individual or a group of people (two or more persons not to exceed eight) that is organized, equipped and capable of sustaining its own camping activity in a single campsite. A "camping party" is a "camping unit" for purposes of RCW 79A.05.065.

"Commercial recreation provider" is any individual or organization that packages and sells a service that meets the definition of a commercial recreation use.

"Commercial recreation use" is a recreational activity in a state park that is packaged and sold as a service by an organization or individual, other than state parks or a state park concessionaire.

"Commercial use (nonrecreation)" is any activity involving commercial or business purpose within a state park that may impact park facilities, park visitors or staff and is compatible with recreational use and stewardship, limited in duration and does not significantly block/alter access or negatively impact recreational users.

"Commission" shall mean the Washington state parks and recreation commission.

"Conference center" shall mean a state park facility designated as such by the director or designee that provides specialized services, day-use and overnight accommodations available by reservation for organized group activities.

"Day area parking space" shall mean any designated parking space within any state park area designated for daytime vehicle parking.

"Director" shall mean the director of the Washington state parks and recreation commission or the director's designee.

"Disrobe" shall mean to undress so as to appear nude.

"Emergency area" is an area in the park separate from the designated overnight camping area, which the park manager decides may be used for camping when no alternative camping facilities are available within reasonable driving distances.

"Environmental interpretation" shall mean the provision of services, materials, publications and/or facilities, including environmental learning centers (ELCs), for other than basic access to parks and individual camping, picnicking, and boating in parks, that enhance public understanding, appreciation and enjoyment of the state's natural and cultural heritage through agency directed or self-learning activities.

"Environmental learning centers (ELCs)" shall mean those specialized facilities, designated by the director or designee, designed to promote outdoor recreation experiences and environmental education in a range of state park settings.

"Extra vehicle" shall mean each additional unhitched vehicle in excess of the one recreational vehicle that will be parked in a designated campsite or parking area for overnight.

"Fire" shall mean any open flame from any source or device including, but not limited to, campfires, stoves, candles, torches, barbecues and charcoal.

"Fish" shall mean all marine and freshwater fish and shellfish species including all species of aquatic invertebrates.

"Foster family home" means an agency which regularly provides care on a (~~twenty-four~~) 24-hour basis to one or more children, expectant mothers, or persons with developmental disabilities in the family abode of the person or persons under whose direct care and su-

pervision the child, expectant mother, or person with a developmental disability is placed.

"Geocache" shall mean geocaches, letterboxes, and related activities. Geocaching is an outdoor treasure hunting game in which participants (called "geocachers") use a Global Positioning System receiver or other navigational techniques to hide and seek containers (called "geocaches" or "caches").

"Group" shall mean (~~twenty~~) 20 or more people engaged together in an activity.

"Group camping areas" are designated areas usually primitive with minimal utilities and site amenities and are for the use of organized groups. Facilities and extent of development vary from park to park.

"Hiker/biker campsite" shall mean a campsite that is to be used solely by visitors arriving at the park on foot or bicycle.

"Intimidate" means to engage in conduct that would make a reasonable person fearful.

"Motorcycle" means every motor vehicle having a saddle for the use of the rider and designed to travel on not more than three wheels in contact with the ground, but excluding a farm tractor and a moped.

"Multiple campsite" shall mean a designated and posted camping facility encompassing two or more individual standard, utility or primitive campsites.

"Obstruct pedestrian or vehicular traffic" means to walk, stand, sit, lie, or place an object in such a manner as to block passage by another person or a vehicle, or to require another person or a driver of a vehicle to take evasive action to avoid physical contact. Acts authorized as an exercise of one's constitutional right to picket or to legally protest, and acts authorized by a permit issued pursuant to WAC 352-32-165 shall not constitute obstruction of pedestrian or vehicular traffic.

"Out-of-home care" means placement in a foster family home or with a person related to the child under the authority of chapters 13.32A, 13.34, or 74.13 RCW.

"Overflow area" shall mean an area in a park separate from designated overnight and emergency camping areas, designated by the park manager, for camping to accommodate peak camping demands in the geographic region.

"Overnight accommodations" shall mean any facility or site designated for overnight occupancy within a state park area.

"Paraglider" shall mean an unpowered ultralight vehicle capable of flight, consisting of a fabric, rectangular or elliptical canopy or wing connected to the pilot by suspension lines and straps, made entirely of nonrigid materials except for the pilot's harness and fasteners. The term "paraglider" shall not include hang gliders or parachutes.

"Person" shall mean all natural persons, firms, partnerships, corporations, clubs, and all associations or combinations of persons whenever acting for themselves or by an agent, servant, or employee.

"Person related to the child" means those persons referred to in RCW 74.15.020 (2) (a) (i) through (vi).

"Personal watercraft" means a vessel of less than (~~sixteen~~) 16 feet that uses a motor powering a water jet pump, as its primary source of motive power and that is designed to be operated by a person sitting, standing, or kneeling on, or being towed behind the vessel, rather than in the conventional manner of sitting or standing inside the vessel.

"Popular destination park" shall mean any state park designated by the director or designee as a popular destination park because, it is typically occupied to capacity on Friday or Saturday night during the high use season.

"Primitive campsite" shall mean a campsite not provided with flush comfort station nearby and which may not have any of the amenities of a standard campsite.

"Public assembly" shall mean a meeting, rally, gathering, demonstration, vigil, picketing, speechmaking, march, parade, religious service, or other congregation of persons for the purpose of public expression of views of a political or religious nature for which there is a reasonable expectation that a minimum of (~~twenty~~) 20 persons will attend based on information provided by the applicant. Public assemblies must be open to all members of the public, and are generally the subject of attendance solicitations circulated prior to the event, such as media advertising, flyers, brochures, word-of-mouth notification, or other form of prior encouragement to attend.

Alternatively, the agency director or designee may declare an event to be a public assembly in the following cases: Where evidentiary circumstances and supporting material suggest that more than (~~one hundred~~) 100 persons will attend, even where the applicant does not indicate such an expectation; or where there is reason to expect a need for special preparations by the agency or the applicant, due to the nature or location of the event.

"Ranger" shall mean a duly appointed Washington state parks ranger who is vested with police powers under RCW 79A.05.160, and shall include the park manager in charge of any state park area.

"Recreation vehicle" shall mean a vehicle/trailer unit, van, pickup truck with camper, motor home, converted bus, or any similar type vehicle which contains sleeping and/or housekeeping accommodations.

"Remote controlled aircraft" shall mean nonpeopled model aircraft and other unmanned aircraft systems, including those commonly known as "drones" that are flown by using internal combustion, electric motors, elastic tubing, or gravity/wind for propulsion. The flight is controlled by a person on the ground using a hand held radio control transmitter.

"Residence" shall mean the long-term habitation of facilities at a given state park for purposes whose primary character is not recreational. "Residence" is characterized by one or both of the following patterns:

~~((1))~~ (a) Camping at a given park ((for more than thirty days within a forty-day time period April 1 through September 30; or forty days within a sixty-day time period October 1 through March 31. As provided in WAC 352-32-030(7), continuous occupancy of facilities by the same camping party shall be limited to ten consecutive nights April 1 through September 30. Provided that at the discretion of the park ranger the maximum stay may be extended to fourteen consecutive nights if the campground is not fully occupied. Campers may stay twenty consecutive nights October 1 through March 31 in one park, after which the camping unit must vacate the overnight park facilities for three consecutive nights)) shall be no more than 10 nights in one park within a 30-day period. Total nights stayed by the same camping party must not exceed 90 nights per calendar year in all state parks. The time period shall begin on the date for which the first night's fee is paid.

((2)) (b) The designation of the park facility as a permanent or temporary address on official documents or applications submitted to public or private agencies or institutions.

"Seaweed" shall mean all species of marine algae and flowering sea grasses.

"Sno-park" shall mean any designated winter recreational parking area.

"Special groomed trail area" shall mean those sno-park areas designated by the director as requiring a special groomed trail permit.

"Special recreation event" shall mean a group recreation activity in a state park sponsored or organized by an individual or organization that requires reserving park areas, planning, facilities, staffing, or other services beyond the level normally provided at the state park to ensure public welfare and safety and facility and/or environmental protection.

"Standard campsite" shall mean a designated camping site which is served by nearby domestic water, sink waste, garbage disposal, and flush comfort station.

"State park area" shall mean any area under the ownership, management, or control of the commission, including trust lands which have been withdrawn from sale or lease by order of the commissioner of public lands and the management of which has been transferred to the commission, and specifically including all those areas defined in WAC 352-16-020. State park areas do not include the seashore conservation area as defined in RCW 79A.05.605 and as regulated under chapter 352-37 WAC.

"Trailer dump station" shall mean any state park sewage disposal facility designated for the disposal of sewage waste from any recreation vehicle, other than as may be provided in a utility campsite.

"Upland" shall mean all lands lying above mean high water.

"Utility campsite" shall mean a standard campsite with the addition of electricity and which may have domestic water and/or sewer.

"Vehicle" shall include every device capable of being moved upon a public highway and in, upon, or by which any persons or property is or may be transported or drawn upon a public highway. For the purposes of this chapter, this definition excludes bicycles, wheelchairs, motorized foot scooters, electric personal assistive mobility devices (EPAMDs), snowmobiles and other nonlicensed vehicles.

"Vehicle parking permit" means the permit issued on a daily, multiple day or annual basis for parking a vehicle in any state park area designated for daytime vehicle parking, excluding designated sno-park parking areas.

"Vessel" shall mean any watercraft used or capable of being used as a means of transportation on the water.

"Walk-in campsite" shall mean a campsite that is accessed only by walking to the site and which may or may not have vehicle parking available near by.

"Watercraft launch" is any developed launch ramp designated for the purpose of placing or retrieving watercraft into or out of the water.

"Water trail advisory committee" shall mean the ((twelve)) 12-member committee constituted by RCW 79A.05.420.

"Water trail camping sites" shall mean those specially designated group camp areas identified with signs, that are near water ways, and that have varying facilities and extent of development.

"Wood debris" shall mean down and dead tree material.

AMENDATORY SECTION (Amending WSR 13-17-037, filed 8/13/13, effective 9/13/13)

WAC 352-32-030 Camping. (1) Camping facilities of the state parks within the Washington state parks and recreation commission system are designed and administered specifically to provide recreational opportunities for park visitors. Use of park facilities for purposes which are of a nonrecreational nature, such as long-term residency at park facilities, obstructs opportunities for recreational use, and is inconsistent with the purposes for which those facilities were designed.

No person or camping party may use any state park facility for residence purposes, as defined (WAC 352-32-010).

(2) No person shall camp in any state park area except in areas specifically designated and/or marked for that purpose or as directed by a ranger.

(3) Occupants shall vacate camping facilities by removing their personal property therefrom: (a) No later than 1:00 p.m., (b) if the applicable camping fee has not been paid, or (c) if the time limit for occupancy of the campsite has expired, or (d) the site is reserved by another party. Remaining in a campsite beyond the established checkout time shall subject the occupant to the payment of an additional camping fee.

(4) Use of utility campsites by tent campers shall be subject to payment of the utility campsite fee except when otherwise specified by a ranger.

(5) A campsite is considered occupied when it is being used for purposes of camping by a person or persons who have paid the camping fee within the applicable time limits or when it has been reserved through the appropriate procedures of the reservation system. No person shall take or attempt to take possession of a campsite when it is being occupied by another party, or when informed by a ranger that such site is occupied, or when the site is posted with a "reserved" sign or when the campsite has an incoming reservation. In the case of a reserved site, a person holding a valid reservation for that specific site may occupy it according to the rules relating to the reservation system for that park. In order to afford the public the greatest possible use of the state park system on a fair and equal basis, campsites in those parks not on the state park reservation system will be available on a first-come, first-serve basis. No person shall hold or attempt to hold campsite(s), for another camping party for present or future camping dates, except as prescribed for multiple campsites. Any site occupied by a camping party must be actively utilized for camping purposes.

(6) One person may register for one or more sites within a multiple campsite by paying the multiple campsite fee and providing the required information regarding the occupants of the other sites. An individual may register and hold a multiple campsite for occupancy on the same day by other camping parties. Multiple campsites in designated reservation parks may be reserved under the reservation system.

(7) In order to afford the general public the greatest possible use of the state park system, on a fair and equal basis, and to prevent residential use, continuous occupancy of facilities by the same camping party shall be limited. (~~(April 1 through September 30:)~~) The maximum length of stay (~~(during this period shall be established annually for each park by the director or designee and)~~) shall be no (~~(less than ten and no)~~) more than (~~(fourteen)~~) 10 nights (~~(. Campers~~

~~may stay the established maximum consecutive nights in one park, after which the camping party must vacate the park for three consecutive nights. October 1 through March 31: The maximum length of stay is twenty nights. Campers may stay twenty consecutive nights in one park, after which the camping party must vacate the park for three consecutive nights, not to exceed forty days in a sixty-day time period) in one park within a 30-day period. Total nights stayed by the same camping party must not exceed 90 nights per calendar year in all state parks.~~

These limitations shall not apply to those individuals who meet the qualifications of WAC 352-32-280 and 352-32-285.

(8) A maximum of eight people shall be permitted at a campsite overnight, unless otherwise authorized by a ranger. The number of vehicles occupying a campsite shall be limited to one car and one recreational vehicle: Provided, That one additional vehicle without built-in sleeping accommodations may occupy a designated campsite when in the judgment of a ranger the constructed facilities so warrant. The number of tents allowed at each campsite shall be limited to the number that will fit on the developed tent pad or designated area as determined by a ranger.

(9) Persons traveling by bicycles, motor bikes or other similar modes of transportation and utilizing campsites shall be limited to eight persons per site, provided no more than four motorcycles may occupy a campsite.

(10) Water trail camping sites are for the exclusive use of persons traveling by human and wind powered beachable vessels as their primary mode of transportation to the areas. Such camping areas are subject to the campsite capacity limitations as otherwise set forth in this section. Exceptions for emergencies may be approved by the ranger on an individual basis. Water trail site fees, as published by state parks, must be paid at the time the site is occupied.

(11) Overnight stays (bivouac) on technical rock climbing routes will be allowed as outlined in the park's site specific climbing management plan. All litter and human waste must be contained and disposed of properly.

(12) Emergency camping areas may be used only when all designated campsites are full and at the park ranger's discretion. Persons using emergency areas must pay the applicable campsite fee and must vacate the site when directed by the park ranger.

(13) Designated overflow camping areas may be used only when all designated campsites in a park are full and the demand for camping in the geographic area around the park appears to exceed available facilities. Persons using overflow camping areas must pay the applicable campsite fee.

(14) Overnight camping will be allowed in approved areas within designated sno-parks in Washington state parks, when posted, provided the appropriate required sno-park permit is displayed.

(15) Any violation of this section is an infraction under chapter 7.84 RCW.

WSR 24-15-096

PERMANENT RULES

DEPARTMENT OF HEALTH

[Filed July 21, 2024, 1:33 p.m., effective August 21, 2024]

Effective Date of Rule: Thirty-one days after filing.

Purpose: WAC 246-247-035 National standards adopted by reference for sources of radionuclide emissions. The department of health (department) is updating the federal regulations publication date from 2023 to the most recently adopted 2024 version previously adopted by reference. This amendment makes no changes to any requirements previously adopted but is required for the department to receive delegation of the Radionuclide Air Emissions Program from the United States Environmental Protection Agency.

Citation of Rules Affected by this Order: Amending WAC 246-247-035.

Statutory Authority for Adoption: RCW 70A.388.040 and 70A.388.050(5).

Adopted under notice filed as WSR 24-11-105 on May 17, 2024.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 1, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 1, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 1, Repealed 0.

Date Adopted: July 21, 2024.

Kristin Peterson, JD
Chief of Policy
for Umair A. Shah, MD, MPH
Secretary

OTS-5391.1

AMENDATORY SECTION (Amending WSR 23-21-055, filed 10/11/23, effective 11/11/23)

WAC 246-247-035 National standards adopted by reference for sources of radionuclide emissions. (1) In addition to other requirements of this chapter, the following federal standards, as in effect on July 1, ((2023)) 2024, are adopted by reference except as provided in subsection (2) of this section.

(a) For federal facilities:

(i) 40 C.F.R. Part 61, Subpart A - General Provisions.

(ii) 40 C.F.R. Part 61, Subpart H - National Emission Standards for Emissions of Radionuclides Other Than Radon From Department of Energy Facilities.

(iii) 40 C.F.R. Part 61, Subpart I - National Emission Standards for Radionuclide Emissions From Federal Facilities Other Than Nuclear Regulatory Commission Licensees and Not Covered by Subpart H.

(iv) 40 C.F.R. Part 61, Subpart Q - National Emission Standards for Radon Emissions From Department of Energy Facilities.

(b) For nonfederal facilities:

(i) 40 C.F.R. Part 61, Subpart A - General Provisions.

(ii) 40 C.F.R. Part 61, Subpart B - National Emission Standards for Radon Emissions From Underground Uranium Mines.

(iii) 40 C.F.R. Part 61, Subpart K - National Emission Standards for Radionuclide Emissions From Elemental Phosphorus Plants.

(iv) 40 C.F.R. Part 61, Subpart R - National Emissions Standards for Radon from Phosphogypsum Stacks.

(v) 40 C.F.R. Part 61, Subpart T - National Emission Standards for Radon Emissions From the Disposal of Uranium Mill Tailings.

(vi) 40 C.F.R. Part 61, Subpart W - National Emission Standards for Radon Emissions From Operating Mill Tailings.

(2) References to "Administrator" or "EPA" in 40 C.F.R. Part 61 include the department of health except in any section of 40 C.F.R. Part 61 for which a federal rule or delegation indicates that the authority will not be delegated to the state.

WSR 24-15-104

PERMANENT RULES

DEPARTMENT OF HEALTH

[Filed July 22, 2024, 2:39 p.m., effective September 30, 2024]

Effective Date of Rule: September 30, 2024.

Purpose: Emergency medical services (EMS) and trauma care systems chapter updates. The department of health (department) identified updates, revisions, and housekeeping items needed for chapter 246-976 WAC. By doing so, the department will satisfy the requirements of RCW 43.70.041, enacted and codified in 2013, which directs the department and other state agencies to establish a formal review process of existing rules every five years to reduce the regulatory burden on businesses without compromising public health and safety. The department is adopting amendments to align with current national standards; make rules more clear, concise, and organized; adopt changes to address barriers to initial and renewal application processes; and respond to new legislative requirements.

The amendments to existing rules and new sections will ensure regulations and standards are clear, concise, and reflect current standards of care and best practice for the benefit and safety of the public.

Citation of Rules Affected by this Order: New WAC 246-976-026, 246-976-139 and 246-976-261; and amending WAC 246-976-010, 246-976-022, 246-976-023, 246-976-024, 246-976-031, 246-976-032, 246-976-033, 246-976-041, 246-976-141, 246-976-142, 246-976-143, 246-976-144, 246-976-161, 246-976-162, 246-976-163, 246-976-171, 246-976-182, 246-976-260, 246-976-270, 246-976-290, 246-976-300, 246-976-310, 246-976-330, 246-976-340, 246-976-390, 246-976-395, 246-976-920, 246-976-960, and 246-976-970.

Statutory Authority for Adoption: RCW 18.71.205, 18.73.081, 43.70.040, and 70.168.050; ESSB 5751 (chapter 70, Laws of 2017), SHB 1258 (chapter 295, Laws of 2017), ESHB 1551 (chapter 76, Laws of 2020), ESSB 5229 (chapter 276, Laws of 2021), SSB 5380 (chapter 314, Laws of 2019), SHB 1276 (chapter 69, Laws of 2021), and SHB 1893 (chapter 136, Laws of 2022).

Adopted under notice filed as WSR 24-03-061 on January 12, 2024.

Changes Other than Editing from Proposed to Adopted Version: A.

WAC 246-976-023 Initial emergency medical services (EMS) training course requirements and course approval. In subsection (3)(f), the department made a minor edit to clarify the title of a department document from "Course Completion Record" to "EMS Course Completion Verification form," which is the correct title of this document.

B. WAC 246-976-031 EMS instructors, initial approval, and recognition. In subsection (1)(a), the department made a minor edit to change the word "student" to "clinical." This clarifies that an emergency services evaluator (ESE) may function as a clinical preceptor to a student and is not a student. The intent of this standard is to allow an ESE to be identified by a training program as a person who can provide mentorship and oversight of a student in an EMS training program who is conducting field time with an EMS service as a part of their training. The proposed rule was worded in a way that interested parties felt was confusing, so the department made this minor edit to clarify the intent.

C. WAC 246-976-139 Provisional certification. In subsection (3) the department made a minor edit to correct the word "filed" to "field." The intent of this standard is that a person holding a provi-

sional certification would be able to apply for full certification upon successful completion of any EMS service field training. In the proposed rule the word was misspelled and said "filed." The spelling of the word was corrected.

D. WAC 246-976-141 To obtain initial EMS provider certification following the successful completion of Washington state approved EMS course. In subsection (5), the department made a minor edit to remove the word "and." The intent of this standard is that proof of competency is a current and valid certification from another state or national organization recognized by the department. In the proposed rule the word "and" implied that an applicant had to provide additional proof beyond a current and valid certification from another state or national organization recognized by the department. That was not the intent and removing the word "and" clarifies this.

E. WAC 246-976-141 To obtain initial EMS provider certification following the successful completion of Washington state approved EMS course. In subsection (6), the department restored the language which allows senior EMS instructors and training coordinators to affiliate with a department-approved training program with the approval of the county medical program director if they are unable to be affiliated with a licensed aid or ambulance service or an EMS service supervisory organization. The department inadvertently left out this option and it was corrected.

F. WAC 246-976-142 To obtain reciprocal (out of state) EMS certification based on out of state or national EMS certification approved by the department. In subsection (5), the department made a minor edit to remove the word "and." The intent of this standard is that proof of competency is a current and valid certification from another state or national organization recognized by the department. In the proposed rule, the word "and" implied that an applicant had to provide additional proof beyond a current and valid certification from another state or national organization recognized by the department. That was not the intent and removing the word "and" clarifies this.

G. WAC 246-976-142 To obtain reciprocal (out of state) EMS certification based on out of state or national EMS certification approved by the department. In subsection (6), the department restored the language which allows senior EMS instructors and training coordinators to affiliate with a department-approved training program with the approval of the county medical program director if they are unable to be affiliated with a licensed aid or ambulance service or an EMS service supervisory organization. The department inadvertently left out this option and it was corrected.

H. WAC 246-976-161 General education and skill maintenance requirements for EMS provider certification. In subsection (4), the department made a minor edit to add "to the skills and procedures identified on the Washington State Approved Skills and Procedures for Certified EMS Providers list (DOH 530-173)." This addition clarifies that the intent of this provision is related to providing opportunities for certified EMS providers to practice the skills and procedures relevant to EMS clinical practice and patient care.

I. WAC 246-976-171 Recertification, reversion, reissuance, and reinstatement of certification. In subsection (2)(c), the department restored the language which allows senior EMS instructors and training coordinators to affiliate with a department-approved training program with the approval of the county medical program director if they are unable to be affiliated with a licensed aid or ambulance service or an

EMS service supervisory organization. The department inadvertently left out this option and it was corrected.

J. WAC 246-976-300 Ground ambulance and aid service—Equipment.

In table (A), the department made minor edits to clarify equipment standards. We removed the asterisk from the end-tidal CO₂ detector and supraglottic airways for intermediate and advanced level services. The intent of this standard is to identify the number and type of equipment that must be made available on licensed ambulances, aid vehicles, and emergency services supervisory organizations. In the proposed rule, an asterisk implied that this equipment was optional for intermediate and advanced levels of care when, in fact, the equipment is required for intermediate and advanced levels of care. This was an error and has been corrected. In table (A), the department made a minor edit to clarify the equipment standard for intubation insertion equipment and added the word "Assortment" to the ALS AID/ESSO column. This was an error and has been corrected. In subsection (2)(c), the department added a semicolon after the word "monitoring."

K. Chapter 246-976 WAC, for consistency, the department made minor edits throughout the proposal to make consistent use of the terms "continuing medical education (CME) and ongoing training." These terms were used in a variety of ways throughout the document and the department edited these terms all to say the same thing.

L. Chapter 246-976 WAC, for consistency, the department made minor edits throughout the proposal to make consistent use of the term "county medical program director." This phrase was used in a variety of ways throughout the document and the department edited this phrase to say the same thing.

A final cost-benefit analysis is available by contacting Catie Holstein, P.O. Box 47853, Olympia, WA 98504-7853, phone 360-688-3425, fax 360-236-2830, TTY 800-833-6388 or 711, email HSQA.EMS@doh.wa.gov, website <https://doh.wa.gov>.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 2, Amended 7, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 29, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 3, Amended 9, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 3, Amended 29, Repealed 0.

Date Adopted: July 22, 2024.

Kristin Peterson, JD
Chief of Policy
for Umair A. Shah, MD, MPH
Secretary

OTS-4953.3

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

WAC 246-976-010 Definitions. Definitions in RCW 18.71.200, 18.71.205, 18.73.030, and 70.168.015 and the definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Activation of the trauma system" means mobilizing resources to care for a trauma patient in accordance with regional patient care procedures.

(2) "Adolescence" means the period of physical and psychological development from the onset of puberty to maturity, approximately ~~((twelve to eighteen))~~ 12 to 18 years of age.

(3) "Advanced cardiac life support (ACLS)" means a training course established with national standards recognized by the department that includes the education and clinical interventions used to treat cardiac arrest and other acute cardiac related problems.

(4) "Advanced emergency medical technician (AEMT)" means a person who has been examined and certified by the secretary as an intermediate life support technician as defined in RCW 18.71.200 and 18.71.205.

(5) "Advanced first aid" means an advanced first-aid course prescribed by the American Red Cross or its equivalent.

(6) "Advanced life support (ALS)" means the level of care or service that involves invasive emergency medical ~~((services))~~ procedures requiring the advanced medical treatment skills of a paramedic.

(7) ~~((("Agency" means an aid or ambulance service licensed by the secretary to provide prehospital care or interfacility ambulance transport.~~

~~((8)))~~ "Agency response time" means the interval from dispatch to arrival on the scene.

~~((9)))~~ (8) "Aid service" means an EMS agency licensed by the secretary to operate one or more aid vehicles, consistent with regional and state plans, and the department-approved license application. Aid services respond with aid equipment and certified emergency medical services providers to the scene of an emergency to provide initial care and treatment to ill or injured people.

(9) "Ambulance" or "aid service activation" means the dispatch or other initiation of a response by an ambulance or aid service to provide prehospital care or interfacility ambulance transport.

(10) "Ambulance service" means an EMS agency licensed by the secretary to operate one or more ground or air ambulances, consistent with regional and state plans, and the department-approved license application.

(11) "Approved" means approved by the department of health.

(12) "ATLS" means advanced trauma life support, a course developed by the American College of Surgeons.

(13) "Attending surgeon" means a physician who is board-certified or board-qualified in general surgery, and who has surgical privileges delineated by the facility's medical staff. The attending surgeon is responsible for care of the trauma patient, participates in all major therapeutic decisions, and is present during operative procedures.

(14) "Available" for designated trauma services described in WAC 246-976-485 through 246-976-890 means physically present in the facility and able to deliver care to the patient within the time specified. If no time is specified, the equipment or personnel must be available as reasonable and appropriate for the needs of the patient.

(15) "Basic life support (BLS)" means the level of care or service that involves basic emergency medical ((services)) procedures requiring basic medical treatment skills as defined in chapter 18.73 RCW.

(16) "Board certified" or "board-certified" means that a physician has been certified by the appropriate specialty board recognized by the American Board of Medical Specialties. For the purposes of this chapter, references to "board certified" include physicians who are board-qualified.

(17) "Board-qualified" means physicians who have graduated less than five years previously from a residency program accredited for the appropriate specialty by the accreditation council for graduate medical education.

(18) "BP" means blood pressure.

(19) "Certification" means the secretary recognizes that an individual has proof of meeting predetermined qualifications, and authorizes the individual to perform certain procedures.

(20) "Consumer" means an individual who is not associated with the EMS/TC system, either for pay or as a volunteer, except for service on the steering committee, or regional or local EMS/TC councils.

(21) "Continuing medical education method (CME method)" (~~(or (CME method) means prehospital EMS recertification education required after initial EMS certification to maintain and enhance skill and knowledge)~~) means a method of obtaining education required for the recertification of EMS providers. The CME method requires the successful completion of department-approved knowledge and practical skill certification examinations to recertify.

(22) "County operating procedures (COPs)" (~~(or "COPS" means the)~~) means department-approved written operational procedures adopted by the county MPD and the local EMS council ((specific to county needs)). COPs provide county level guidance and operational direction which supports the delivery of patient care and coordination of patient transport and movement within the local emergency care system. COPs must be compatible with and work in coordination with state triage and destination procedures, regional patient care procedures, and patient care protocols.

(23) "CPR" means cardiopulmonary resuscitation.

(24) (~~("Critical care transport" means the interfacility transport of a patient whose condition requires care by a physician, RN or a paramedic who has received special training and approval by the MPD.~~

~~(25))~~) "Data user" means any individual who may access or possess data for any use, including quality improvement, administrative record keeping, research, surveillance, or evaluation.

(25) "Data use agreement" means a signed agreement with the department for transmitting, receiving, and using records containing individually identifiable or potentially identifiable health information. The agreement specifies, at a minimum what information will be exchanged, the conditions or restrictions under which the information will be used and protected, restrictions on redisclosure of data and restrictions on attempt to locate information associated with a specific individual.

(26) "Department" means the Washington state department of health.

~~((26))~~) (27) "Dispatch" means to identify and direct an emergency response unit to an incident location.

~~((27))~~ (28) "Diversion" means the EMS transport of a patient past the usual receiving facility to another facility due to temporary unavailability of care resources at the usual receiving facility.

~~((28))~~ (29) "E-code" means external cause code, an etiology included in the International Classification of Diseases (ICD).

~~((29))~~ (30) "ED" means emergency department.

~~((30))~~ (31) "Electronic patient care report" means the record of patient care produced in an electronic data system.

(32) "EMS agency" means an EMS service such as an emergency services supervisory organization (ESSO), aid or ambulance service licensed or recognized by the secretary to provide prehospital care or interfacility transport.

(33) "Emergency medical procedures" means the skills that are performed within the scope of practice of EMS personnel certified by the secretary under chapters 18.71 and 18.73 RCW.

~~((31))~~ (34) "Emergency medical services and trauma care (EMS/TC) system" means an organized approach to providing personnel, facilities, and equipment for effective and coordinated medical treatment of patients with a medical emergency or injury requiring immediate medical or surgical intervention to prevent death or disability. The emergency medical services and trauma care system includes prevention activities, prehospital care, hospital care, and rehabilitation.

~~((32))~~ (35) "Emergency medical responder (EMR)" means a person who has been examined and certified by the secretary as a first responder to render prehospital EMS care as defined in RCW 18.73.081.

~~((33))~~ (36) "Emergency medical technician (EMT)" means a person who has been examined and certified by the secretary as an EMT to render prehospital EMS care as defined in RCW 18.73.081.

~~((34))~~ (37) "EMS" means emergency medical services.

~~((35))~~ (38) "EMS provider" means an individual certified by the secretary or the University of Washington School of Medicine under chapters 18.71 and 18.73 RCW to provide prehospital emergency response, patient care, and transport.

~~((36))~~ (39) "Emergency services supervisory organization (ESSO)" means an entity that is authorized by the secretary to use first responders to provide medical evaluation and initial treatment to sick or injured people, while in the course of duties with the organization for on-site medical care prior to any necessary activation of emergency medical services. ESSOs include law enforcement agencies, disaster management organizations, search and rescue operations, and diversion centers.

(40) "EMS/TC" means emergency medical services and trauma care.

~~((37))~~ (41) "Endorsement" means a higher form of recognition that requires successful completion of a department-approved MPD specialized training course. Endorsements are added to an EMS providers primary EMS certification.

(42) "General surgeon" means a licensed physician who has completed a residency program in surgery and who has surgical privileges delineated by the facility.

~~((38))~~ (43) "ICD" means the international classification of diseases, a coding system developed by the World Health Organization.

~~((39))~~ (44) "Initial recognition application procedure (IRAP)" means the application and procedure that a senior EMS instructor (SEI) candidate must complete and submit to the department to apply for initial recognition as an SEI.

(45) "Injury and violence prevention" means any combination of educational, legislative, enforcement, engineering and emergency response initiatives used to reduce the number and severity of injuries.

~~((40))~~ (46) "Interfacility transport" means medical transport of a patient between recognized medical treatment facilities requested by a licensed health care provider.

~~((41))~~ (47) "Intermediate life support (ILS)" means the level of care or service that may involve invasive emergency medical ~~((services))~~ procedures requiring the ~~((advanced))~~ medical treatment skills of an advanced ~~((EMT))~~ emergency medical technician (AEMT).

~~((42) "IV")~~ (48) "Venous access" means a fluid or medication administered directly into the venous system.

~~((43))~~ (49) "Local council" means a local EMS/TC council authorized by RCW 70.168.120(1).

~~((44))~~ (50) "Medical control" means oral or written direction ~~((of))~~ provided by the MPD or MPD physician delegate to EMS providers who provide medical care ~~((that certified prehospital EMS personnel provide))~~ to patients of all age groups. ~~((The oral or written direction is provided by the MPD or MPD delegate.~~

~~(45))~~ (51) "Medical control agreement" means a department-approved written agreement between two or more MPDs, ~~((using similar protocols that are consistent with regional plans, to assure))~~ that provides guidance regarding aspects of medical oversight to support continuity of patient care between counties ~~((, and to facilitate assistance))~~. MPD agreements must be compatible and work in coordination with state triage and destination procedures, county operating procedures, patient care procedures, and patient care protocols.

~~((46))~~ (52) "Medical program director (MPD)" means a person who meets the requirements of chapters 18.71 and 18.73 RCW and is certified by the secretary as the county MPD. The MPD is responsible for both the supervision of training and medical control of EMS providers.

~~((47) "MPD")~~ (53) "Medical program director delegate (MPD delegate)" means a physician appointed by the MPD and recognized and approved by the department. An MPD delegate may be:

(a) A prehospital training physician who supervises specified aspects of training EMS personnel; or

(b) A prehospital supervising physician who provides online medical control of EMS personnel.

~~((48))~~ (54) "Medical program director policy" means a department-approved written policy adopted by the county MPD that establishes expectations, procedures, and guidance related to the administrative activities of providing oversight to EMS providers and are within the roles and responsibilities of the MPD.

(55) "National Emergency Medical Services Information System (NEMSIS)" means the national database used to store EMS data from the U.S. States and Territories and is a national standard for how prehospital and interfacility transport information is collected.

(56) "Ongoing training and evaluation program (OTEP)" means a continuous program of ~~((prehospital EMS))~~ education for the recertification of EMS ~~((personnel after completion of initial training))~~ providers. An OTEP ~~((is))~~ must be approved by the MPD and the department. ~~((An OTEP must meet the EMS education requirements and core topic content required for recertification. The OTEP method includes evaluations of the knowledge and skills covered in the topic content following each topic presentation.~~

~~(49) "PALS" means a pediatric advanced life support course.~~

~~(50))~~ (57) "Pediatric advanced life support (PALS)" means a training course established with department recognized national standards for clinical interventions used to treat pediatric cardiac arrest and other acute cardiac related problems.

(58) "Paramedic" or "physician's trained emergency medical service paramedic" means a person who has been trained in an approved program to perform all phases of prehospital emergency medical care, including advanced life support, under written or oral authorization of an MPD or approved physician delegate, examined and certified by the secretary under chapter 18.71 RCW.

~~((51))~~ (59) "Pediatric education requirement (PER)" means the pediatric education and training standards required for certain specialty physicians and nurses who care for pediatric patients in designated trauma services as identified in WAC 246-976-886 and 246-976-887.

~~((52) "PEPP" means pediatric education for prehospital professionals.~~

~~(53) "PHTLS" means a prehospital trauma life support course.~~

~~(54))~~ (60) "Pediatric education for prehospital providers (PEPP)" means a training course for EMS providers established with department recognized national standards for clinical interventions used to treat pediatric emergencies.

(61) "Physician" means an individual licensed under the provisions of chapters 18.71 or 18.57 RCW.

~~((55))~~ (62) "Physician with specific delineation of surgical privileges" means a physician with surgical privileges delineated for emergency/life-saving surgical intervention and stabilization of a trauma patient prior to transfer to a higher level of care. Surgery privileges are awarded by the facility's credentialing process.

~~((56))~~ (63) "Postgraduate year" means the classification system for residents who are undergoing postgraduate training. The number indicates the year the resident is in during ((his/her)) the resident's postmedical school residency program.

~~((57))~~ (64) "Practical skills examination" means a test conducted in an initial course, or a test conducted during a recertification period, to determine competence in each of the practical skills or group of skills specified by the department.

~~((58))~~ (65) "Prehospital index (PHI)" means a scoring system used to trigger activation of a hospital trauma resuscitation team.

~~((59))~~ (66) "Prehospital patient care protocols" means the department-approved, written orders adopted by the MPD under RCW 18.73.030 ~~((15))~~ (16) and 70.168.015(27) which direct the out-of-hospital care of patients. These protocols are related only to delivery and documentation of direct patient treatment. The protocols meet or exceed statewide minimum standards developed by the department in rule as authorized in chapter 70.168 RCW. Protocols must be compatible with and work in coordination with state triage and destination procedures, regional patient care procedures, and county operating procedures.

~~((60))~~ (67) "Prehospital provider" means EMS provider.

~~((61))~~ (68) "Prehospital trauma care service" means an EMS agency that is verified by the secretary to provide prehospital trauma care.

~~((62))~~ (69) "Prehospital trauma life support (PHTLS)" means a training course for EMS providers established with department recognized national standards for clinical interventions used to treat trauma patients.

(70) "Prehospital (~~(trauma)~~) triage and destination procedure" means the statewide minimum standard and method used by prehospital providers to evaluate (~~(injured patients and determine whether to activate the trauma system from the field. It is described in WAC 246-976-930(2).~~

~~(63))~~ patients for time sensitive emergencies, identify the most appropriate destination, and alert the receiving facility of the patient's condition to help inform activation of the trauma, cardiac or stroke system of care from the field.

(71) "Public education" means education of the population at large, targeted groups, or individuals, in preventive measures and efforts to alter specific injury, trauma, and medical-related behaviors.

~~((64))~~ (72) "Quality improvement (QI)" or "quality assurance (QA)" means a process/program to monitor and evaluate care provided in the EMS/TC system.

~~((65))~~ (73) "Recertification" means the process of renewing a current EMS certification.

(74) "Recognition application procedure (RAP)" means the application and procedure that must be completed by a department recognized senior EMS instructor (SEI) to apply for renewal of an SEI recognition.

(75) "Regional council" means the regional EMS/TC council established by RCW 70.168.100.

~~((66))~~ (76) "Regional patient care procedure(~~(s)~~) (PCP)" means department-approved written operating guidelines adopted by the regional emergency medical services and trauma care council, in consultation with the local emergency medical services and trauma care councils, emergency communication centers, and the emergency medical services county medical program directors(~~(, in accordance with statewide minimum standards. The patient care procedures)~~). PCPs provide an operational framework and broad overarching guidance for the coordination of patient transport and movement within the regional emergency care system. PCPs identify the level of medical care personnel to be dispatched to an emergency scene, procedures for triage of patients, the level of trauma care facility, mental health facility, or chemical dependency program to first receive the patient, and the name and location of other trauma care facilities, mental health facilities, or chemical dependency programs to receive the patient should an interfacility transfer be necessary. Procedures on interfacility transfer of patients are consistent with the transfer procedures in chapter 70.170 RCW. Patient care procedures do not relate to direct patient care and must be compatible with and work in coordination with state triage and destination procedures.

~~((67))~~ (77) "Regional plan" means the plan defined in WAC 246-976-960 (1)(b) that has been approved by the department.

~~((68))~~ (78) "Registered nurse" means an individual licensed under the provisions of chapter 18.79 RCW.

~~((69))~~ (79) "Reinstatement" means the process of reissuing an EMS certification that is revoked or suspended by the department.

(80) "Reissuance" means the process of reissuing a certification that is expired.

(81) "Reversion" means the process of reverting a current EMS certification to a lower level of EMS certification.

(82) "Rural" means an unincorporated or incorporated area with a total population of less than (~~(ten thousand)~~) 10,000 people, or with a population density of less than (~~(one thousand)~~) 1,000 people per square mile.

~~((70))~~ (83) "Secretary" means the secretary of the department of health.

~~((71))~~ (84) "Senior EMS instructor (SEI)" means an individual approved and recognized by the department to ~~((be responsible for the administration, quality of instruction and the))~~ conduct ~~((of))~~ initial emergency medical responder (EMR) ~~((and))~~ or emergency medical technician (EMT) training courses.

~~((72))~~ (85) "Special competence" means that an individual has been deemed competent and committed to a medical specialty area with documented training, board certification and ~~((or))~~ experience, which has been reviewed and accepted as evidence of a practitioner's expertise:

(a) For physicians, by the facility's medical staff;

(b) For registered nurses, by the facility's department of nursing;

(c) For physician assistants and advanced registered nurse practitioners, as defined in the facility's bylaws.

~~((73))~~ (86) "Specialty care transport (SCT)" means the level of care or service needed during an interfacility transport for a patient who is critically injured or ill and whose condition requires care by a physician, registered nurse, or a paramedic who has received special training and approval of the MPD.

(87) "State plan" means the emergency medical services and trauma care system plan described in RCW 70.168.015(7), adopted by the department under RCW 70.168.060(10).

~~((74))~~ (88) "Steering committee" means the EMS/TC steering committee created by RCW 70.168.020.

~~((75))~~ (89) "Substance use disorder professional (SUDP)" means an individual certified in substance use disorder counseling under chapters 18.205 RCW and 246-811 WAC.

(90) "Suburban" means an incorporated or unincorporated area with a population of ~~((ten thousand to twenty-nine thousand nine hundred ninety-nine))~~ 10,000 to 29,999 or any area with a population density of between ~~((one thousand and two thousand))~~ 1,000 and 2,000 people per square mile.

~~((76))~~ (91) "System response time" for trauma means the interval from discovery of an injury until the patient arrives at a designated trauma facility.

~~((77))~~ (92) "Training program" means an organization that is approved by the department to ~~((be responsible for specified aspects of training EMS personnel))~~ conduct initial and ongoing EMS training as identified in the approved training program application on file with the department.

~~((78))~~ (93) "Training program director" means the individual responsible for oversight of a department-approved EMS training program.

(94) "Trauma registry" means the statewide data registry to collect data on incidence, severity, and causes of trauma described in RCW 70.168.090(1).

(95) "Trauma rehabilitation coordinator" means a person designated to facilitate early rehabilitation interventions and the trauma patient's access to a designated rehabilitation center.

~~((79))~~ (96) "Trauma response area" means a service coverage zone identified in an approved regional plan.

~~((80))~~ (97) "Trauma service" means the clinical service within a hospital or clinic that is designated by the department to provide care to trauma patients.

~~((81))~~ (98) "Urban" means:

(a) An incorporated area over ~~((thirty thousand))~~ 30,000; or

(b) An incorporated or unincorporated area of at least ~~((ten thousand))~~ 10,000 people and a population density over ~~((two thousand))~~ 2,000 people per square mile.

~~((82))~~ (99) "Verification" means ~~((a prehospital))~~ an EMS agency is capable of providing verified trauma care services and is credentialed under chapters 18.73 and 70.168 RCW.

~~((83))~~ (100) "Washington EMS information system (WEMSIS)" means the statewide electronic EMS data system responsible for collecting EMS data described in RCW 70.168.090(2).

(101) "WEMSIS data administrator" means an EMS agency representative who is assigned by their agency as the primary contact for WEMSIS data submission management as indicated in the department-approved EMS agency licensing application.

(102) "Wilderness" means any rural area not readily accessible by public or private maintained road.

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

WAC 246-976-022 EMS training program requirements, approval, re-approval, discipline. (1) To apply for initial department approval as an EMS training program, applicants ~~((shall meet the requirements in Table A of this section.~~

Table A
EMS Training Program Requirements For Approval

REQUIREMENTS	
Organization type	<p>Must be one of the following:</p> <ul style="list-style-type: none"> • A local EMS and trauma care council or a county office responsible for EMS training for the county. This includes county agencies established by ordinance and approved by the MPD to coordinate and conduct EMS programs; • A regional EMS and trauma care council providing EMS training throughout the region; • An accredited institution of higher education; or • A private educational business, licensed as a private vocational school.
Optional organization	<ul style="list-style-type: none"> • If the organizations listed above do not exist or are unable to provide an EMS training program, the local EMS and trauma care council may recommend to the department another entity that is able to provide training.

REQUIREMENTS	
	<ul style="list-style-type: none"> • In the absence of a local EMS council, the regional EMS and trauma care council may provide such recommendation. • Initial training courses conducted for licensed EMS agencies under the oversight of a department-approved EMS training program.
Need for new training program	Applicant must demonstrate need for new or additional EMS training programs.
Training program application	Complete a DOH EMS training program application on forms provided by the department indicating the levels of EMS training the program wants to conduct.
Class room and laboratory	Provide a description of classroom and laboratory facilities.
Training equipment and supplies	Provide a list of equipment and supplies on hand (or accessible) for use in the training program.
Course enrollment	For each level of EMS training applying for, provide a description of: <ul style="list-style-type: none"> • Course entry prerequisites; • Selection criteria; and • The process used to screen applicants.
Student handbook	Provide a student handbook for each level of EMS training applied for that provides: <ul style="list-style-type: none"> • Training program policies, including minimum standards to enter training consistent with this chapter; • Course requirements and minimum standards required for successful completion of examinations, clinical/field internship rotations, and the EMS course; • Initial certification requirements the student must meet to become certified as identified in WAC 246-976-141; and • A listing of clinical and field internship sites available.

~~(2) Approved training programs shall meet the requirements in Table B of this section.~~

Table B
EMS Training Program Requirements

REQUIREMENTS	
General	An approved training program must: <ul style="list-style-type: none"> • Conduct courses following department requirements;

REQUIREMENTS	
	<ul style="list-style-type: none"> • If conducting paramedic training courses, be accredited by a national accrediting organization approved by the department; • In conjunction with the course instructor, ensure course applicants meet the course application requirements in WAC 246-976-041; • Maintain clinical and field internship sites to meet course requirements, including the requirement that internship rotations on EMS vehicles must be performed as a third person, not replacing required staff on the vehicle; • For the purposes of program and course evaluation, provide to the department, county MPD, or MPD delegate access to all course related materials; • Conduct examinations over course lessons and other Washington state required topics; and • Participate in EMS and trauma care council educational planning.
Certification examination	<p>Coordinate activities with the department-approved certification examination provider, including:</p> <ul style="list-style-type: none"> • Registering the training program; • Assisting students in registering with the examination provider; • Providing verification of cognitive knowledge and psychomotor skills for students successfully completing the EMS course; and • Assisting students in scheduling the examination.
Student records	Maintain student records for a minimum of four years.
Evaluation	Monitor and evaluate the quality of instruction for the purposes of quality improvement, including course examination scores for each level taught.
Reporting	<p>Submit an annual report to the department which includes:</p> <ul style="list-style-type: none"> • Annual, overall certification examination results; • A summary of complaints against the training program and what was done to resolve the issues;

REQUIREMENTS	
	<ul style="list-style-type: none"> Quality improvement activities including a summary of issues and actions to improve training results.

~~(3) To apply for reapproval, an EMS training program must meet the requirements in Table C of this section.~~

**Table C
EMS Training Program Reapproval**

REAPPROVAL	
Requirements	<p>An EMS training program must be in good standing with the department and:</p> <ul style="list-style-type: none"> Have no violations of the statute and rules; Have no pending disciplinary actions; Maintain an overall pass rate of seventy-five percent on department-approved state certification examinations; If conducting paramedic training courses, be accredited by a national accrediting organization approved by the department.
Reapplication	<p>Complete:</p> <ul style="list-style-type: none"> The requirements in Tables A and B of this section; and Submit an updated EMS training program application to the department at least six months prior to the program expiration date.

~~(4) Training program approval is effective on the date the department issues the certificate. Approval must be renewed every five years. The expiration date is indicated on the approval letter.~~

~~(5)) must:~~

~~(a) Contact the Washington workforce training and education board to determine if the EMS training program is subject to private vocational school requirements;~~

~~(b) Submit a completed application on forms provided by the department and provide supplemental information that:~~

~~(i) Demonstrates the need for a new or additional training program; and~~

~~(ii) Demonstrates how the training program will maintain the resources needed to sustain a quality education program;~~

~~(c) Identify the training program organization type as one of the following:~~

~~(i) A local EMS and trauma care council or county office responsible for EMS training for the county. This includes organizations established by local ordinance and approved by the county medical program director to coordinate and conduct EMS training programs;~~

~~(ii) A regional EMS and trauma care council providing EMS training throughout the EMS and trauma care region that it serves;~~

~~(iii) An accredited institution of higher education or a private educational business licensed as a private vocational school; or~~

(iv) An optional organization. If the organizations listed above do not exist or are unable to provide an EMS training program, the local EMS and trauma care council may recommend to the department another entity that is able to provide training. In the absence of a local EMS council, the regional EMS and trauma care council may provide such recommendation;

(d) Identify the training program director for the training program. The training program director must meet the minimum requirements listed in the *EMS Training Program and Instructor Manual (DOH 530-126)*;

(e) Identify additional training program personnel who meet the minimum requirements and would perform roles listed in the *EMS Training Program Instructor Manual (DOH 530-126)*;

(f) Indicate what levels of initial EMS training courses (EMR, EMT, AEMT, paramedic), endorsements and other courses the training program is seeking approval to conduct;

(g) If the training program is conducting a paramedic program, provide proof of accreditation by a national accrediting organization approved by the department;

(h) Provide a list of clinical and field internship sites available to students. Include information that clearly depicts a formal relationship between the training organization and the clinical site;

(i) Provide an operations manual that includes:

(i) Training program policies and procedures that meet the requirements listed in the *EMS Training Program and Instructor Manual (DOH 530-126)*; and

(ii) The training program handbook that is provided to students. The handbook must meet the requirements listed in the *EMS Training Program and Instructor Manual (DOH 530-126)*;

(j) Provide a list of equipment and supplies on hand or accessible for use in the training program;

(k) Provide an example of a certificate or letter of completion meeting the department requirements listed in the *EMS Training Program and Instructor Manual (DOH 530-126)*;

(l) Obtain the recommendation from the county medical program director in each county where the training program will reside; and

(m) Obtain the recommendation from each local EMS and trauma council in each county where the training program will reside. In the absence of a local EMS and trauma care council, the regional EMS and trauma care council may provide such a recommendation.

(2) Approved training programs shall:

(a) Conduct courses in accordance with department requirements;

(b) Collaborate with the course instructor to ensure course applicants meet the course application requirements in WAC 246-976-041;

(c) Maintain clinical and field internship sites to meet course requirements. Students conducting field internship rotations on EMS vehicles may not replace required staff on the vehicle;

(d) Provide the department, MPD, or MPD delegate access to all course related materials upon request;

(e) Conduct examinations over course lessons and other Washington state required topics;

(f) Participate in educational planning conducted by local and regional EMS and trauma care councils;

(g) Coordinate certification examination activities with the department-approved certification examination provider. This includes:

(i) Registering the training program with the examination provider;

(ii) Assisting students in registering with the examination provider and scheduling the cognitive examination. Students who successfully pass the course must be provided an opportunity to take the certification examination;

(iii) Provide verification to the examination provider of cognitive knowledge and psychomotor skills for students successfully completing the EMS course; and

(iv) For BLS, ILS, and ALS level courses, the training program must conduct psychomotor examinations and competence assessments as required by the department;

(h) Maintain student records for a minimum of seven years in a retrievable electronic or paper format;

(i) Monitor and evaluate the quality of instruction for the purposes of quality improvement, including course examination scores for each level taught;

(j) Provide students access to the Washington state EMS student survey;

(k) Maintain an overall pass rate of 75 percent on department-approved state certification examinations;

(1) Submit a report to the department annually that includes:

(i) Attrition rates;

(ii) Annual certification examination rates;

(iii) Postgraduation survey results; and

(m) Seek reapproval of the training program as follows:

(i) For BLS or ILS level courses training programs must be reapproved every three years.

(ii) For ALS level courses, training programs must be renewed every five years.

(iii) If the training program is approved to conduct multiple levels of training, the program is required to renew in accordance with the higher training level requirement.

(3) Training program approval is effective on the date the department issues the certificate. The expiration date is indicated on the approval letter. To apply for reapproval, an EMS training program must:

(a) Complete the requirements in subsection (1) of this section;

(b) Be in compliance with the requirements in subsection (2) of this section;

(c) Be in good standing with the department, have no violations of the statute and rules, and no pending disciplinary actions; and

(d) Have an overall pass rate of 75 percent on department-approved state certification examinations.

(4) Discipline of EMS training programs.

(a) The secretary may deny, suspend, modify, or revoke the approval of a training program when it finds any of the following:

(i) Violations of chapter 246-976 WAC(~~(7)~~).

(ii) Pending disciplinary actions(~~(7)~~).

(iii) Falsification of EMS course documents.

(iv) Failure to maintain EMS course documents(~~(7-07)~~) as required.

(iv) Failure to update training program information with the department as changes occur.

(b) The training program may request a hearing to contest the secretary's decisions (~~(in regard to)~~) regarding denial, suspension, modification, or revocation of training program approval in accordance with the Administrative Procedure Act (APA) (chapter 34.05 RCW) and chapter 246-10 WAC.

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

WAC 246-976-023 Initial EMS training course requirements and course approval. (~~To be approved to conduct each initial EMS training course, an EMS training program must:~~

- ~~(1) Meet the requirements identified in Table A of this section;~~
- ~~(2) Submit a completed EMS course training application on forms provided by the department, postmarked or received by the department at least three weeks prior to the course start date identified on the application;~~
- ~~(3) Have the approval of the training program's medical director and the recommendation for approval from the county medical program director; and~~
- ~~(4) Have written course approval from the department.~~

**Table A
Initial EMS Training Course Requirements**

REQUIREMENTS
<p>The EMS training program must:</p> <ul style="list-style-type: none"> • If conducting paramedic training courses, be accredited by a national accrediting organization approved by the department; • With the course SEI or lead instructor, ensure course applicants meet the course application requirements in WAC 246-976-041; • Supply each student with a student handbook as specified in WAC 246-976-022; • Provide each student, prior to beginning their field internship rotations, current, county specific, county medical program director field protocols and any specific information they will need while completing the internship; and • Use field internship preceptors who monitor and evaluate students in a standard and consistent manner.
<p>EMS course SEI or lead instructor:</p> <p>The EMS course instructors identified in this section, under the general supervision of the county medical program director (MPD) are responsible:</p> <ul style="list-style-type: none"> • For the overall conduct of the course, quality of instruction, and administrative paperwork; • For following the course curricula or instructional guidelines for the level of training conducted; • For evaluating the students' knowledge and practical skills throughout the course; • For providing on-site instruction during each class and to supervise any other course instruction, unless arrangements have been made for another SEI or lead instructor to supervise. When using other instructors, the SEI or lead need not be physically present but must be immediately available for consultation.
<p>Emergency medical responder (EMR) and EMT courses:</p> <p>The course instructor must be a department-approved SEI. An SEI candidate may instruct under the supervision of the SEI for the purpose of demonstrating instructional proficiency to the SEI.</p>
<p>AEMT courses:</p> <p>The course instructor for advanced EMT courses must be:</p> <ul style="list-style-type: none"> • An AEMT that is recognized by the department as an SEI; or • A paramedic; or • Program instructional staff when training is provided by an accredited paramedic training program; and • Approved by the county medical program director.
<p>Paramedic/EMT-paramedic courses:</p> <ul style="list-style-type: none"> • The lead instructor for paramedic courses must have proof of clinical experience at the paramedic level or above; and • Must have the approval of the training program's medical director and the county medical program director.
<p>EMS Evaluators:</p> <ul style="list-style-type: none"> • Evaluators must be MPD and department-approved EMS evaluators;

REQUIREMENTS
<ul style="list-style-type: none"> • EMS evaluators for EMR and EMT courses must be certified at the EMT level or higher; • EMS evaluators for advanced EMT courses must be certified at the AEMT or paramedic level.
<p>Other instructors that may instruct individual course lessons when knowledgeable and skilled in the topic, approved by the MPD and under supervision of the SEI or lead instructor:</p> <ul style="list-style-type: none"> • Guest instructors; • Department-approved EMS evaluators, to assist the SEI or lead instructor in the instruction of the course, who must be certified at or above the level of education provided; and • The MPD, MPD delegate or other physicians approved by the MPD.
<p>Course curriculum or instructor guidelines: <i>The National Emergency Medical Services Training Standards – Instructor Guidelines</i> published January 2009 for the level of instruction; and</p> <ul style="list-style-type: none"> • Instruction in multicultural health appropriate to the level of training; and • A department-approved, four-hour infectious disease training program that meets the requirements of chapter 70.24 RCW; and • Other training consistent with MPD protocols.
<p>EMS course practical skill evaluations:</p> <p>SEIs or department-approved EMS evaluators conduct psychomotor evaluations during the course and provide corrective instruction for students. For EMR and EMT courses, evaluators must be certified as an EMT or higher level.</p>
<p>End of course practical skill examinations:</p> <p>Department-approved SEIs or department-approved EMS evaluators must conduct practical skill examinations. For EMR and EMT courses, evaluators must be certified at the EMT level or higher.)</p>

(1) EMS training course applications are required for the following initial and refresher courses:

- (a) EMR, EMT, AEMT, and paramedic training;
- (b) EMS endorsements; and
- (c) EMS instructor training.

(2) To conduct an EMS training course an applicant must:

(a) Submit a completed application on forms provided by the department, postmarked or received by the department at least 30 days prior to the course start date identified on the application.

(b) Provide the following supplemental information:

- (i) Type of course being taught;
- (ii) Training program the course will be affiliated with;
- (iii) The course delivery method;
- (iv) The location where the course will be held;
- (v) The location where clinical and field training will be conducted and how it will be conducted;
- (vi) The location where the psychomotor practical skills examination and minimum student competency verifications will be conducted and how these assessments will be conducted;

(vii) A list of instructional personnel participating in course delivery;

(viii) An example of a certificate of completion that meets the criteria in *EMS Training Program and Instructor Manual (DOH 530-126)*;

(ix) A course schedule or agenda that meets the criteria in *EMS Training Program and Instructor Manual (DOH 530-126)*; and

(c) A recommendation from the county medical program director(s) in the county(s) where the course will be held. The county medical program director must sign the course application.

(d) Be approved by the department.

(3) To conduct an EMS training course, training program directors and instructors must:

(a) Have written approval from the department to conduct the course prior to the start of the course. The department will send written approval to the training program director;

(b) Meet requirements for training programs identified in WAC 246-976-022;

(c) Provide adequate personnel that meet requirements identified in WAC 246-976-031;

(d) Verify students meet the requirements identified in WAC 246-976-041;

(e) Conduct or facilitate EMS course practical skill evaluations and psychomotor examinations and reexaminations. Use department-approved EMS evaluators that meet requirements in WAC 246-976-031. Evaluators must be certified to perform the skill being evaluated; and

(f) Submit the EMS Course Completion Verification form (DOH-530-008) within 30 days of the course completion date included on the course approval notification from the department.

(4) Course curriculum must meet all of the following standards:

(a) Current national EMS education standards for the level of training conducted including skills identified in the Washington state approved skills and procedures list (DOH 530-173) required for all Washington state certified EMS providers.

(b) Include education on multicultural health awareness as required in RCW 43.70.615, portable orders for life sustaining treatment (POLST) as provided in RCW 43.70.480, and legal obligations and reporting for vulnerable populations as provided in RCW 74.34.035.

(5) Instructional personnel required for courses is as follows:

(a) If the course being taught is provided by a training program that is recognized by an accreditation organization recognized by the department, then instructional personnel must meet standards of the accrediting organization.

(b) For an emergency medical responder (EMR) course, the course instructor must be a department-approved senior EMS instructor (SEI). An SEI candidate (SEI-C) may instruct under the supervision of a current department-approved SEI for the purposes of demonstrating instructional proficiency to SEI.

(c) For an emergency medical technician (EMT) course, the course instructor must be a department-approved SEI. An SEI candidate (SEI-C) may instruct under the supervision of the SEI for the purposes of demonstrating instructional proficiency to the SEI.

(d) For an advanced emergency medical technician (AEMT) course, the course instructor must be certified at the AEMT or paramedic level and be a department-approved SEI. An SEI candidate (SEI-C) may instruct under the supervision of the SEI for the purposes of demonstrating instructional proficiency to the SEI.

(e) For a paramedic course, the lead instructor must have proof of clinical experience at the paramedic level or above.

(f) For a supraglottic airway (SGA) endorsement course for EMT, the course instructor must have proof of clinical experience and the depth and breadth of knowledge of the subject matter and be approved by the MPD.

(g) For an intravenous (IV) therapy endorsement course for EMT, the course instructor must have proof of clinical experience and the depth and breadth of knowledge of the subject matter and be approved by the MPD.

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

- WAC 246-976-024 ((EMS)) MPD specialized training and pilot projects.** (1) MPDs may submit a proposal to conduct a pilot (~~((training programs))~~ project to determine the need for training, skills, techniques, ~~((or))~~ equipment, or medications that ~~((is))~~ are not included in standard course curricula~~((/))~~ and instructional guidelines. A pilot ~~((program))~~ project allows the MPD to conduct field research to determine:
- (a) The effectiveness of the training;
 - (b) EMS provider knowledge and skills competency; and
 - (c) EMS provider ability to provide proper patient care after the training.
- (2) To request approval of a pilot ~~((training program))~~ project, the MPD must submit a proposal ~~((which includes the following information to the department for review:))~~
- ~~((a) A needs statement describing what the))~~ on forms provided by the department at least 90 days prior to the start of the pilot project. Proposals must include all the following:
 - ~~((a) Describe the pilot project and the need that the proposed pilot will address;~~
 - ~~((b) ((The level of certified EMS provider who will be participating in the pilot training;~~
 - ~~((c) The length of the pilot project;~~
 - ~~((d) The method by which the pilot project will be evaluated;~~
 - ~~((e) Course curriculum/lesson plans;~~
 - ~~((f) Type of instructional personnel required to conduct the pilot training;~~
 - ~~((g) Course prerequisites;~~
 - ~~((h) Criteria for successful course completion, including student evaluations and/or examinations; and~~
 - ~~((i) Prehospital patient care protocols for use in the pilot program.))~~ Identify the proposed length of the pilot project. Projects may be approved for up to two years;
 - (c) Identify what training, skills, techniques, equipment, and medications will be included;
 - (d) Provide research to support that the proposal is an evidence-based practice relevant and appropriate to EMS activities;
 - (e) Identify the outcome the project is aiming to achieve, level of risk to patients, and the expected clinical outcomes;
 - (f) Provide information regarding the economic burden of additional hours of training, equipment, and other applicable costs;
 - (g) Identify the level of certified EMS providers who will be participating in the project and explain how it was determined that the provider level has the breadth and depth of knowledge needed to participate in the project;
 - (h) Describe how certified EMS providers will be trained and provide the course prerequisites, curriculum/lesson plans, including any student evaluations and examinations;
 - (i) Identify the instructional personnel required to conduct the pilot training. Instructional personnel must meet the requirements in WAC 246-976-031;
 - (j) Describe the medical oversight for the project and provide the proposed patient care protocols relevant to the activities being conducted;
 - (k) Describe the provisions for protecting patient safety;

(l) Describe quality assurance activities to include what data will be collected, the method of data collection, and evaluation; and
(m) Evaluate and determine if a review from an IRB is necessary and supply documentation to support the decision.

(3) The department will:

(a) Review the ~~((request and training plan))~~ proposal;

(b) Determine what additional consultation with advisory groups is needed;

(c) Consult with the ~~((prehospital technical advisory committee))~~ EMS and trauma care steering committee and any other applicable advisory groups as determined by the department, to determine the need for, and the expected benefits of the ~~((requested training throughout the state.~~

~~(e) Based on recommendation of the prehospital TAC, approve or deny the request for the pilot program.)~~ proposed activities if implemented statewide; and

(d) Make the final determination to approve or deny the request to conduct the proposed pilot project.

(4) The MPD must report the results of the pilot ~~((training))~~ project to the department, applicable advisory groups, and the ~~((pre-hospital TAC.~~

~~(5) The department and the prehospital TAC will review the results of the pilot training project to determine whether or not the new training will be implemented statewide.~~

~~(6) If the pilot training is approved for statewide use, the department will adopt it as specialized training and notify all county MPDs to advise if the skill is required or not.)~~ EMS and trauma care steering committee.

(5) Upon favorable results of the pilot project and with the recommendation of the EMS and trauma care steering committee, the department will make the final determination to approve or deny the proposed activities to continue in whole or in part and determine if the project will be implemented statewide on a mandatory or optional basis.

NEW SECTION

WAC 246-976-026 Ongoing training and education programs (OTEP).

(1) The purpose of this section is to identify requirements to apply for, conduct, and renew an OTEP program. OTEP is a method of recertification defined in WAC 246-976-010.

(2) To apply for approval of an OTEP, an applicant must:

(a) Be a licensed EMS service, ESSO, a local county or regional EMS office, or an EMS county medical program director (MPD);

(b) Submit a completed application on forms provided by the department, postmarked or received by the department at least 90 days prior to the OTEP start date identified on the application;

(c) Obtain the recommendation for approval from the MPD in each county where the OTEP will be conducted. The MPD(s) must sign the application; and

(d) Provide the following supplemental information:

(i) The levels of training included in the OTEP;

(ii) What skills, endorsements, or specialized training are to be included in the OTEP;

- (iii) The name of the EMS services that will be participating in the OTEP;
 - (iv) A description of how the OTEP program meets the education requirements described in WAC 246-976-161 and how the topics will be covered over a three-year period;
 - (v) Identify the sources of the instructional material that will be used. All training and education content must meet the requirements in WAC 246-976-163;
 - (vi) Describe how specialized training or other components required by the MPD will be incorporated into the OTEP;
 - (vii) Describe how and when the OTEP will be reviewed and updated to remain current with state and national standards;
 - (viii) Identify the course delivery method for didactic components;
 - (ix) Describe how the effectiveness of the OTEP is evaluated including what testing mechanisms are in place to evaluate participant competency;
 - (x) Describe how quality improvement activities are incorporated into the OTEP;
 - (xi) Describe how OTEP records will be managed and tracked, if the record is electronic or paper, the position within the organization responsible for tracking how participants are notified of their progress, completion, and compliance with OTEP, how participants can request and receive copies of their training records during and after affiliation with the EMS service, and how records will be maintained;
 - (xii) Describe how the EMS service supervisor verifies attendance and completion of OTEP modules and that a participant has met the minimum requirements of the OTEP for recertification; and
 - (xiii) Provide a description of the remediation plan to include how failed or missed courses can be made up and when a certified EMS provider must recertify using the CME method because they did not meet the minimum standards of the OTEP.
- (3) To conduct an OTEP program, the applicant must:
- (a) Have approval from the MPD and the department prior to the start of the OTEP. The department will send written approval to the applicant and the MPD;
 - (b) Develop, implement, and keep updated an OTEP that meets education requirements in WAC 246-976-161;
 - (c) Provide personnel that meet requirements in WAC 246-976-031;
 - (d) Provide knowledge and skill evaluations following completion of training to assess the competency of the participant. Practical skill evaluations must be recorded on department-approved practical skill evaluation forms or nationally recognized skill evaluation forms. An MPD may approve an alternative method and documentation standard for skill evaluations;
 - (e) Provide education at least on a quarterly basis. An EMS service in a rural area who uses volunteers may submit an alternative schedule and request an exception to this requirement from the department;
 - (f) Maintain training records for a minimum of seven years or in accordance with the records retention requirements of the organization, whichever is greater; and
 - (g) Provide training records to participants, the department and MPD upon request. This includes skill sheets, rosters, evaluations, quizzes, and training content.
- (4) OTEP programs may use a distributed learning model to provide OTEP when the training and content meets requirements in WAC

246-976-161 and each topic includes a cognitive evaluation after the training.

(a) Instruction and demonstration of practical skills may be provided using a distributed learning model.

(b) Evaluation of all practical skills must be provided in person.

(c) To receive credit for the topic, the participant must successfully complete both the didactic and any required skill evaluation for that topic.

(5) OTEP programs must be renewed every five years. To renew an OTEP program:

(a) Submit a completed application on forms provided by the department, postmarked or received by the department at least 90 days prior to the OTEP start date identified on the application; and

(b) Meet all the requirements in this section.

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

WAC 246-976-031 ((Senior EMS instructor (SEI)) EMS instructors, initial approval, and recognition. ((-1) Responsibilities and requirements.

~~(a) The SEI is responsible for the overall instructional quality and the administrative paperwork associated with initial EMR or EMT courses, under the general supervision of the MPD.~~

~~(b) The SEI must:~~

~~(i) Follow department approved curricula/instructional guidelines identified in WAC 246-976-023;~~

~~(ii) Ensure course applicants meet the course application requirements in WAC 246-976-041; and~~

~~(2) To become an approved SEI, an EMS provider must meet the requirements identified in Table A of this section.~~

**Table A
Requirements For Initial Senior EMS Instructor Approval**

REQUIREMENTS
<p>Prerequisites:</p> <p>Candidates for initial recognition must submit proof of successful completion of the following prerequisites to the department. Candidates meeting the prerequisites will be issued the <i>Initial Recognition Application Procedures (IRAP) for Senior EMS Instructors</i>, which include the <i>Initial Senior EMS Instructor Application and Agreement</i>, instructor objectives, instructions and forms necessary for initial recognition:</p> <ul style="list-style-type: none"> • Current Washington state certification at the EMT or higher EMS certification level; • At least three years prehospital EMS experience at the EMT or higher EMS certification level, with at least one recertification; • Approval as an EMS evaluator as identified in WAC 246-976-161; • Current recognition as a health care provider level CPR instructor from a nationally recognized training program for CPR, foreign body airway obstruction (FBAO), and defibrillation; • Successful completion of an instructor training course by the U.S. Department of Transportation, National Highway Traffic Safety Administration, an instructor training course from an accredited institution of higher education, or equivalent instructor course approved by the department; • Pass an examination developed and administered by the department on current EMS training and certification statutes, Washington Administrative Code (WAC), the Uniform Disciplinary Act (UDA) and course administration.
<p>Candidate objectives:</p>

REQUIREMENTS

Candidates must successfully complete the IRAP under the supervision of a currently recognized SEI.

As part of an initial EMT course, the candidate must demonstrate to the course lead SEI the knowledge and skills necessary to complete the following instructor objectives:

- Accurately complete the course application process and meet application timelines;
- Notify potential EMT course applicants of course entry prerequisites;
- Assure that applicants selected for admittance to the course meet department training and certification prerequisites;
- Maintain course records;
- Track student attendance, scores, quizzes, and performance, and counsel/remediate students as necessary;
- Assist in the coordination and instruction of one entire EMT course, including practical skills, under the supervision of the course lead SEI using the EMT training course instructor guidelines identified in WAC 246-976-023, and be evaluated on the instruction of each of the following sections/lessons:
 - Preparatory section, including *Infectious Disease Prevention for EMS Providers*, Revised 01/2009;
 - Airway section;
 - Assessment section;
 - Pharmacology section;
 - Medical section, Cardiovascular and Respiratory lessons;
 - Special Patient Populations section, Obstetrics, Neonatal Care, and Pediatrics lessons;
 - Trauma section, Head, Facial, Neck and Spine Trauma and Chest Trauma lessons;
 - EMS Operations section, Vehicle Extrication, Incident Management, and Multiple-Casualty Incidents lessons; and
 - Multicultural Awareness component.
- Coordinate and conduct an EMT final end of course comprehensive practical skills evaluation.

Candidate evaluation:

Performance evaluations must be conducted by an SEI for each instructor objective performed by the candidate on documents identified in the IRAP. These documents consist of:

- An evaluation form, to evaluate lesson instruction objectives performed by the candidate;
- A quality improvement record, to document improvement necessary to successfully complete an instructor objective performed by the candidate; and
- An objective completion record, to document successful completion of each instructor objective performed by the candidate.

Application:

Submit the following documents to the county MPD to obtain a recommendation:

- The original initial SEI application/agreement, signed by the candidate; and
- The original completed IRAP, all objective completion records, and evaluation documents.

The completed application must be submitted to the department including:

- The original application signed by both the candidate and the MPD;
- The original completed IRAP, all objective completion records, and evaluation documents.

~~(3) SEI approval is effective on the date the department issues the certification card. Certifications must be renewed every three years. The expiration date is indicated on the certification card.)~~

~~(1) EMS instructor types include:~~

~~(a) "EMS evaluator (ESE)" means a person approved and recognized by the department that is authorized to conduct continuing medical education and ongoing training and evaluate psychomotor skills during initial, refresher, and continuing medical education and ongoing training. The ESE may provide field training and evaluate newly hired providers who are pending certification and are participating in an EMS service field training program. The ESE may function as a clinical~~

preceptor to mentor and evaluate the clinical performance of students enrolled in initial EMS courses.

(b) "Senior EMS instructor candidate (SEIC)" means an applicant that has met requirements to start the initial recognition process to become a senior EMS instructor (SEI). The applicant is approved and recognized by the department as an SEIC and may conduct EMS training courses under the supervision of a currently approved and recognized SEI and county medical program director. An SEIC may only conduct courses at or below the level for which they hold a current and valid Washington state EMS certification.

(c) "Senior EMS instructor (SEI)" means an applicant that has met the requirements to become approved and recognized by the department as an SEI and may conduct initial EMS training courses and continuing medical education and ongoing training. An SEI may only conduct courses at or below the level for which they hold a current and valid Washington state EMS certification. An SEI is responsible for the overall administration and quality of instruction. The SEI must meet the requirements in this chapter and the department *EMS Training Program and Instructor Manual (DOH 530-126)* to maintain recognition as an SEI.

(d) "Lead instructor" means a person that has specific knowledge, experience, and skills in the field of prehospital emergency care and is approved by the county medical program director to instruct EMS training courses that do not require an SEI.

(e) "Guest instructor" means a person that has specific knowledge, experience, and skills in the field of prehospital emergency care and is approved by the county medical program director to instruct course lessons for initial and refresher EMS courses and continuing medical education and ongoing training under the supervision of an SEI or lead instructor.

(2) To apply for recognition as an EMS evaluator (ESE), an applicant must:

(a) Hold a current and valid Washington state EMS certification;

(b) Have a minimum of three years' experience at or above the level of certification being evaluated;

(c) Be current in continuing medical education and ongoing training requirements for their primary EMS certification;

(d) Submit an application on forms provided by the department;

(e) Provide proof of successful completion of a department-approved initial EMS evaluator course within the past three years; and

(f) Be recommended by the county medical program director. The county medical program director must sign the application.

(3) To apply for recognition as a senior EMS instructor candidate (SEIC), an applicant must:

(a) Be a current Washington state certified EMS provider at or above the level of certification being instructed;

(b) Have a minimum of three years' experience in direct patient care at or above the level of certification being instructed;

(c) Be currently recognized as an EMS evaluator;

(d) Hold current recognition as a health care provider level CPR instructor from a nationally recognized training program recognized by the department for CPR, foreign body airway obstruction (FBAO), and defibrillation;

(e) Provide proof of successful completion of an instructor training course by the U.S. Department of Transportation, National Highway Traffic Safety Administration, an instructor training course

from an accredited institution of higher education, or equivalent instructor course approved by the department;

(f) Provide proof of successful completion of a one-hour Washington state EMS instructor orientation provided by the department;

(g) Pass a written evaluation developed and administered by the department on current EMS training and certification regulations including the Washington Administrative Code (WAC), the Uniform Disciplinary Act (UDA), and EMS course administration;

(h) Be affiliated with a department-approved EMS training program that meets the standards in WAC 246-976-022;

(i) Submit an application on forms provided by the department;
and

(j) Be recommended by the county medical program director. The county medical program director must sign the application.

(4) If approved for recognition as a senior EMS instructor candidate (SEIC), the department will issue the applicant an initial recognition application procedure packet (IRAP). The IRAP must be successfully completed in accordance with department standards and policies, under the oversight of a currently recognized SEI. The SEIC must demonstrate the knowledge and skills necessary to administer, coordinate, and conduct initial EMS courses to apply for and be considered for approval and recognition as an SEI.

(5) A SEIC recognition will be issued for three years.

(6) An applicant who is an EMS instructor in another state, country, or U.S. military branch may apply to obtain reciprocal recognition as an SEI candidate (SEIC). To become an SEI candidate (SEIC), the applicant must meet the criteria in this section and provide proof of at least three years of instructional experience as an EMS instructor. If approved for recognition as an SEIC, the department will issue the applicant an abridged initial recognition application procedure packet (IRAP) which must be successfully completed in accordance with department standards and policies, under the oversight of a currently recognized SEI to apply for full SEI recognition.

(7) To apply for recognition as a senior EMS instructor (SEI), an applicant must:

(a) Meet all the criteria in subsection (3) of this section and be currently approved and recognized as a senior EMS instructor candidate (SEIC);

(b) Submit the completed initial recognition application procedure packet (IRAP) that was issued by the department; and

(c) Be recommended by the county medical program director. The county medical program director must sign the application.

(8) If approved, SEI recognition is effective on the date the department issues the recognition card. SEI recognition must be renewed every three years. The expiration date is indicated on the certification card.

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

WAC 246-976-032 ((Senior)) EMS instructor ((-SEI-)) reapproval ((of)) and recognition. ~~((1) To become reapproved, an SEI must meet the requirements identified in Table A of this section.~~

~~(2) The renewal application procedures (RAP) will be provided by the department to individuals upon recognition as an SEI. The RAP must be completed by the SEI during the recognition period.~~

Table A
Requirements For Senior EMS Instructor Reapproval

REQUIREMENTS
<p>Prerequisites:</p> <p>Document proof of completion of the following prerequisites:</p> <ul style="list-style-type: none"> • Current or previous recognition as a Washington state SEI; • Current Washington state certification at the EMT or higher EMS certification level; • Current recognition as a health care provider level CPR instructor from a nationally recognized training program for CPR, foreign body airway obstruction (FBAO), and defibrillation; • Pass an examination developed and administered by the department on current EMS training and certification statutes, Washington Administrative Code (WAC), the Uniform Disciplinary Act (UDA) and course administration.
<p>Candidate objectives:</p> <p>Successfully complete the following objectives for each recognition period:</p> <ul style="list-style-type: none"> • Coordinate and perform as the lead SEI for one initial EMR or EMT course including the supervision of all practical skills evaluations; • Receive performance evaluations from a currently recognized SEI, on two candidate instructed EMR or EMT course lessons; • Perform two performance evaluations on the instruction of EMR or EMT course lessons for SEI initial or renewal recognition candidates; and • Attend one department approved SEI or instructor improvement workshop.
<p>Candidate evaluation:</p> <p>Evaluations of the performance of instructor objectives will be conducted by an SEI and completed on documents identified in the RAP. These documents consist of:</p> <ul style="list-style-type: none"> • An evaluation form, to evaluate lesson instruction objectives performed by the candidate; • A quality improvement record, to document improvement necessary to successfully complete an instructor objective performed by the candidate; and • An objective completion record, to document successful completion of each instructor objective performed by the candidate.
<p>Application:</p> <p>Submit the documented prerequisites and the completed RAP, including the application/agreement and all documents completed during the renewal of recognition process, to the county MPD to obtain a recommendation.</p> <p>The completed application must be submitted to the department including:</p> <ul style="list-style-type: none"> • Current proof of successful completion of the prerequisites listed in this section; • The original SEI renewal application/agreement that has been signed by the candidate and the county MPD; and • The original completed RAP document and all forms used for evaluation, quality improvement purposes and verification of successful completion as identified in the RAP.

~~(3) An EMS instructor approved in another state, country, or U.S. military branch may obtain reciprocal recognition. To become an SEI, the applicant must:~~

~~(a) Meet the initial recognition prerequisites as defined in this section;~~

~~(b) Provide proof of at least three years of instructional experience as a state approved EMS instructor. If the applicant cannot provide proof of instructional experience, the initial recognition application process must be completed;~~

~~(c) Instruct two initial EMT course topics, be evaluated on the instruction by a current Washington SEI, and receive a positive recommendation for approval by the SEI; and~~

~~(d) Complete the renewal application and submit it to the department.~~

~~(4) An SEI whose recognition has expired for more than twelve months must complete the initial recognition process.~~

~~(5) Approval is effective on the date the department issues the certificate. Certifications must be renewed every three years. The expiration date is indicated on the certification card.)~~ (1) To apply for rerecognition as an EMS evaluator (ESE), an applicant must:

(a) Hold a current and valid Washington state EMS certification at or above the level of certification being evaluated;

(b) Submit an application on forms provided by the department;

(c) Be current in continuing medical education and ongoing requirements for their primary EMS certification;

(d) Provide proof of successful completion of a department-approved EMS evaluator refresher course; and

(e) Be recommended by the county medical program director. The county medical program director must sign the application.

(2) An ESE whose recognition has expired for more than three years must complete the initial recognition process.

(3) To apply for rerecognition as a senior EMS instructor candidate (SEIC), an applicant must:

(a) Meet the requirements in WAC 246-976-031;

(b) Be currently approved and recognized as an SEIC;

(c) Submit an application on forms provided by the department;

and

(d) Be recommended by the county medical program director. The county medical program director must sign the application.

(4) To apply for rerecognition as a senior EMS instructor (SEI), an applicant must:

(a) Hold a current Washington state certification as an EMS provider at or above the level of certification being instructed;

(b) Be currently approved and recognized as an SEI or have an SEI recognition that is expired less than three years;

(c) Complete the recognition application procedure packet (RAP) on forms issued by the department;

(d) Pass a written evaluation developed and administered by the department on current EMS training and certification regulations including Washington Administrative Code (WAC), the Uniform Disciplinary Act (UDA), and EMS course administration;

(e) Successfully complete a one-hour Washington state EMS instructor orientation;

(f) Attend one department-approved SEI or instructor improvement workshop;

(g) Submit an application on forms provided by the department;

and

(h) Be recommended by the county medical program director. The county medical program director must sign the application.

(5) An SEI whose recognition has expired for more than three years must complete the recognition process described in WAC 246-976-031 (3) (m).

(6) SEI recognition is effective on the date the department issues the recognition. SEI recognition must be renewed every three years. The expiration is indicated on the certification card.

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

WAC 246-976-033 Denial, suspension, modification or revocation of an ESE, SEIC, or SEI recognition. (1) The secretary may deny, suspend, modify or revoke an ESE, SEIC, or SEI's recognition when it finds the ESE, SEIC, or SEI has:

- (a) Violated chapter 18.130 RCW, the Uniform Disciplinary Act;
- (b) Failed to:
 - (i) Maintain EMS certification;
 - (ii) Update the following personal information with the department as changes occur:
 - (A) Name;
 - (B) Address;
 - (C) Home and work phone numbers;
 - (iii) Maintain knowledge of current EMS training and certification statutes, WAC, the UDA, and course administration;
 - (iv) Comply with requirements in WAC 246-976-031(1);
 - (v) Participate in the instructor candidate evaluation process in an objective and professional manner without cost to the individual being reviewed or evaluated;
 - (vi) Complete all forms and maintain records in accordance with this chapter;
 - (vii) Demonstrate all skills and procedures based on current standards;
 - (viii) Follow the requirements of the Americans with Disabilities Act; or
 - (ix) Maintain security on all department-approved examination materials.

(2) The ~~((candidate))~~ ESE, SEIC, or SEI may request a hearing to contest the secretary's decisions in regard to denial, suspension, modification or revocation of an ESE, SEIC, or SEI recognition in accordance with the Administrative Procedure Act (APA) (chapter 34.05 RCW), the Uniform Disciplinary Act (chapter 18.130 RCW), and chapter 246-10 WAC.

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

WAC 246-976-041 To apply for training. (1) An applicant for EMS training must be at least ~~((seventeen))~~ 17 years old at the beginning of the course. Variances will not be allowed for the age requirement.

(2) An applicant for training at the intermediate (AEMT) level ~~((must be currently certified as an EMT with at least one year of experience))~~ must meet all entry requirements of the state approved AEMT program.

(3) An applicant for training at the advanced life support (paramedic) level ~~((must have at least one year of experience as a certified EMT, or equivalent prehospital experience and))~~ must meet all entry requirements of the state approved paramedic training program.

NEW SECTION

WAC 246-976-139 Provisional certification. (1) An individual may apply for a provisional certification to engage in supervised practice as a certified EMS provider for the level they have applied for. Upon completion of any EMS service field training and MPD integration criteria, an applicant may apply for full certification. A provisional certification is valid for up to six months. There is no renewal option for a provisional certification.

(2) To apply for a provisional certification, an applicant must:

- (a) Submit a completed application on forms provided by the department;
 - (b) Be at least 18 years of age and provide their date of birth on the initial certification application. Variances to this age requirement will not be granted;
 - (c) Successfully complete a background check provided by the department. The background check may include the requirement for fingerprint card and FBI background check. If an applicant has submitted fingerprints and has been informed by the department that their fingerprints were rejected and must be redone, the applicant may request a temporary practice permit in accordance with WAC 246-12-050;
 - (d) Provide proof of a high school diploma or GED for EMT, AEMT, and paramedic level certifications;
 - (e) Provide proof of competency and a current and valid certification from another state or national organization recognized by the department;
 - (f) Provide proof of active membership paid or volunteer with a licensed aid or ambulance service, or an EMS service supervisory organization (ESSO) recognized by the department; and
 - (g) Be recommended by the county medical program director. The county medical program director must sign the application.
- (3) A person holding a provisional certification may apply for full certification upon successful completion of any EMS service field training and MPD integration criteria. To apply for certification, an applicant must:
- (a) Submit a completed application on forms provided by the department;
 - (b) Provide proof of active membership paid or volunteer with a licensed aid or ambulance service, or an EMS service supervisory organization (ESSO) recognized by the department; and
 - (c) Be recommended by the county medical program director. The county medical program director must sign the application.

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

WAC 246-976-141 To obtain initial EMS provider certification following the successful completion of Washington state approved EMS course. To apply for initial EMS provider certification following the successful completion of a Washington state approved EMS course, an applicant must ((submit to the department)):

- ~~((1) A completed initial certification application on forms provided by the department.~~
- ~~(2) Proof of meeting the requirements identified in Table A of this section.~~

Table A
Applicants Who Have Completed a Washington State Approved EMS Course

REQUIREMENTS
<p>EMS education: Candidate must provide proof of successful EMS course completion from a department-approved EMS training program. For paramedic applicants, this proof must be from a training program accredited by a department-approved national accrediting organization.</p> <p>Certification examination: Provide proof of a passing score on the department-approved certification examination for the level of certification. Applicants will have three attempts within twelve months of course completion to pass the examination. After three unsuccessful attempts, the applicant may retake the initial EMS training course, or within twelve months of the third unsuccessful attempt, complete department-approved refresher training covering airway, medical, pediatric, and trauma topics identified below, and pass the department-approved certification examination:</p> <ul style="list-style-type: none"> • EMR Not applicable. Must repeat EMR course. • EMT twenty-four hours. • AEMT thirty-six hours – Pharmacology review must be included in the refresher training. • Paramedic forty-eight hours – Pharmacology review must be included in the refresher training.
<p>Certification application: High school diploma or GED: Required for EMT, AEMT and paramedic only. Provide proof of identity – State or federal photo I.D. (military ID, driver's license, passport). Provide proof of age – At least eighteen years of age. Variances to this age requirement will not be granted. Provide proof of EMS agency association – Active membership, paid or volunteer with:</p> <ul style="list-style-type: none"> • Licensed aid or ambulance service; • Law enforcement agency; • Business with organized industrial safety team; • Senior EMS instructors or training coordinators, teaching at department-approved EMS training programs, who are unable to be associated with approved agencies above. <p>Recommendation of county medical program director – Required. MPD must sign application. Background check – required. May include requirement for fingerprint card and FBI background check.))</p>

(1) Submit a completed application on forms provided by the department;

(2) Be at least 18 years of age and provide their date of birth on the initial certification application. Variances to this age requirement will not be granted;

(3) Successfully complete a background check provided by the department. The background check may include the requirement for fingerprint card and FBI background check. If an applicant has submitted fingerprints and has been informed by the department that their fingerprints were rejected and must be redone, the applicant may request a temporary practice permit in accordance with WAC 246-12-050;

(4) Provide proof of high school diploma or GED for EMT, AEMT, and paramedic level certifications;

(5) Provide proof of competency, a current and valid certification from another state or national organization recognized by the department;

(6) Provide proof of active membership paid or volunteer with a licensed aid or ambulance service, or an EMS service supervisory organization (ESSO) recognized by the department. Senior EMS instructors or training coordinators teaching at department-approved EMS training programs who are unable to be with approved agencies above may affiliate with department-approved training programs with the approval from the county medical program director; and

(7) Be recommended by the county medical program director. The county medical program director must sign the application.

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

WAC 246-976-142 To obtain reciprocal (out-of-state) EMS certification, based on a current out-of-state or national EMS certification approved by the department. To apply for certification, an applicant must ((submit to the department)):

- ~~((1) A completed certification application on forms provided by the department; and~~
- ~~(2) Proof of meeting the requirements identified in Table A of this section.~~

Table A
Reciprocity—Out-of-State Applicants Seeking EMS Certification

REQUIREMENTS
<p>EMS educational program: EMS courses conducted according to the U.S. Department of Transportation, national EMS training course standards. After June 30, 1996, paramedic training program must be accredited by a national accrediting organization approved by the department.</p>
<p>Additional education: Provide proof of a department-approved four-hour infectious disease course or a seven-hour HIV/AIDS course as required by chapter 70.24 RCW.</p>
<p>Current credential: Provide proof of valid EMS certification from another state or national certifying agency approved by the department.</p>
<p>Certification examination: Provide proof of a passing score on a department-approved certification examination for the level of certification. The score is valid for twelve months from the date of the examination. After twelve months, a passing score on a department-approved certification examination is required. Applicants will have three attempts within twelve months from the first examination date to pass the examination.</p>
<p>Certification application: High school diploma or GED: Required for EMT, AEMT and paramedic only. Provide proof of identity – State or federal photo I.D. (military ID, driver's license, passport). Provide proof of age – At least eighteen years of age. Variances to this age requirement will not be granted. Provide proof of EMS agency association – Active membership, paid or volunteer with:</p> <ul style="list-style-type: none"> • Licensed aid or ambulance service; • Law enforcement agency; • Business with organized industrial safety team; • Senior EMS instructors or training coordinators, teaching at department-approved EMS training programs, who are unable to be associated with approved agencies above. <p>Recommendation of county medical program director – required. MPD must sign application. Background check – required. May include requirement for fingerprint card and FBI background check.))</p>

(1) Submit a completed application on forms provided by the department;

(2) Be at least 18 years of age and provide their date of birth on the initial certification application. Variances to this age requirement will not be granted;

(3) Successfully complete a background check provided by the department. The background check may include the requirement for finger-

print card and FBI background check. If an applicant has submitted fingerprints and has been informed by the department that their fingerprints were rejected and must be redone, the applicant may request a temporary practice permit in accordance with WAC 246-12-050;

(4) Provide proof of a high school diploma or GED for EMT, AEMT, and paramedic level certifications;

(5) Provide proof of competency, a current and valid certification from another state or national organization recognized by the department;

(6) Provide proof of active membership paid or volunteer with a licensed aid or ambulance service, or an EMS service supervisory organization (ESSO) recognized by the department. Senior EMS instructors or training coordinators teaching at department-approved EMS training programs who are unable to be with approved agencies above may affiliate with department-approved training programs with the approval from the county medical program director; and

(7) Be recommended by the county medical program director. The county medical program director must sign the application.

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

WAC 246-976-143 To obtain EMS certification (~~(by challenging the educational requirements,~~) based on possession of a current health care providers credential. To apply for certification, an applicant (~~(must submit to the department)~~) shall:

~~((1) A completed certification application on forms provided by the department; and~~

~~(2) Proof of meeting the requirements identified in Table A of this section.~~

Table A

Health Care Providers Seeking to Challenge the Educational Requirements for EMS Certification

REQUIREMENTS
<p>Education: Course completion documents showing education equivalent to the knowledge and skills at the EMR, EMT or AEMT training level. Applicants seeking paramedic certification – Successful completion of a paramedic course through a training program accredited by a department approved national accrediting organization.</p>
<p>Additional education: Provide proof of a department approved four-hour infectious disease course or a seven-hour HIV/AIDS course as required by chapter 70.24 RCW.</p>
<p>Current credential: Provide proof of a valid health care provider credential.</p>
<p>Certification examination: A passing score on a department approved certification examination. Applicants will have three attempts within twelve months from the first examination date to pass the examination. After twelve months, the applicant must complete an approved initial EMS course to reapply for certification.</p>
<p>Certification application: High school diploma or GED: Required for EMT, AEMT and paramedic only. Provide proof of identity – State or federal photo I.D. (military ID, driver's license, passport). Provide proof of age – At least eighteen years of age. Variances to this age requirement will not be granted.</p>

REQUIREMENTS
<p>Provide proof of EMS agency association – Active membership, paid or volunteer with:</p> <ul style="list-style-type: none"> • Licensed aid or ambulance service; • Law enforcement agency; • Business with organized industrial safety team. <p>Recommendation of county medical program director – Required. MPD must sign application.</p> <p>Background check – required. May include requirement for fingerprint card and FBI background check.))</p>

(1) Hold a Washington state license or certification in another health profession;

(2) Provide proof of an education that is substantially equivalent to EMS education requirements for the level of certification being applied for; and

(3) Meet the requirements and follow the procedures outlined in WAC 246-976-142.

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

WAC 246-976-144 EMS certification. (1) Certification is effective on the date the department issues the certificate. Certifications must be renewed every three years. The expiration date is indicated on the certification card.

(2) The secretary may extend the certification period to accommodate the efficient processing of recertification applications. Requests to extend the certification period must be coordinated through the county medical program director. The expiration date will be indicated on the certification card issued by the department.

(3) An EMS certification (~~(of AEMTs and paramedics)~~) is valid only:

(a) In the county or counties where recommended by the MPD and approved by the secretary;

(b) In other counties where (~~(formal EMS)~~) department-approved medical (~~(control)~~) program director agreements are in place; (~~(or)~~)

(c) In other counties when accompanying a patient in transit (~~(-)~~) or when encountering an incident and stopping to render aid when returning to a home county. In these cases, 911 should be contacted to engage the local EMS system; or

(d) (i) While responding to other counties for mutual aid purposes, mass care, or other incidents in an episodic manner. In these situations (~~(-)~~);

(ii) The EMS provider will provide patient care following the prehospital patient care protocols of their supervising MPD.

(4) A certified AEMT or paramedic may function at a lower certification level in counties other than those described in subsection (3) (a) through (~~(e)~~) (d) of this section, with approval of that county's MPD and the department.

(5) EMTs who (~~(have successfully completed)~~) hold an IV therapy or supraglottic airway training endorsement may use those skills only when following approved county MPD protocols that permit EMTs with such training to perform those skills.

(6) When certified EMS personnel change or add membership with an EMS agency, EMS service supervisory organization (ESSO), or department-approved training program, or their contact information changes,

they must notify the department within ~~((thirty))~~ 30 days of the change. Changes submitted must be made on forms provided by the department.

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

WAC 246-976-161 General education and skill maintenance requirements for EMS provider recertification. (1) Education and skill maintenance is required to recertify as an EMS provider. There are two methods by which the EMS provider may meet continuing medical education and ongoing training and skill requirements for recertification at the end of each certification period. The continuing medical education and examination (CME) method described in WAC 246-976-162 or the ongoing training and evaluation program (OTEP) method described in WAC 246-976-163.

~~((a))~~ The EMS provider must complete the continuing medical education and examination (CME) method, identified in WAC 246-976-162 or the ongoing training and evaluation program (OTEP) method, identified in WAC 246-976-163 for each certification period.

~~(b-))~~ (2) The EMS provider shall maintain records of successfully completed educational, practical skill evaluation and skill maintenance requirements ~~((-~~

~~(2))~~ Education for recertification must be approved by the MPD. Educational and topic content requirements must include:

~~(a))~~ Knowledge and skills found in instructor guidelines identified in WAC 246-976-023, appropriate to the level of certification being taught;

~~(b))~~ Nationally recognized training programs for CPR, foreign body airway obstruction (FBAO), and defibrillation and patient care appropriate to the level of certification. Training must be at the health care provider level and meet Journal of American Medical Association (JAMA) standards; and

~~(c))~~ Current county medical program director (MPD) protocols, regional patient care procedures, county operating procedures and state triage destination procedures.

~~(3))~~ Nationally recognized training programs may be incorporated as part of content identified in subsection (2) of this subsection.

~~(4))~~ Skill maintenance is a required educational component for recertification:

~~(a))~~ For EMS providers completing the CME method the required skills are defined in WAC 246-976-162.

~~(b))~~ For EMS providers completing the OTEP method the required skills are defined in WAC 246-976-163. These requirements may be obtained as part of an OTEP.

~~(5))~~ Upon approval of the MPD, if an EMS provider is unable to complete the required endotracheal intubations as defined in WAC 246-976-162 or 246-976-163 the EMS provider may meet the endotracheal intubation requirements by completing an MPD and department-approved intensive airway management training program, covering all knowledge and skill aspects of emergency airway management.) for a minimum of seven years. The EMS provider shall provide records to their EMS agency, their county medical program director, and the department upon request.

(3) All training and education content must meet current national EMS education standards to include skill evaluations. Department recognized national EMS training courses for topics such as basic and advanced cardiac life support, pediatric advanced life support, advanced medical life support, and prehospital trauma life support may be used. EMS continuing medical education and ongoing training programs approved by national accreditation organizations recognized by the department may also be used. All training and education content must be approved by the MPD.

(4) Education must include information and psychomotor skill maintenance opportunities relevant to the skills and procedures identified on the Washington State Approved Skills and Procedures for Certified EMS Providers list (DOH 530-173), to all age groups and be appropriate to the level of certification. Topics required for both methods of recertification must include all the following:

(a) Age appropriate patient assessment;

(b) Airway management including the use of airway adjuncts appropriate to the level of certification;

(c) Cardiovascular education that includes recognition, assessment of severity, and care of cardiac and stroke patients, CPR for the health care provider, foreign body airway obstruction, and electrical therapy for the level of certification;

(d) Trauma including spinal motion restriction;

(e) Pharmacology including epinephrine, naloxone, and medications approved by the MPD;

(f) Obstetrics, pediatric, geriatric, bariatric, behavioral, mental health, and chemical dependency;

(g) Patient advocacy concepts including multicultural awareness education as required in RCW 43.70.615, health equity education trainings for health care professionals as required in RCW 43.70.613, portable orders for life sustaining treatment (POLST) as provided in RCW 43.70.480, legal obligations and reporting for vulnerable populations as provided in RCW 70.34.035, and training as required in RCW 43.70.490 for people with disabilities or functional needs;

(h) EMS provider advocacy and wellness concepts including suicide awareness, mental health and physical wellbeing, infectious disease training, and workplace safety;

(i) Law and regulations related to the scope of practice of providers in Washington state and regulatory requirements for an EMS provider to maintain certification;

(j) State, regional, and local policies including state triage tools, regional patient care procedures, county operating procedures, and county MPD patient care protocols and policies;

(k) Disaster preparedness concepts such as the use of incident command system (ICS), multiple patient incidents, mass casualty incidents, disaster triage, all hazard incidents, public health emergencies, and active shooter events;

(l) Documentation standards for patient care including reporting to the Washington state EMS electronic data system as provided in RCW 70.168.090, data quality, evidence-based practice and research; and

(m) Ambulance operations including concepts such as driving an emergency vehicle, stretcher handling, crime scene awareness, safety around air ambulances and landing zones.

(5) If a competency-based education delivery method is not used, the required number of hours for education in each certification period for each level of care is as follows:

(a) EMR - 15 hours;

- (b) EMT - 30 hours;
- (c) AEMT - 60 hours;
- (d) Paramedic - 150 hours.

(6) Skill maintenance is a required component for both OTEP and CME methods of recertification under WAC 246-976-162 and 246-976-163. Skill maintenance activities should include skills identified in the department-approved EMS skills and procedures list (DOH 530-173) appropriate to the level of certification. Skill maintenance should include an educational component. The provider must demonstrate the ability to perform a skill properly to the satisfaction of the MPD or approved MPD delegate. Skill proficiency must include opportunities for EMS providers to annually practice and demonstrate proficiency in high risk, low frequency skills, and must include:

(a) Airway, respiration, and ventilation:

(i) For EMR include airway management, airway adjuncts, bag valve mask, and oral suctioning for all age groups.

(ii) For EMT and AEMT include content prescribed for EMR and if supraglottic airway is included in the scope of practice for the level of certification or if the EMS provider holds an endorsement for supraglottic airway. "Supraglottic airway" means airway adjuncts not intended for insertion into the trachea. This includes verification of initial placement and continued placement, in a skill lab setting, through procedures identified in county MPD protocols.

(iii) For paramedic include content prescribed for EMR, EMT, AEMT, and paramedics. Paramedics must successfully complete a department-approved MPD airway management education program throughout each three-year certification period.

(iv) Distributive learning may be used to provide the didactic portion of the airway management education and must include a cognitive assessment for each module.

(v) The airway management program must include a minimum of all the following:

(A) Respiratory system anatomy and physiology;

(B) Basic airway management and airway adjuncts;

(C) Recognizing the need for and preparatory steps for advanced airway management including difficult airways; and

(D) Post intubation management including monitoring airway, patient movement considerations, and documentation.

(vi) Paramedics must annually demonstrate psychomotor skills to the satisfaction of the MPD or approved MPD delegate. Psychomotor skills must include:

(A) Appropriate use and placement of oral and nasal airway adjuncts for pediatric and adult patients;

(B) Appropriate use and placement of supraglottic airways for pediatric and adult patients;

(C) Appropriate use and placement of endotracheal tube for pediatric and adult patients. Successful human intubation or successful placement on MPD approved high-fidelity mannequins satisfy the psychomotor requirements with approval from the MPD; and

(D) Appropriate use and placement of surgical airway management techniques for pediatric and adult patients.

(vii) If a paramedic is unable to obtain human intubations or successfully demonstrate competency for advanced airway management and intubation the MPD may conduct a quality improvement review of patient care provided in accordance with department-approved MPD quality improvement plan. The MPD may also require additional education and psychomotor opportunities to demonstrate competency.

(b) Vascular access:

(i) AEMT and EMTs that hold an IV therapy endorsement must:

(A) Demonstrate proficiency of intravenous insertion and infusion on patients to the satisfaction of the MPD or an approved MPD delegate. Skills can be performed while in the course of duty as an EMS provider on sick, injured, or preoperative adult and pediatric patients; and

(B) Demonstrate proficiency of intraosseous insertion and infusion to the satisfaction of the MPD or an approved MPD delegate. Skills can be performed while in the course of duty as an EMS provider on sick, injured, or preoperative adult and pediatric patients.

(ii) Paramedics must:

(A) Complete requirements for AEMT; and

(B) Demonstrate proficiency to the satisfaction of the MPD or approved MPD delegate for advanced level vascular access, infusion, and monitoring of lines such as central venous and external jugular lines and other relevant skills identified in the Washington state approved EMS skills and procedures list (DOH 530-173).

(iii) If an EMS provider is unable to complete any of the skill requirements identified above, upon approval from the MPD, the EMS provider may meet the requirements by performing the skill on artificial training aids.

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

WAC 246-976-162 The CME method of recertification. (1) To complete the CME method of recertification, an EMS provider must ~~((1-))~~ complete and document the requirements ~~((, indicated in Table A of))~~ in WAC 246-976-161 and this section ~~((, appropriate to the level of certification for each certification period.~~

**Table A
Education Requirements for Recertification**

	EMR	EMT	AEMT	Paramedic
Annual Requirements				
Cardiovascular education and training	X	X	X	X
Spinal immobilization	X	X	X	X
Patient assessment	X	X	X	X
Certification Period Requirements				
Infectious disease	X	X	X	X
Trauma	X	X	X	X
Pharmacology		X	X	X
Other pediatric topics	X	X	X	X
Total minimum education hours per certification period:	15 hrs	30 hrs	60 hrs	150 hrs

"X" Indicates an individual must demonstrate knowledge and competency in the topic or skill.

~~(2) Complete and document the skills maintenance requirements, indicated in Table B of this section, appropriate to the level of certification.~~

**Table B
Skills Maintenance Requirements for the CME Method**

	EMR	EMT	AEMT	Paramedic
First Certification Period or Three Years				
<input type="checkbox"/> First Year				
IV starts		EMT w/IV therapy skill 36	36	36
Endotracheal intubations (4 must be performed on humans)				12
Intraosseous infusion placement		EMT w/IV therapy skill X	X	X
<input type="checkbox"/> Second and Third Years				
IV starts over the two-year period		EMT w/IV therapy skill 72	72	72
Endotracheal intubations over the two-year period (4 per year must be performed on humans)				24
Intraosseous infusion placement		EMT w/IV therapy skill X		
During the Certification Period				
Pediatric airway management				X
Supraglottic airway placement		EMT w/supraglottic airway skill X	X	X
Defibrillation	X	X	X	X
Later Certification Periods				
<input type="checkbox"/> Annual Requirements				
IV starts		EMT w/IV therapy skill X	X	X
Endotracheal intubations (2 per year must be performed on humans)				4
Intraosseous infusion placement		EMT w/IV therapy skill X	X	X
<input type="checkbox"/> During the Certification Period				
Pediatric airway management				X
Supraglottic airway placement		EMT w/supraglottic airway skill X	X	X
Defibrillation	X	X	X	X

"X" Indicates an individual must demonstrate proficiency of the skill to the satisfaction of the MPD.)

(2) The EMS provider must complete requirements appropriate to the level of certification for each certification period and maintain competency in knowledge and skills. The EMS provider must demonstrate competency in knowledge and the ability to perform a skill properly to the satisfaction of the MPD or approved MPD delegate.

(3) An EMS provider who applies for recertification using the CME method must successfully complete department-approved knowledge and any practical skill examinations as identified in WAC 246-976-171.

(4) ~~An EMS provider ((changing from the CME method to the OTEP method must meet all requirements of the OTEP method.~~

~~(5) Definitions of selected terms used in Tables A and B of this section:~~

~~(a) Cardiovascular education and training for adults, children, and infants includes:~~

~~(i) Nationally recognized training programs for CPR, foreign body airway obstruction (FBAO), and defibrillation and patient care appropriate to the level of certification;~~

~~(ii) The use of airway adjuncts appropriate to the level of certification;~~

~~(iii) The care of cardiac and stroke patients.~~

~~(b) Endotracheal intubation: Proficiency includes the verification of proper tube placement and continued placement of the endotracheal tube in the trachea through procedures identified in county MPD protocols.~~

~~(c) Infectious disease: Infectious disease training must meet the requirements of chapter 70.24 RCW.~~

~~(d) Intraosseous infusion: Proficiency in intraosseous line placement.~~

~~(e) IV starts: Proficiency in intravenous catheterization performed on sick, injured, or preoperative adult and pediatric patients. With written authorization of the MPD, IV starts may be performed on artificial training aids.~~

~~(f) Supraglottic airway placement: Proficiency includes the verification of tube placement and continued placement of the supraglottic airway, in a skill lab setting, through procedures identified in county MPD protocols.~~

~~(g) Other pediatric topics: This includes anatomy and physiology and medical problems including special needs patients appropriate to the level of certification.~~

~~(h) Patient assessment: This includes adult, pediatric and geriatric patients appropriate to the level of certification.~~

~~(i) Pharmacology: Pharmacology specific to the medications approved by the MPD (not required for EMRs).~~

~~(j) Proficiency: Ability to demonstrate and perform all aspects of a skill properly to the satisfaction of the MPD or delegate.~~

~~(k) Spinal immobilization and packaging: This includes adult, pediatric, and geriatric patients appropriate to the level of certification~~

~~(l) Trauma: For adult, pediatric, and geriatric patients appropriate to the level of certification.) may transition from the OTEP to the CME method of recertification within their certification period if the provider meets all the following:~~

~~(a) Meets all requirements in WAC 246-976-161 by the end of their certification cycle;~~

~~(b) Meets all of the requirements in this section by the end of their certification cycle;~~

~~(c) Has completed and submitted the department continuing medical education and ongoing training gap tool to the MPD;~~

~~(d) Has received an MPD approved education plan to meet any deficiencies; and~~

~~(e) Has been approved by the MPD to transition recertification methods.~~

~~(5) An EMS provider must transition from OTEP to CME if they are unable to meet the requirements of the OTEP method of recertification.~~

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

WAC 246-976-163 The OTEP method of recertification. (~~((1) Ongoing training and evaluation programs (OTEP):~~

~~(a) Must provide knowledge and skill evaluations following completion of each topic presentation to determine student competence of topic content.~~

~~(i) Must record practical skill evaluations on skill evaluation forms from nationally recognized training programs, or on department-approved practical skill evaluation forms, for the level of certification being taught.~~

~~(ii) If an evaluation form is not provided, a skill evaluation form must be developed and approved by the MPD and the department to evaluate the skill;~~

~~(b) Must be conducted at least on a quarterly basis;~~

~~(c) Must be approved by the MPD and the department. Any additions or major changes to an approved OTEP requires documented approval from the county MPD and the department;~~

~~(d) Must be presented and evaluated by course personnel meeting the following qualifications:~~

~~(i) Evaluators must:~~

~~(A) Be a currently certified Washington EMS provider who has completed at least one certification cycle. Certification must be at or above the level of certification being evaluated;~~

~~(B) Complete an MPD approved evaluator's workshop, specific to the level of certification being evaluated, which teaches participants to properly evaluate practical skills using the skill evaluation forms identified in (a) of this subsection. Participants must demonstrate proficiency to successfully complete the workshop;~~

~~(C) Complete the evaluator application, DOH Form 530-012;~~

~~(I) Be approved by the county MPD and the department; and~~

~~(II) Submit the MPD approved EMS evaluator application to the department.~~

~~(D) Meet education and participation requirements as identified by the county medical program director;~~

~~(E) Be recommended for reapproval by the county medical program director upon EMS credential recertification.~~

~~(ii) Instructors must:~~

~~(A) Be a currently approved EMS evaluator at or above the level of certification being taught;~~

~~(B) Be approved by the county MPD to instruct and evaluate EMS topics;~~

~~(iii) Guest lecturers, when used, must have specific knowledge and experience in the skills of the prehospital emergency care field for the topic being presented and be approved by the county MPD to instruct EMS topics;~~

~~(e) May use online training to provide all or a portion of an OTEP when:~~

~~(i) Online training provides sufficient topic content to meet all annual and certification period requirements;~~

~~(ii) Each didactic training topic requires an online cognitive evaluation after the training. Successful completion of the topic evaluation is required to receive credit for the topic;~~

~~(iii) Instruction and demonstration of all practical skills are provided in person by an SEI or qualified EMS evaluator approved by the MPD to instruct the practical skills;~~

~~(iv) Each practical evaluation is completed and scored in the presence of a state approved EMS evaluator or SEI. Each evaluation must be successfully completed to receive credit for the practical skill.~~

~~(2) To complete the OTEP method of recertification, the EMS provider:~~

~~(a) Must complete a county MPD and department approved OTEP that includes requirements indicated in Table A of this section, for the certification period, appropriate to the level of certification;~~

**Table A
Education Requirements for Recertification**

	EMR	EMT	AEMT	Paramedic
Annual Requirements				
Cardiovascular education and training	X	X	X	X
Spinal immobilization	X	X	X	X
Patient assessment	X	X	X	X
Certification Period Requirements				
Infectious disease	X	X	X	X
Trauma	X	X	X	X
Pharmacology		X	X	X
Other pediatric topics	X	X	X	X
* Total minimum education hours per certification period:	15 hrs	30 hrs	60 hrs	150 hrs

"X" Indicates an individual must demonstrate knowledge and competency in the topic or skill.

* Individuals obtaining education through the CME method must complete the total number of educational course hours indicated above. However, due to the competency-based nature of OTEP, fewer class hours may be needed to complete these requirements than the total course hours indicated above.

~~(b) Complete and document the skills maintenance requirements, indicated in Table B of this section, appropriate to the level of certification. Skill maintenance requirements may be obtained as part of the OTEP.~~

**Table B
Skills Maintenance Requirements for the OTEP Method**

	EMR	EMT	AEMT	Paramedic
First Certification Period or Three Years				
<input type="checkbox"/> First Year				
IV starts		EMT w/IV therapy skill 12	12	12
Human endotracheal intubations				4
Intraosseous infusion placement		EMT w/IV therapy skill X	X	X
<input type="checkbox"/> Second and Third Years				
IV starts over the two-year period		EMT w/IV therapy skill 12	24	24
Human endotracheal intubations over the two-year period				8
Intraosseous infusion placement		EMT w/IV therapy skill X	X	X
During the Certification Period				

	EMR	EMT	AEMT	Paramedic
Pediatric airway management		EMR & EMT X	X	X
Supraglottic airway placement		EMT w/supraglottic airway skill X	X	X
Defibrillation	X	X	X	X
Later Certification Periods				
<input type="checkbox"/> Annual Requirements				
IV starts		EMT w/IV therapy skill X	X	X
Human endotracheal intubation				2
Intraosseous infusion placement		EMT w/IV therapy skill X	X	X
<input type="checkbox"/> During the Certification Period				
Pediatric airway management		EMR & EMT X	X	X
Supraglottic airway placement		EMT w/supraglottic airway skill X	X	X
Defibrillation	X	X	X	X

"X" Indicates an individual must demonstrate proficiency of the skill to the satisfaction of the MPD.

~~(c) EMS providers using the OTEP method meet skill maintenance requirements by demonstrating proficiency in the application of those skills to the county MPD during the OTEP.~~

~~(d) Any EMS provider changing from the OTEP method to the CME method must meet all requirements of the CME method.~~

~~(3) Skill maintenance requirements for applicants requesting reciprocal certification:~~

~~(a) Reciprocity applicants credentialed less than three years must meet Washington state's skill maintenance requirements for the initial certification period identified above.~~

~~(b) Reciprocity applicants credentialed three years or more must meet Washington state's skill maintenance requirements for second and subsequent certification periods.~~

~~(c) The county MPD may evaluate an EMS provider's skills to determine proficiency in the application of those skills prior to recommending certification. The MPD may recommend that an EMS provider obtain specific training to become proficient in any skills deemed insufficient by the MPD or delegate.~~

~~(4) Definitions of selected terms used in Tables A and B of this section:~~

~~(a) Cardiovascular education and training for adults, children, and infants includes:~~

~~(i) Nationally recognized training programs for CPR, foreign body airway obstruction (FBAO), and defibrillation and patient care appropriate to the level of certification;~~

~~(ii) The use of airway adjuncts appropriate to the level of certification; and~~

~~(iii) The care of cardiac and stroke patients.~~

~~(b) Endotracheal intubation: Proficiency includes the verification of proper tube placement and continued placement of the endotra-~~

~~cheal tube in the trachea through procedures identified in county MPD protocols.~~

~~(c) Infectious disease: Infectious disease training must meet the requirements of chapter 70.24 RCW.~~

~~(d) Intraosseous infusion: Proficiency in intraosseous line placement.~~

~~(e) IV starts: Proficiency in intravenous catheterization performed on sick, injured, or preoperative adult and pediatric patients. With written authorization of the MPD, IV starts may be performed on artificial training aids.~~

~~(f) Supraglottic airway placement: Proficiency includes the verification of tube placement and continued placement of the supraglottic airway, in a skill lab setting, through procedures identified in county MPD protocols.~~

~~(g) Other pediatric topics: This includes anatomy and physiology and medical problems including special needs patients appropriate to the level of certification.~~

~~(h) Patient assessment: This includes adult, pediatric, and geriatric patients appropriate to the level of certification.~~

~~(i) Pharmacology: Pharmacology specific to the medications approved by the MPD (not required for EMRs).~~

~~(j) Proficiency: Ability to demonstrate and perform all aspects of a skill properly to the satisfaction of the MPD or delegate.~~

~~(k) Spinal immobilization and packaging: This includes adult, pediatric, and geriatric patients appropriate to the level of certification.~~

~~(l) Trauma: For adult, pediatric, and geriatric patients appropriate to the level of certification.))~~ (1) To recertify using the OTEP method, an EMS provider must complete a county MPD and department-approved OTEP that meets requirements in WAC 246-976-026, 246-976-161, and this section. Due to the competency-based nature of OTEP, fewer class hours may be required to complete the requirements than the recommended hours identified in WAC 246-976-161.

(2) The EMS provider must complete requirements appropriate to the level of certification for each certification period and maintain competency in knowledge and skills. The EMS provider must demonstrate competency in knowledge and the ability to perform a skill properly to the satisfaction of the MPD or approved MPD delegate.

(3) An EMS provider may transition from the CME to the OTEP method of recertification within their certification period if the provider meets all the following:

(a) Has at least one year remaining in their certification cycle;

(b) Meets all requirements in WAC 246-976-161 by the end of their certification cycle;

(c) Meets all of the requirements in this section by the end of their certification cycle;

(d) Has completed and submitted the department continuing medical education and ongoing training gap tool to the MPD;

(e) Has received an MPD approved education plan to meet any deficiencies; and

(f) Has been approved by the MPD to transition recertification methods.

(4) An EMS provider must transition from OTEP to CME if they are unable to meet the requirements of the OTEP method of recertification.

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

WAC 246-976-171 Recertification, reversion, reissuance, and reinstatement of certification. (~~(1) To apply for recertification, an EMS provider must:~~

- ~~(a) Meet the requirements identified in Table A of this section for EMS providers completing the CME method; or~~
- ~~(b) Meet the requirements identified in Table B of this section for EMS providers completing the OTEP method; and~~
- ~~(c) Submit to the department a completed certification application on forms provided by the department.~~

**Table A
EMS Providers Participating in the CME Method of Recertification**

REQUIREMENTS
<p>EMS Education Requirements: EMS providers participating in the CME method must provide proof of the following to the MPD or MPD delegate:</p> <ul style="list-style-type: none"> Successful completion of the educational requirements at the level of certification being sought, as specified in this chapter and identified in WAC 246-976-162, Table A; Successful completion of skills maintenance required for the level of recertification being sought, as specified in this chapter and identified in WAC 246-976-162, Table B; Passing department-approved practical skill certification examination for the level of certification being sought, within twelve months before submitting the application.
<p>Recertification Examination: Provide proof of a passing score on the department-approved recertification examination for the level of recertification being sought. The EMS provider will have three attempts within twelve months of course completion to pass the examination. If the EMS provider is unsuccessful after three attempts, prior to subsequent attempts, refresher training must be completed as follows:</p> <ul style="list-style-type: none"> EMR twelve hours. EMT twenty-four hours. AEMT thirty hours – Pharmacology review must be included in the refresher training. Paramedic forty-eight hours – Pharmacology review must be included in the refresher training.
<p>Certification application: Provide proof of identity – State or federal photo I.D. (military ID, driver's license, passport). Provide proof of EMS agency association – Active membership, paid or volunteer with:</p> <ul style="list-style-type: none"> Licensed aid or ambulance service; Law enforcement agency; Business with organized industrial safety team; Senior EMS instructors or training coordinators, teaching at department-approved EMS training programs, who are unable to be associated with approved agencies above. <p>Recommendation of county medical program director.</p> <ul style="list-style-type: none"> The county MPD may require additional examinations to determine competency on department-approved MPD protocols prior to recommendation of recertification. Required – MPD must sign application. <p>Background check – may be required.</p>

**Table B
EMS Providers Participating in the OTEP Method of Recertification**

REQUIREMENTS
<p>EMS Education Requirements: EMS providers participating in the CME method must provide proof of the following to the MPD or MPD delegate:</p>

REQUIREMENTS
<ul style="list-style-type: none"> • Successful completion of the educational requirements at the level of certification being sought, as specified in this chapter and identified in WAC 246-976-163, Table A; • Successful completion of skills maintenance required for the level of certification being sought, as specified in this chapter and identified in WAC 246-976-163, Table B; • Successful completion of the OTEP knowledge and skill evaluations at the level of recertification being sought.
<p>Recertification Examination:</p> <p>The evaluations required under this section fulfill the requirement of department-approved knowledge and practical skill recertification examinations.</p>
<p>Certification Application:</p> <p>Provide proof of identity – State or federal photo I.D. (military ID, driver's license, passport).</p> <p>Provide proof of EMS agency association – Active membership, paid or volunteer with:</p> <ul style="list-style-type: none"> • Licensed aid or ambulance service; • Law enforcement agency; • Business with organized industrial safety team; • Senior EMS instructors or training coordinators, teaching at department-approved EMS training programs, who are unable to be associated with approved agencies above. <p>Recommendation of county medical program director:</p> <ul style="list-style-type: none"> • Obtain the county MPD recommendation for recertification and endorsement of EMT specialized training. • The county MPD may require additional examinations to determine competency on department-approved MPD protocols prior to recommendation of recertification. • Required – MPD must sign application. <p>Background check – May be required.</p>

~~(2) To voluntarily revert to a lower level of certification, an EMS provider must:~~

~~(a) For the CME method, complete the recertification education requirements identified in WAC 246-976-161 and 246-976-162, Tables A and B for the lower level of certification; or~~

~~(b) For the OTEP method, complete the recertification education requirements identified in WAC 246-976-161 and 246-976-163, Tables A and B at the lower level of certification; and~~

~~(c) Submit a completed certification application on forms provided by the department.~~

~~(3) An EMS provider may not provide EMS care with an expired certification.~~

~~(4) To apply for reissuance of an expired Washington state EMS certification:~~

~~(a) If a certification is expired for one year or less, the EMS provider must provide proof of the following to the county MPD or MPD delegate:~~

~~(i) Complete one additional year of annual recertification education requirements; and~~

~~(ii) For EMS providers completing the CME method, complete the requirements identified in Table A of this section; or~~

~~(iii) For EMS providers completing the OTEP method, complete the requirements identified in Table B of this section.~~

~~(b) If a certification is expired more than one year and less than two years, the EMS provider must provide proof of the following to the county MPD or MPD delegate:~~

~~(i) One additional year of annual recertification education requirements; and~~

~~(ii) Twenty-four hours of educational topics and hours specified by the department and the MPD; and~~

- ~~(iii) For EMS providers completing the CME method, complete the requirements identified in Table A of this section; or~~
- ~~(iv) For EMS providers completing OTEP, complete the requirements identified in Table B of this section.~~
- ~~(c) If a certification is expired for two years or longer, the EMS provider must provide proof of the following to the MPD or delegate:~~
- ~~(i) For nonparamedic EMS personnel:~~
- ~~(A) Complete a department-approved initial training program, and successfully complete department-approved knowledge and practical skill certification examinations;~~
- ~~(B) Complete the initial certification application requirements identified in WAC 246-976-141.~~
- ~~(ii) For paramedics whose certification has been expired between two and six years:~~
- ~~(A) Current status as a provider or instructor in the following: ACLS, PHTLS or BTLS, PALS or PEPPS, or state approved equivalent;~~
- ~~(B) Current status in health care provider level CPR;~~
- ~~(C) Completing a state approved forty-eight hour EMT-paramedic refresher training program or complete forty-eight hours of ALS training that consists of the following core content:~~
- ~~(I) Airway, breathing and cardiology — sixteen hours.~~
- ~~(II) Medical emergencies — eight hours.~~
- ~~(III) Trauma — six hours.~~
- ~~(IV) Obstetrics and pediatrics — sixteen hours.~~
- ~~(V) EMS operations — two hours.~~
- ~~(D) Successful completion of any additional required MPD and department-approved refresher training;~~
- ~~(E) Successful completion of MPD required clinical and field evaluations;~~
- ~~(F) Successful completion of department-approved knowledge and practical skill certification examinations;~~
- ~~(G) Complete the initial certification application requirements identified in WAC 246-976-141.~~
- ~~(d) A request for reissuance of a paramedic certification that has been expired greater than six years will be reviewed by the department to determine the disposition.~~
- ~~(5) Reinstatement of a suspended or revoked Washington state EMS certification.~~
- ~~(a) A person whose EMS certification is suspended or revoked may petition for reinstatement as provided in RCW 18.130.150;~~
- ~~(b) The petitioner must:~~
- ~~(i) Provide proof of completion of all requirements identified by the departmental disciplinary authority; and~~
- ~~(ii) Meet the reissuance requirements in this section.~~
- ~~(6) When EMS personnel change or add membership with an EMS agency, or their contact information changes, they must notify the department within thirty days of the change. Changes will be made on forms provided by the department.))~~
- (1) An EMS provider may not provide care with an expired certification.
- (2) To apply for recertification, reversion, reissuance, or reinstatement, an applicant must meet the requirements for the appropriate process described in this section. Applicants must:
- (a) Submit a completed application on forms provided by the department;

(b) Successfully complete a background check provided by the department. The background check may include the requirement for fingerprint card and FBI background check. If an applicant has submitted fingerprints and has been informed by the department that their fingerprints were rejected and must be redone, the applicant may request a temporary practice permit in accordance with WAC 246-12-050;

(c) Provide proof of active membership paid or volunteer with a licensed aid or ambulance service, or an EMS service supervisory organization (ESSO) recognized by the department. Senior EMS instructors or training coordinators teaching at department-approved EMS training programs who are unable to be with approved agencies above may affiliate with department-approved training programs with the approval from the county medical program director; and

(d) Be recommended by the county medical program director. The county medical program director must sign the application.

(3) (a) To recertify, applicants must:

(i) Have a current Washington state EMS certification; and

(ii) Successfully complete continuing medical education and ongoing training requirements prescribed in WAC 246-976-161.

(b) For applicants recertifying by the CME method prescribed in WAC 246-976-162:

(i) Provide the county MPD proof of successful completion of education and skill requirements; and

(ii) Provide proof of successful completion of department-approved knowledge examination within the current certification period.

(c) For applicants recertifying by the OTEP method prescribed in WAC 246-976-163:

(i) Successfully complete a department and MPD approved OTEP program; and

(ii) Provide the county MPD proof of successful completion of education and skill requirements.

(4) To revert to a lower level of certification, applicants must:

(a) Have a current Washington state EMS certification at a higher level;

(b) Be current in EMS education and skills for the level they are reverting to; and

(c) Provide the county MPD proof of successful completion of education and skill requirements.

(5) For the department to reissue an expired certification an applicant, if expired less than two years, must:

(a) Provide the county MPD proof of successful completion of education and skill requirements prescribed in WAC 246-976-161;

(b) Complete any additional MPD required education and skills competency checks;

(c) For applicants seeking reissuance by meeting the CME recertification requirements prescribed in WAC 246-976-162:

(i) Provide the county MPD proof of successful completion of education and skill requirements; and

(ii) Provide proof of successful completion of the department-approved knowledge examination within the current certification period;

(d) For applicants seeking reissuance by meeting the OTEP recertification requirements prescribed in WAC 246-976-163:

(i) Successfully complete a department-approved OTEP program; and

(ii) Provide the county MPD proof of successful completion of education and skill requirements.

(6) Regarding a suspended or revoked certification:

(a) A person whose EMS certification is suspended or revoked may petition for reinstatement as provided in RCW 18.130.150.

(b) The petitioner must:

(i) Provide proof of completion of all requirements identified by the departmental disciplinary authority; and

(ii) Meet the appropriate reissuance requirements in this section.

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

WAC 246-976-182 Authorized care—Scope of practice. (1) Certified EMS personnel are only authorized to provide patient care:

(a) When performing:

(i) In a prehospital emergency setting; or

(ii) During interfacility ambulance transport; or

(iii) When participating in a community assistance education and referral (CARES) program authorized under RCW 35.21.930; or

(iv) When providing collaborative medical care in agreement with local, regional, or state public health agencies to control and prevent the spread of communicable diseases; and

(b) When performing for a licensed EMS (~~(agency)~~) service or an emergency services supervisory organization (ESSO) recognized by the secretary; and

(c) Within the scope of care that is (~~(i)~~

~~(i))~~ included in the approved instructional guidelines/curriculum or approved specialized training and is included on the department-approved EMS skills and procedures list (DOH 530-173) for the individual's level of certification (~~(i) or~~

~~(ii) Included in approved specialized training))~~; and

~~((iii) Included in state))~~ (d) When following department-approved county MPD protocols.

(2) If protocols (~~(and)~~), MPD policies, county operating procedures, or regional patient care procedures do not provide off-line direction for the situation, the certified person in charge of the patient must consult with their online medical control as soon as possible. Medical control can only authorize a certified person to perform within their scope of practice.

(3) All prehospital providers must follow state approved triage procedures, county operating procedures, regional patient care procedures (~~(and)~~), county MPD policies, and patient care protocols.

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

WAC 246-976-260 Licenses required. (1) The secretary licenses ambulance and aid services and vehicles to provide service that is consistent with the state plan and approved regional plans.

~~(2) ((To become licensed as an ambulance or aid service, an applicant must submit:~~

~~(a) A completed application for licensure on forms provided by the department;~~

- ~~(b) Proof of the following insurance coverage:~~
- ~~(i) Motor vehicle liability coverage required in RCW 46.30.020 (ambulance and aid services only);~~
- ~~(ii) Professional and general liability coverage;~~
- ~~(c) A map of the proposed response area;~~
- ~~(d) The level of service to be provided: Basic life support (BLS), intermediate life support (ILS), or advanced life support (ALS) (paramedic); and the scheduled hours of operation. Minimum staffing required for each level is as follows:~~
- ~~(i) For aid service response:~~
- ~~(A) A BLS level service will provide care with at least one person qualified in advanced first aid;~~
- ~~(B) An ILS level service will provide care with at least one ILS technician (AEMT);~~
- ~~(C) An ALS level service will provide care with at least one paramedic.~~
- ~~(ii) For ambulance services:~~
- ~~(A) A BLS level service will provide care and transport with at least one emergency medical technician (EMT) and one person trained in advanced first aid;~~
- ~~(B) An ILS service will provide care and transport with at least one ILS technician and one EMT;~~
- ~~(C) An ALS service will provide care and transport with at least one paramedic and one EMT or higher level of EMS certification;~~
- ~~(D) Licensed services that provide critical care interfacility ambulance transports, must have sufficient medical personnel on each response to provide patient care specific to the transport;~~
- ~~(e) For licensed ambulance services, a written plan to continue patient transport if a vehicle becomes disabled, consistent with regional patient care procedures.~~
- ~~(3) To renew a license, submit application forms to the department at least thirty days before the expiration of the current license.~~
- ~~(4) Licensed ambulance and aid services must comply with department-approved prehospital triage procedures.)~~ The secretary may extend the licensing period to accommodate efficient processing of renewal applications. The expiration date will be indicated on the EMS service license issued by the department.
- (3) An aid or ambulance service operating in the state of Washington must:
- (a) Be licensed by the department to operate, unless an exception in RCW 18.73.130 applies; and
- (b) Comply with all applicable regulations and standards in this chapter.
- (4) To apply for an initial aid or ambulance service license, an applicant must:
- (a) Submit a completed application on forms provided by the department;
- (b) Provide proof of the motor vehicle liability coverage required in RCW 46.30.020 (ambulance and aid services only) and professional and general liability coverage;
- (c) Provide a map of the proposed response area;
- (d) Identify the level(s) of service to be provided to include:
- (i) Basic life support (BLS);
- (ii) Intermediate life support (ILS);
- (iii) Advanced life support (ALS) (paramedic); and

(iv) Specialty care transport (SCT). Identify the scope of care and any specialty services (such as neonatal transport) provided;

(e) Identify the scheduled hours of operation for all levels of service provided; and

(f) Meet the minimum staffing requirements for each level of service provided. Staffing requirements are as follows:

(i) For aid services:

(A) An aid service providing BLS level of care must staff an aid vehicle with at least one emergency medical responder (EMR).

(B) An aid service providing ILS level of care must staff an aid vehicle with at least one advanced emergency medical technician (AEMT).

(C) An aid service providing ALS level of care must staff an aid vehicle with at least one paramedic.

(ii) For ambulance services:

(A) An ambulance service providing BLS level of care must staff an ambulance with a minimum of at least one emergency medical technician (EMT) and one person certified as an emergency medical responder (EMR) or a driver with a certificate of advanced first aid qualification or department-approved equivalent.

(B) An ambulance service providing ILS level of care must staff an ambulance with a minimum of at least one advanced emergency medical technician (AEMT) and one EMT.

(C) An ambulance service providing ALS level of care must staff an ambulance with a minimum of at least one paramedic and one EMT.

(D) A licensed service that provides inter-facility specialty care transport (SCT) must provide a minimum of two certified or licensed health care providers on each transport that have the education, experience, qualifications, and credentials consistent with the patient's needs and scope of care required for the transport and includes:

(I) One paramedic or registered nurse cross trained in prehospital emergency care and certified as an EMT; and

(II) One other person who may be the driver, must be a registered nurse, respiratory therapist, paramedic, advanced EMT, EMT, or other appropriate specialist as appointed by the physician director.

(E) With approval from the department, an ambulance service established by a volunteer or municipal corporation, or association made up of two or more municipalities in a rural area with insufficient personnel may use a driver without any medical or first-aid training as provided in RCW 18.73.150(2).

(g) Provide a current list of certified EMS personnel affiliated with the EMS service;

(h) Provide the number of advanced first-aid trained personnel used in the staffing model by the EMS service;

(i) Provide the number of nonmedically trained drivers used in the staffing model by the EMS service;

(j) Meet the equipment requirements for the level(s) of service provided in WAC 246-976-300;

(k) Provide information about the type of aid or ambulance vehicles that will be used by the service;

(l) Provide supplemental documentation that describes all the following:

(i) The dispatch plan;

(ii) The deployment plan;

(iii) The response plan to include how patient transport will be continued if a vehicle becomes disabled or personnel become unavaila-

ble to respond or continue to a call and how patient care will be provided if medical equipment failure occurs; and

(iv) The tiered response and rendezvous plan; and

(m) Be approved by the department.

(5) To renew an aid or ambulance license, applicants must provide a completed application on forms provided by the department at least 30 days before the expiration of the current license and be approved by the department.

(6) Licensed aid and ambulance services must:

(a) Provide initial training and updates to certified EMS personnel on department-approved prehospital triage procedures, regional patient care procedures, county operating procedures, county medical program director policies, and patient care protocols;

(b) In accordance with RCW 43.70.490 provide training to familiarize EMS personnel with techniques, procedures, and protocols for best handling situations in which persons with disabilities are present at the scene of an emergency;

(c) Identify how certified EMS personnel will receive continuing medical education and ongoing training;

(d) Comply with department-approved prehospital triage procedures, regional patient care procedures, county operating procedures, county medical program director policies, and patient care protocols;

(e) Provide service consistent with the state plan, approved regional plans, and the approved application on file with the department; and

(f) Participate in the Washington state EMS electronic data system in accordance with RCW 70.168.090(2).

(7) The department will:

(a) Develop and administer the application and evaluation process;

(b) Notify the regional EMS and trauma care council and county medical program director when the department receives an application for an aid or ambulance service within their area;

(c) Approve applications based on evaluations;

(d) Approve renewal of an aid or ambulance license if the service continues to meet standards; and

(e) Provide written notification to the regional EMS a trauma care council and county medical program director when the license is first issued, when amendments to existing licenses impacting the service provided in the region occur, and when a license has expired.

(8) The department may:

(a) Conduct a site review; and

(b) Grant a provisional license not to exceed 120 days. The secretary may withdraw the provisional license if the service is unable to meet the requirements for licensure within the 120-day period.

NEW SECTION

WAC 246-976-261 Emergency services supervisory organizations

(ESSO). (1) An emergency services supervisory organization (ESSO) is defined in RCW 18.73.030 and is an organization recognized by the secretary to use certified EMS providers.

(2) An ESSO must be one of the following organization types:

(a) Federal, state, county, or municipal law enforcement agency;

(b) Disaster management organizations within Washington state that deploy county emergency management teams during disasters. A letter of endorsement from the appropriate department of emergency management having jurisdiction must be provided with the application for recognition as an ESSO;

(c) Organizations conducting search and rescue (SAR) operations. This includes:

(i) Ski patrol organizations that provide medical, rescue, and hazard prevention services and medical care to sick and injured people in ski area boundaries or sometimes into backcountry settings and remote environments; or

(ii) SAR organizations functioning under chapter 38.52 RCW. A letter of endorsement from the local chief law enforcement officer (usually the county sheriff) must be provided with the application for recognition as an ESSO for search and rescue operations;

(d) Diversion centers. These are organizations that provide short-term placement and shelter to homeless adults with substance use disorders or behavioral health issues. Diversion centers offer services to divert people away from incarceration and toward treatment; or

(e) Businesses with organized industrial safety teams such as refineries, large manufacturing plants, mining operations, or aerospace manufacturing plants.

(3) To become recognized as an ESSO an applicant must:

(a) Be an organization type identified in subsection (2) of this section;

(b) Provide a completed application on forms provided by the department;

(c) Provide an operational plan that meets the requirements identified on the application;

(d) Provide a current list of certified EMS providers;

(e) Request comments and recommendation for recognition as an ESSO from the local EMS and trauma care council and the county medical program director in all counties in which the organization will be conducting activities using certified EMS providers; and

(f) Be approved for recognition by the department.

(4) Recognized ESSOs must:

(a) Ensure that certified emergency medical services providers work under the medical oversight and protocols of a department-approved county medical program director;

(b) Ensure that certified emergency medical services providers work within the scope of practice for their level of certification;

(c) Ensure that certified emergency medical services providers can meet the training requirements to maintain their certification;

(d) Comply with department-approved prehospital triage procedures, regional EMS and trauma care plans, patient care procedures, county operating procedures, MPD policies and patient care protocols; and

(e) Provide the medical equipment listed in WAC 246-976-300 for the level of service the ESSO will provide.

(5) To renew an ESSO recognition, an applicant must:

(a) Be an organization type identified in subsection (2) of this section;

(b) Provide a completed application on forms provided by the department;

(c) Provide an operational plan that meets the requirements identified on the application;

(d) Provide a current list of certified EMS personnel; and

- (e) Be approved by the department for renewal.

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

WAC 246-976-270 Denial, suspension, revocation. (1) The secretary may suspend, modify, or revoke an agency's license or verification issued under this chapter. The secretary may deny licensure or verification to an applicant when it finds:

(a) Failure to comply with the requirements of chapters 18.71, 18.73, or 70.168 RCW, or other applicable laws or rules, or with this chapter;

(b) Failure to comply or ensure compliance with prehospital patient care protocols or regional patient care procedures;

(c) Failure to cooperate with the department in inspections or investigations; or

(d) ~~((Failure to supply data as required in chapter 70.168 RCW and this chapter; or~~

~~(e-))~~ Failure to consistently meet trauma response times identified by the regional plan and approved by the department for trauma verified services.

(2) Modification, suspension, revocation, or denial of licensure or verification will be consistent with the requirements of the Administrative Procedure Act, chapter 34.05 RCW, and chapter 246-10 WAC. The secretary will not take action against a licensed, nonverified service under this section for providing emergency trauma care consistent with regional patient care procedures when the wait for the arrival of a verified service would place the life of the patient in jeopardy or seriously compromise patient outcome.

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

WAC 246-976-290 Ground ambulance vehicle standards. ~~((1) Essential equipment for patient and provider safety and comfort must be in good working order.~~

~~(2) All ambulance vehicles must be clearly identified as an EMS vehicle and display the agency identification by emblems and markings on the front, side, and rear of the vehicle. A current state ambulance credential must be prominently displayed in a clear plastic cover positioned high on the partition behind the driver's seat.~~

~~(3) Tires must be in good condition.~~

~~(4) The electrical system must meet the following requirements:~~

~~(a) Interior lighting in the driver compartment must be designed and located so that no glare is reflected from surrounding areas to the driver's eyes or line of vision from the instrument panel, switch panel, or other areas which may require illumination while the vehicle is in motion; and~~

~~(b) Interior lighting in the patient compartment must be provided throughout the compartment, and provide an intensity of twenty foot-candles at the level of the patient; and~~

~~(c) Exterior lights must be fully operational, and include body-mounted flood lights over the patient loading doors to provide loading visibility; and~~

~~(d) Emergency warning lights must be provided in accordance with RCW 46.37.380, as administered by the state commission on equipment.~~

~~(5) Windshield wipers and washers must be dual, electric, multi-speed, and functional at all times.~~

~~(6) Battery and generator system:~~

~~(a) The battery must be capable of sustaining all systems. It must be located in a ventilated area sealed off from the vehicle interior, and completely accessible for checking and removal;~~

~~(b) The generating system must be capable of supplying the maximum built-in DC electrical current requirements of the ambulance. If the electrical system uses fuses instead of circuit breakers, extra fuses must be provided.~~

~~(7) The ambulance must be equipped with:~~

~~(a) Seat belts that comply with Federal Motor Vehicle Safety Standards 207, 208, 209, and 210. Restraints must be provided in all seat positions in the vehicle, including the attendant station; and~~

~~(b) Mirrors on the left side and right side of the vehicle. The location of mounting must provide maximum rear vision from the driver's seated position; and~~

~~(c) One ABC two and one-half pound fire extinguisher.~~

~~(8) Ambulance body requirements:~~

~~(a) The length of the patient compartment must be at least one hundred twelve inches in length, measured from the partition to the inside edge of the rear loading doors; and~~

~~(b) The width of the patient compartment, after cabinet and cot installation, must provide at least nine inches of clear walkway between cots or the squad bench; and~~

~~(c) The height of the patient compartment must be at least fifty-three inches at the center of the patient area, measured from floor to ceiling, exclusive of cabinets or equipment; and~~

~~(d) There must be secondary egress from the vehicle; and~~

~~(e) Back doors must open in a manner to increase the width for loading patients without blocking existing working lights of the vehicle; and~~

~~(f) The floor at the lowest level permitted by clearances. It must be flat and unencumbered in the access and work area, with no voids or pockets in the floor to side wall areas where water or moisture can become trapped to cause rusting or unsanitary conditions; and~~

~~(g) Floor covering applied to the top side of the floor surface. It must withstand washing with soap and water or disinfectant without damage to the surface. All joints in the floor covering must have minimal void between matching edges, cemented with a suitable water-proof and chemical-proof cement to eliminate the possibility of joints loosening or lifting; and~~

~~(h) The finish of the entire patient compartment must be impervious to soap and water and disinfectants to permit washing and sanitizing; and~~

~~(i) Exterior surfaces must be smooth, with appurtenances kept to a minimum; and~~

~~(j) Restraints must be provided for all litters. If the litter is floor supported on its own support wheels, a means must be provided to secure it in position. These restraints must permit quick attachment and detachment for quick transfer of patient.~~

~~(9) Vehicle brakes, regular and special electrical equipment, heating and cooling units, safety belts, and window glass, must be functional at all times.)~~

~~(1) All ground ambulance vehicles that are used to transport patients must meet the minimum standards in this chapter. Ambulance vehicles that meet a national ground ambulance standard recognized by the department are deemed to have met the minimum standards in this section.~~

~~(2) Equipment required for the safety and comfort of all occupants must be in good working order.~~

~~(3) The body of ambulance vehicles must meet the following standards:~~

~~(a) The length of the patient compartment must be at least 112 inches in length, measured from the partition to the inside edge of the rear loading doors;~~

~~(b) The width of the patient compartment after cabinet and gurney installation must provide at least nine inches of clear walkway;~~

~~(c) The height of the patient compartment must be at least 53 inches at the center of the patient area, measured from floor to ceiling, exclusive of cabinets or equipment;~~

~~(d) There must be secondary egress from the vehicle; and~~

~~(e) Back doors must open in a manner to increase the width for loading and unloading patients without blocking existing working lights of the vehicle.~~

~~(4) The interior of ambulance vehicles must meet the following standards:~~

~~(a) A current state ambulance vehicle credential must be prominently displayed in a clear plastic cover positioned high on the partition behind the driver's seat;~~

~~(b) The floor at the lowest level permitted by clearances must provide flat and unencumbered access to the work area, with no voids or pockets in the floor to side wall areas where water or moisture can become trapped to cause rusting or unsanitary conditions;~~

~~(c) Floor covering applied to the top side of the floor surface must withstand washing with soap and water or disinfectant without damage to the surface. All joints in the floor covering must have minimal void between matching edges, cemented with a suitable waterproof cement to eliminate the possibility of joints loosening or lifting;~~

~~(d) The finish of the entire patient compartment must be impervious to soap and water and disinfectants to permit washing and sanitizing;~~

~~(e) Interior lighting in the driver compartment must be designed and located so that no glare is reflected from surrounding areas to the driver's eyes or line of vision from the instrument panel, switch panel, or other areas which may require illumination while the vehicle is in motion;~~

~~(f) Interior lighting in the patient compartment must be provided adequately throughout the compartment, and provide an intensity of 215 lumen at the level of the patient;~~

~~(g) Ambulance vehicles must have one ABC two and one-half pound fire extinguisher. The extinguisher must be accessible, be in good physical condition, and in compliance with servicing requirements; and~~

~~(h) Interior equipment must be kept in a secure manner to provide for the safety of all occupants in the vehicle.~~

~~(5) Ambulance vehicles must be equipped with manufacturer recommended restraint systems which include:~~

(a) Seat belts must comply with Federal Motor Vehicle Safety Standards 207, 208, 209, and 210;

(b) Gurney restraints that comply with manufacturer recommendations must be used on patients during transport;

(c) Ambulance vehicles must have manufacturer recommended hardware installed that is in good working order to secure a gurney in the vehicle for transport;

(d) Restraints must be provided in all seat positions in the vehicle, including attendant stations;

(e) Restraints must be provided for patients when equipment such as a backboard or scoop stretcher is used to move a patient from surface to surface. A means to secure this equipment to the gurney or a bench seat must be provided for transport;

(f) Seat belts and related restraints must permit quick attachment and detachment for quick transfer of a patient; and

(g) Appropriate restraints for pediatric patients must be provided and used in a manner and location consistent with all applicable manufacturer recommendations.

(6) The exterior of ambulance vehicles must meet the following standards:

(a) The ambulance vehicle must be clearly identified as an emergency medical services vehicle;

(b) The ambulance vehicle must display the agency or service identification by reflective emblems and markings on the front, sides, and rear of the vehicle;

(c) The ambulance vehicle must have retro-reflective paint or tape, stripes or markings, or a combination of stripes and markings that are a minimum of six inches in width affixed to the full length of both sides and the rear of the vehicle;

(d) A minimum of 50 percent of the rear of the vehicle surface must be equipped with a retro-reflective pattern on ambulance vehicles built in the year 2020 and thereafter;

(e) Emergency warning lights and audible warning signals must be provided in accordance with national ambulance standards recognized by the department;

(f) Windshield wipers and washers must be dual, multispeed, and functional at all times;

(g) Ambulance vehicles must have exterior mirrors on the left and right side of the vehicle and mounted to provide maximum rear vision from the driver's seated position;

(h) Exterior lights must be fully operational, and include body-mounted floodlights over the patient loading doors to provide loading visibility;

(i) Exterior surfaces must be smooth, with projections kept to a minimum; and

(j) Equipment stored in exterior compartments must be secured in a manner to provide for the safety of all occupants in the vehicle.

(7) Mechanical and electrical components of ambulance vehicles must meet the following standards:

(a) The electrical power generating system must be capable of sustaining all systems and must be appropriately ventilated and sealed according to manufacturer recommendations;

(b) If the electrical system uses fuses instead of circuit breakers, extra fuses must be readily available;

(c) Within the engine compartment of the ambulance vehicle, hoses, belts, and wiring must not have any obvious defects; and

(d) Vehicle brakes, regular and special electrical equipment, heating and cooling units, safety belts, and window glass must be always functional.

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

WAC 246-976-300 Ground ambulance and aid service—Equipment.

~~((Ground ambulance and aid services must provide equipment listed in Table A of this section on each licensed vehicle, when available for service.~~

	AMBULANCE	AID VEHICLE
Note: "asst" means assortment		
TABLE A: EQUIPMENT		
AIRWAY MANAGEMENT		
—Airway Adjuncts		
Oral airway adult and pediatric	asst	asst
—Suction		
Portable	†	†
Vehicle mounted and powered, providing: Minimum of 30 L/min. & vacuum > 300 mm Hg	†	0
—Tubing, suction		
Bulb syringe, pediatric	†	†
Rigid suction tips	2	†
—Catheters as required by local protocol		
—Water soluble lubricant		
—Oxygen delivery system built in		
—3000 L Oxygen supply, with regulator, 500 PSI minimum, or equivalent liquid oxygen system		
—300 L Oxygen supply, with regulator, 500 PSI minimum, or equivalent liquid oxygen system		
Cannula, nasal, adult	4	2
O ₂ mask, nonrebreather, adult	4	2
O ₂ mask, nonrebreather, pediatric	2	†
BVM, with O ₂ reservoir		
Adult, pediatric, infant	† ea	† ea
PATIENT ASSESSMENT AND CARE		
—Assessment		
Sphygmomanometer		
Adult, large	†	†
Adult, regular	†	†
Pediatric	†	†
Stethoscope, adult	†	†
Thermometer, per county protocol	†	0
Flashlight, w/spare or rechargeable batteries & bulb	†	†
—Defibrillation capability appropriate to the level of personnel		
—Personal infection control and protective equipment as required by the department of labor and industries		

	AMBULANCE	AID VEHICLE
Note: "asst" means assortment		
Length based tool for estimating pediatric medication and equipment sizes	1	1
TRAUMA EMERGENCIES		
-Triage identification for 12 patients per county protocol	Yes	Yes
-Wound care		
Dressing, sterile	asst	asst
Dressing, sterile, trauma	2	2
Roller gauze bandage	asst	asst
Medical tape	asst	asst
Self adhesive bandage strips	asst	asst
Cold packs	4	2
Occlusive dressings	2	2
Scissors, bandage	1	1
Irrigation solution	2	1
-Splinting		
Backboard with straps	2	1
Head immobilization equipment	1	1
Pediatric immobilization device	1	1
Extrication collars, rigid		
Adult (small, medium, large)	-asst	asst
Pediatric or functionally equivalent sizes	asst	asst
Immobilizer, cervical/thoracic, adult	1	0
Splint, traction, adult w/straps	1	0
Splint, traction, pediatric, w/straps	1	0
Splint, adult (arm and leg)	2 ea	1 ea
Splint, pediatric (arm and leg)	1 ea	1 ea
-General		
Litter, wheeled, collapsible, with a functional restraint system per the manufacturer	1	0
Pillows, plastic covered or disposable	2	0
Pillow case, cloth or disposable	4	0
Sheets, cloth or disposable	4	2
Blankets	2	2
Towels, cloth or disposable 12" x 23" minimum	4	2
Emesis collection device	1	1
Urinal	1	0
Bed pan	1	0
OB kit	1	1
-Epinephrine and supplies appropriate for level of certification per MPD protocols		
Adult	1	1
Pediatric	1	1
-Storage and handling of pharmaceuticals in ambulances and aid vehicles must be in compliance with the manufacturers' recommendations		
-Extrication plan: Agency must document how extrication will be provided when needed.))		

(1) Licensed and verified ground ambulance, aid services, and emergency services supervisory organizations (ESSO) must provide equipment listed in Table A of this section on each licensed vehicle

or to their on-site EMS providers for the service levels they are approved by the department to provide when they are available for service.

Table A: Equipment						
*Means the use of this equipment at this level of service is determined by the MPD. Department-approved and MPD specialized training protocols must be in place.						
	BLS		ILS		ALS	
	<u>Ambulance Vehicle</u>	<u>Aid/ESSO</u>	<u>Ambulance Vehicle</u>	<u>Aid/ESSO</u>	<u>Ambulance Vehicle</u>	<u>Aid/ESSO</u>
Airway Adjuncts						
<u>Adjunctive airways, (OPA/NPA) adult and pediatric assorted</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>
<u>Water-soluble lubricant</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>2</u>	<u>2</u>
<u>Intubation insertion equipment. Enough for all patient sizes with back up equipment including power sources.</u>	<u>N/A</u>	<u>N/A</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>
<u>Stylet for endotracheal tubes (adult and pediatric)</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2 each</u>	<u>2 each</u>
<u>Bougie (gum-elastic) for all patient sizes</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>1 each</u>	<u>1 each</u>
<u>ET tube holder (adult and pediatric)</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>2 each</u>	<u>2 each</u>
<u>End-tidal CO₂ detector</u>	<u>*1</u>	<u>*1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Supraglottic airways</u>	<u>*Assortment</u>	<u>*Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>
<u>Cricothyrotomy equipment</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>1</u>	<u>1</u>
<u>Chest decompression equipment (to include a nonsafety large bore needle, minimum length of 3.25")</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>1</u>	<u>1</u>
<u>McGill forceps (adult and pediatric)</u>	<u>N/A</u>	<u>N/A</u>	<u>1 each</u>	<u>1 each</u>	<u>1 each</u>	<u>N/A</u>
<u>Oxygen saturation monitor</u>	<u>*1</u>	<u>*1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Suction						
<u>Portable</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Vehicle mounted and powered, providing: Minimum of 30 L/min. & vacuum ≥ 300 mm Hg</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>
<u>Spare canister</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>
<u>Tubing, suction</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Bulb syringe, pediatric</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Rigid suction tips</u>	<u>2</u>	<u>1</u>	<u>2</u>	<u>1</u>	<u>2</u>	<u>1</u>
<u>Catheters</u>	<u>*Assortment</u>	<u>*Assortment</u>	<u>*Assortment</u>	<u>*Assortment</u>	<u>*Assortment</u>	<u>*Assortment</u>
<u>Meconium aspirator</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>1</u>	<u>1</u>
Oxygen/Delivery Devices						
<u>Oxygen delivery system built in or an alternative system approved by the department</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>

Table A: Equipment

*Means the use of this equipment at this level of service is determined by the MPD. Department-approved and MPD specialized training protocols must be in place.

	BLS		ILS		ALS	
	<u>Ambulance Vehicle</u>	<u>Aid/ESSO</u>	<u>Ambulance Vehicle</u>	<u>Aid/ESSO</u>	<u>Ambulance Vehicle</u>	<u>Aid/ESSO</u>
<u>3000 L Oxygen supply, with regulator, 500 PSI minimum, or equivalent liquid oxygen system</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>
<u>300 L Oxygen supply, with regulator, 500 PSI minimum, or equivalent liquid oxygen system</u>	<u>2</u>	<u>1</u>	<u>2</u>	<u>1</u>	<u>2</u>	<u>1</u>
<u>Cannula, nasal, adult</u>	<u>4</u>	<u>2</u>	<u>4</u>	<u>2</u>	<u>4</u>	<u>2</u>
<u>O₂ mask, nonrebreather, adult</u>	<u>4</u>	<u>2</u>	<u>4</u>	<u>2</u>	<u>4</u>	<u>2</u>
<u>O₂ mask, nonrebreather, pediatric</u>	<u>2</u>	<u>1</u>	<u>2</u>	<u>1</u>	<u>2</u>	<u>1</u>
<u>BVM, with O₂ reservoir to provide tidal volume appropriate for each (adult, pediatric, infant)</u>	<u>1 each</u>	<u>1 each</u>	<u>1 each</u>	<u>1 each</u>	<u>1 each</u>	<u>1 each</u>
<u>Nebulizer</u>	<u>*2</u>	<u>*2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Continuous Positive Airway Pressure (CPAP)</u>	<u>*2</u>	<u>*2</u>	<u>*2</u>	<u>*2</u>	<u>2</u>	<u>2</u>
Patient Assessment and Care						
<u>Sphygmomanometer (adult large, regular, and pediatric)</u>	<u>1 each</u>	<u>1 each</u>	<u>1 each</u>	<u>1 each</u>	<u>1 each</u>	<u>1 each</u>
<u>Stethoscope, adult</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Thermometer</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>
<u>Flashlight, w/spare or rechargeable batteries & bulb</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Automated External Defibrillator (AED)</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>
<u>12 lead ECG monitor with defibrillator</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>1</u>
<u>Defibrillator pads - multifunction</u>	<u>2 each</u>	<u>2 each</u>	<u>2 each</u>	<u>2 each</u>	<u>2 each</u>	<u>2 each</u>
<u>Tool for estimating pediatric medication and equipment sizes</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Glucometer</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Glucose measuring supplies</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>
Wound Care						
<u>Dressing, sterile</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>
<u>Dressing, sterile, trauma</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Roller gauze bandage</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>
<u>Medical tape</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>
<u>Self-adhesive bandage strips</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>

Table A: Equipment

*Means the use of this equipment at this level of service is determined by the MPD. Department-approved and MPD specialized training protocols must be in place.

	BLS		ILS		ALS	
	<u>Ambulance Vehicle</u>	<u>Aid/ESSO</u>	<u>Ambulance Vehicle</u>	<u>Aid/ESSO</u>	<u>Ambulance Vehicle</u>	<u>Aid/ESSO</u>
<u>Cold packs</u>	4	2	4	2	4	2
<u>Hot packs</u>	2	2	2	2	2	2
<u>Occlusive dressings</u>	2	2	2	2	2	2
<u>Trauma shears</u>	1	1	1	1	1	1
<u>Irrigation solution</u>	2	1	2	1	2	1
<u>Commercial tourniquet</u>	2	2	2	2	2	2
Extrication and Splinting						
<u>Collars, rigid. Adult (small, medium, large) or adjustable</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>
<u>Collars, rigid. Pediatric or functionally equivalent sizes</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>
<u>Immobilization device, cervical/thoracic, adult</u>	1	0	1	0	1	0
<u>Immobilization device, cervical/thoracic, pediatric</u>	1	1	1	1	1	1
<u>Backboard with straps</u>	1	1	1	1	1	1
<u>Head immobilization equipment</u>	1	1	1	1	1	1
<u>Splint, traction, adult w/ straps</u>	1	0	1	0	1	0
<u>Splint, traction, pediatric, w/straps</u>	1	0	1	0	1	0
<u>Splint, adult (arm and leg)</u>	2 each	1 each	2 each	1 each	2 each	1 each
<u>Splint, pediatric (arm and leg)</u>	1 each	1 each	1 each	1 each	1 each	1 each
IV Access						
<u>Intravenous fluid type per protocols</u>	*4	*2	4	2	4	2
<u>Intravenous drip sets per protocols</u>	*4	*2	4	2	4	2
<u>Intravenous start supplies (venous tourniquet, transparent film dressing, antiseptic swab)</u>	*4	*2	4	2	4	2
<u>Catheters, intravenous (14-24 gauge)</u>	*Assortment	*Assortment	*Assortment	*Assortment	*Assortment	*Assortment
<u>Intraosseous (Equipment sufficient to perform IO insertion and infusion adult and pediatric)</u>	*Assortment	*Assortment	*Assortment	*Assortment	*Assortment	*Assortment
<u>Pediatric volume control device</u>	*2	*1	2	1	2	1
<u>Pressure infusion device</u>	*1	0	1	0	1	0
<u>Syringes</u>	*Assortment	*Assortment	*Assortment	*Assortment	*Assortment	*Assortment
Needles						
<u>Hypodermic</u>	*Assortment	*Assortment	*Assortment	*Assortment	*Assortment	*Assortment

Table A: Equipment

*Means the use of this equipment at this level of service is determined by the MPD. Department-approved and MPD specialized training protocols must be in place.

	BLS		ILS		ALS	
	<u>Ambulance Vehicle</u>	<u>Aid/ESSO</u>	<u>Ambulance Vehicle</u>	<u>Aid/ESSO</u>	<u>Ambulance Vehicle</u>	<u>Aid/ESSO</u>
Medications						
<u>Epinephrine for anaphylaxis adult and pediatric dose</u>	<u>1 each</u>	<u>1 each</u>	<u>1 each</u>	<u>1 each</u>	<u>1 each</u>	<u>1 each</u>
<u>Medications consistent with department-approved MPD protocols</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>
<u>Storage and handling of pharmaceuticals in ambulances and aid vehicles must be in compliance with the manufacturers' recommendations</u>						
Personal Protection Equipment						
<u>Eye protection</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Mask</u>	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>
<u>Exam gloves (assortment of sizes)</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>	<u>Assortment</u>
<u>Gowns (isolation)</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>
Trauma Emergencies						
<u>Triage identification tags</u>	<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>
General						
<u>Gurney, wheeled, collapsible, with a functional restraint system per the manufacturer</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>
<u>Pillows, plastic covered or disposable</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>
<u>Pillowcase, cloth or disposable</u>	<u>2</u>	<u>0</u>	<u>2</u>	<u>0</u>	<u>2</u>	<u>0</u>
<u>Sheets, cloth or disposable</u>	<u>4</u>	<u>2</u>	<u>4</u>	<u>2</u>	<u>4</u>	<u>2</u>
<u>Blankets</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Towels, cloth or disposable 12" x 23" minimum</u>	<u>4</u>	<u>2</u>	<u>4</u>	<u>2</u>	<u>4</u>	<u>2</u>
<u>Emesis collection device</u>	<u>5</u>	<u>1</u>	<u>5</u>	<u>1</u>	<u>5</u>	<u>1</u>
<u>Urinal</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>
<u>Bed pan</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>
<u>OB kit</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>Patient care restraints (commercial)</u>	<u>2 pair</u>	<u>0</u>	<u>2 pair</u>	<u>0</u>	<u>2 pair</u>	<u>0</u>
<u>Garbage bags</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
<u>Safety vest or equivalent gear</u>	<u>2</u>	<u>1</u>	<u>2</u>	<u>1</u>	<u>2</u>	<u>1</u>
<u>Sharps container mounted</u>	<u>1 each</u>	<u>0</u>	<u>1 each</u>	<u>0</u>	<u>1 each</u>	<u>0</u>
<u>Sharps container portable</u>	<u>1 each</u>	<u>1 each</u>	<u>1 each</u>	<u>1 each</u>	<u>1 each</u>	<u>1 each</u>

(2) A licensed service that provides interfacility transport of patients needing specialty level care (SCT) must make available equipment and medications consistent with the scope of practice and care required for the transport type. Equipment must include all the following:

- (a) ALS equipment required in Table A of this section;
- (b) Multimodality ventilators capable of invasive ventilation appropriate to all age groups transported;
- (c) Invasive hemodynamic monitoring; transvenous pacemakers, central venous pressure, and arterial pressure;
- (d) Controlled delivery devices for IV infusions;
- (e) Medications consistent with scope of practice and care required for the transport type; and
- (f) Neonatal and pediatric equipment sufficient for all aspects of prehospital interfacility specialized care if the ambulance service provides transport to this population.

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

WAC 246-976-310 Ground ambulance and aid service—Communications equipment. (1) Licensed ground ambulance and aid services must provide each licensed ambulance and aid vehicle with communication equipment which:

- (a) Is consistent with state and regional plans;
- (b) Is in good working order;
- (c) Allows direct two-way communication ~~((between the vehicle and its dispatch control point; and~~
- (d) Allows communication with medical control)) with dispatch control point, medical control, and all hospitals in the service area of the vehicle; and
- (d) Licensed ground ambulance and aid vehicles capable of transporting patients must also have direct two-way communication from both the driver's and patient's compartment.

(2) If cellular telephones are used, there must also be another method of radio contact with dispatch ~~((and))~~ control point, medical control, and all hospitals in the service area for use when cellular service is unavailable.

~~((3) Licensed ambulance services must provide each licensed ambulance with communication equipment which:~~

- ~~(a) Allows direct two-way communication with medical control and all hospitals in the service area of the vehicle, from both the driver's and patient's compartment; and~~
- ~~(b) Incorporates appropriate encoding and selective signaling devices.)~~

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

WAC 246-976-330 Ambulance and aid services—Record requirements.

- (1) Each ambulance and aid service must ~~((maintain a record of, and submit to the department, the following information on request:~~
- ~~(a) Current certification levels of all personnel;~~
 - ~~(b) Any changes in staff affiliation with the ambulance and aid service to include new employees or employee severance; and~~
 - ~~(c) Make, model, and license number of all EMS response vehicles.~~

- ~~(2) The certified EMS provider in charge of patient care must provide the following information to the receiving facility staff:~~
- ~~(a) At the time of arrival at the receiving facility, a minimum of a brief written or electronic patient report including agency name, EMS personnel, and:

 - ~~(i) Date and time of the medical emergency;~~
 - ~~(ii) Time of onset of symptoms;~~
 - ~~(iii) Patient vital signs including serial vital signs where applicable;~~
 - ~~(iv) Patient assessment findings;~~
 - ~~(v) Procedures and therapies provided by EMS personnel;~~
 - ~~(vi) Any changes in patient condition while in the care of the EMS personnel;~~
 - ~~(vii) Mechanism of injury or type of illness.~~~~
 - ~~(b) Within twenty-four hours of arrival, a complete written or electronic patient care report that includes at a minimum:

 - ~~(i) Names and certification levels of all personnel providing patient care;~~
 - ~~(ii) Date and time of medical emergency;~~
 - ~~(iii) Age of patient;~~
 - ~~(iv) Applicable components of system response time;~~
 - ~~(v) Patient vital signs, including serial vital signs if applicable;~~
 - ~~(vi) Patient assessment findings;~~
 - ~~(vii) Procedures performed and therapies provided to the patient; this includes the times each procedure or therapy was provided;~~
 - ~~(viii) Patient response to procedures and therapies while in the care of the EMS provider;~~
 - ~~(ix) Mechanism of injury or type of illness;~~
 - ~~(x) Patient destination.~~~~
 - ~~(c) For trauma patients, all other data points identified in WAC 246-976-430 for inclusion in the trauma registry must be submitted within ten days of transporting the patient to the trauma center.~~
- ~~(3) Licensed services must make all patient care records available for inspection and duplication upon request of the county MPD or the department.) :~~
- (a) Maintain a record of certifications and endorsements of all personnel;
 - (b) Periodically audit certifications to assure they are current and active;
 - (c) Maintain a record of nonmedically trained drivers used by the service and relevant records that nonmedically trained drivers meet requirements in RCW 18.73.150;
 - (d) Report any additions and changes in a certified EMS providers affiliation with the service to include new employees or employee severance within 30 days;
 - (e) Maintain a record of make, model, and license number of all ambulance and aid vehicles;
 - (f) Report any additions and changes in ambulance and aid vehicles; and
 - (g) Maintain and provide a count of ambulance and aid service activations including: Advanced life support service activations, intermediate life support service activations, basic life support service activations, prehospital care, patient transports, interfacility transfers, and canceled activations between January 1st and December 31st of the previous calendar year.

(2) Licensed services must make all patient care records available for inspection and duplication upon request of the county MPD or the department.

AMENDATORY SECTION (Amending WSR 00-08-102, filed 4/5/00, effective 5/6/00)

WAC 246-976-340 Ambulance and aid services—Inspections and investigations. (1) The department may conduct periodic, unannounced inspections of licensed ambulances and aid vehicles and services.

(2) If the service is also verified in accordance with WAC 246-976-390, the department will include a review for compliance with verification standards as part of the inspections described in this section.

(3) At the end of an inspection for the purposes of initial, renewal, or amendment of licensure or verification, the department will:

(a) Present the preliminary findings to the EMS service; and

(b) Send a written report to the EMS service summarizing the department's findings and recommendations. The report shall identify any deficiencies found and the steps to take to address the deficiencies.

(4) Licensed services must provide the department full access to the facility, vehicles, and all records and documents relevant to the inspection or investigation which may include patient care reports, training and certification documentation, policies, procedures, protocols, crew schedules, mutual aid agreements, quality improvement materials or other relevant documents.

(5) Licensed services shall make available to the department and provide copies of any printed or written materials relevant to the inspection, verification review, or investigative process in a timely manner.

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

WAC 246-976-390 Standards for trauma ((verification of)) verified prehospital EMS services. ~~((1) The secretary verifies prehospital EMS services. Verification is a higher form of licensure that requires twenty-four-hour, seven day a week compliance with the standards outlined in chapter 70.168 RCW and this chapter. Verification will expire with the prehospital EMS service's period of licensure.~~

~~(2) To qualify for trauma verification, an agency must be a licensed ambulance or aid service as specified in WAC 246-976-260.~~

~~(3) The following EMS services may be verified:~~

~~(a) Aid service: Basic, intermediate (AEMT), and advanced (paramedic) life support;~~

~~(b) Ground ambulance service: Basic, intermediate (AEMT), and advanced (paramedic) life support;~~

~~(c) Air ambulance service.~~

~~(4) Personnel requirements:~~

~~(a) Verified aid services must provide personnel on each trauma response including:~~

~~(i) Basic life support: At least one individual who is an EMR or above;~~

~~(ii) Intermediate life support: At least one AEMT;~~

~~(iii) Advanced life support - Paramedic: At least one paramedic;~~

~~(b) Verified ambulance services must provide personnel on each trauma response including:~~

~~(i) Basic life support: At least two certified individuals - one EMT plus one EMR;~~

~~(ii) Intermediate life support: One AEMT, plus one EMT;~~

~~(iii) Advanced life support - Paramedic: At least two certified individuals - One paramedic and one EMT;~~

~~(c) Verified air ambulance services must provide personnel as identified in WAC 246-976-320.~~

~~(5) Equipment requirements:~~

~~(a) Verified BLS vehicles must carry equipment identified in WAC 246-976-300, Table A;~~

~~(b) Verified ILS and paramedic vehicles must provide equipment identified in Table A of this section, in addition to meeting the requirements of WAC 246-976-300;~~

~~(c) Verified air ambulance services must meet patient care equipment requirements described in WAC 246-976-320.~~

TABLE A: EQUIPMENT FOR VERIFIED TRAUMA SERVICES
(NOTE: "ASST" MEANS ASSORTMENTS. "X" INDICATES REQUIRED.)

	AMBULANCE		AID VEHICLE	
	PAR	ILS	PAR	ILS
AIRWAY MANAGEMENT				
Airway adjuncts				
Adjunctive airways, assorted per protocol	X	X	X	X
Laryngoscope handle, spare batteries	†	†	†	†
Adult blades, set	†	†	†	†
Pediatric blades, straight (0, 1, 2)	†ea	†ea	†ea	†ea
Pediatric blades, curved (2)	†ea	†ea	†ea	†ea
McGill forceps, adult & pediatric	†	†	†	†
ET tubes, adult and pediatric	asst	0	asst	0
Supraglottic airways per MPD protocol	X	X	X	X
End-tidal CO ₂ detector	†ea	†ea	†ea	†ea
Oxygen saturation monitor	†ea	†ea	†ea	†ea
TRAUMA EMERGENCIES				
IV access				
Administration sets and intravenous fluids per protocol:				
Adult	4	4	2	2
Pediatric volume control device	2	2	†	†
Catheters, intravenous (14-24 ga)	asst	asst	asst	asst
Needles				
Hypodermic	asst	asst	asst	asst
Intraosseous, per protocol	2	2	†	†
Sharps container	†	†	†	†
Syringes	asst	asst	asst	asst
Glucose measuring supplies	Yes	Yes	Yes	Yes
Pressure infusion device	†	†		
Length based tool for estimating pediatric medication and equipment sizes	†	†	†	†
Medications according to local patient care protocols				

~~(6) Aid service response time requirements: Verified aid services must meet the following minimum agency response times as defined by the department and identified in the regional plan:~~

~~(a) To urban response areas: Eight minutes or less, eighty percent of the time;~~

~~(b) To suburban response areas: Fifteen minutes or less, eighty percent of the time;~~

~~(c) To rural response areas: Forty-five minutes or less, eighty percent of the time;~~

~~(d) To wilderness response areas: As soon as possible.~~

~~(7) Ground ambulance service response time requirements: Verified ground ambulance services must meet the following minimum agency response times for all EMS and trauma responses to response areas as defined by the department and identified in the regional plan:~~

~~(a) To urban response areas: Ten minutes or less, eighty percent of the time;~~

~~(b) To suburban response areas: Twenty minutes or less, eighty percent of the time;~~

~~(c) To rural response areas: Forty-five minutes or less, eighty percent of the time;~~

~~(d) To wilderness response areas: As soon as possible.~~

~~(8) Verified air ambulance services must meet minimum agency response times as identified in the state plan.~~

~~(9) Verified ambulance and aid services must comply with the approved prehospital trauma triage procedures defined in WAC 246-976-010.~~

~~(10) The department will:~~

~~(a) Identify minimum and maximum numbers of prehospital services, based on:~~

~~(i) The approved regional EMS and trauma plans, including: Distribution and level of service identified for each response area; and~~

~~(ii) The Washington state EMS and trauma plan;~~

~~(b) With the advice of the steering committee, consider all available data in reviewing response time standards for verified prehospital trauma services at least biennially;~~

~~(c) Administer the BLS/ILS/ALS verification application and evaluation process;~~

~~(d) Approve an applicant to provide verified prehospital trauma care, based on satisfactory evaluations as described in this section;~~

~~(e) Obtain comments from the regional council as to whether the application(s) appears to be consistent with the approved regional plan;~~

~~(f) Provide written notification to the applicant(s) of the final decision in the verification award;~~

~~(g) Notify the regional council and the MPD in writing of the name, location, and level of verified services;~~

~~(h) Approve renewal of a verified service upon reapplication, if the service continues to meet standards established in this chapter and verification remains consistent with the regional plan.~~

~~(11) The department may:~~

~~(a) Conduct a preverification site visit; and~~

~~(b) Grant a provisional verification not to exceed one hundred twenty days. The secretary may withdraw the provisional verification status if provisions of the service's proposal are not implemented within the one hundred twenty-day period, or as otherwise provided in chapter 70.168 RCW and this chapter.)~~

Verified EMS services must:

(1) Provide initial training and updates to certified EMS personnel on department-approved prehospital triage procedures, regional patient care procedures, county operating procedures, county medical program director policies and patient care protocols;

(2) Identify how certified EMS providers will receive continuing medical education and ongoing training;

(3) Comply with department-approved prehospital triage procedures, regional patient care procedures, county operating procedures, county medical program director policies and patient care protocols;

(4) Participate in the department-approved regional quality improvement program;

(5) Provide service that is consistent with the department-approved application on file for the EMS service, the state plan and approved regional plan; and

(6) Meet the following minimum agency response times as defined by the department and identified in the regional plan. With the advice of the steering committee, the department will consider all available data in reviewing response time standards for verified prehospital trauma services at least biennially.

(a) Aid service response time requirements: Verified aid services must meet the following minimum agency response times as defined by the department and identified in the regional plan:

(i) To urban response areas: Eight minutes or less, 80 percent of the time.

(ii) To suburban response areas: Fifteen minutes or less, 80 percent of the time.

(iii) To rural response areas: Forty-five minutes or less, 80 percent of the time.

(iv) To wilderness response areas: As soon as possible.

(b) Ground ambulance service response time requirements: Verified ground ambulance services must meet the following minimum agency response times for all EMS and trauma responses to response areas identified in their department-approved application on file, as defined by the department and identified in the regional plan:

(i) To urban response areas: Ten minutes or less, 80 percent of the time.

(ii) To suburban response areas: Twenty minutes or less, 80 percent of the time.

(iii) To rural response areas: Forty-five minutes or less, 80 percent of the time.

(iv) To wilderness response areas: As soon as possible.

(c) Verified air ambulance services must meet minimum agency response times as identified in the state plan.

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

WAC 246-976-395 To apply for initial or renewal of verification or to change verification status as a prehospital EMS service. (1)

~~((To select verified prehospital EMS services, the department will:~~

~~(a) Provide a description of the documents an applicant must submit to demonstrate that it meets the standards as identified in chapter 70.168 RCW and WAC 246-976-390;~~

~~(b) Conduct a preverification on-site review for:~~

- ~~(i) All ALS ambulance service applications;~~
- ~~(ii) All ILS ambulance service applications; and~~
- ~~(iii) All BLS ambulance applications if and when there is any question of duplication of services or lack of coordination of prehospital services within the region;~~
- ~~(c) Request comments from the region in which a verification application is received, to be used in the department's review;~~
- ~~(d) Apply the department's evaluation criteria; and~~
- ~~(e) Apply the department's decision criteria.~~
- ~~(2) To apply for verification you must:~~
 - ~~(a) Be a licensed prehospital EMS ambulance or aid service as specified in WAC 246-976-260;~~
 - ~~(b) Submit a completed application:~~
 - ~~(i) If you are applying for verification in more than one region, you must submit a separate application for each region;~~
 - ~~(ii) You must apply for verification when you are:~~
 - ~~(A)) The secretary verifies prehospital EMS services to provide service that is consistent with the state plan and approved regional plans. Verification is a higher form of licensure that requires 24-hour, seven day a week compliance with the standards outlined in chapter 70.168 RCW and this chapter. Verification will expire with the prehospital EMS services' periods of licensure.~~
 - ~~(2) An aid or ambulance service operating in the state of Washington must apply for verification when you are:~~
 - ~~(a) An agency that responds to ((9-1-1)) 911 emergencies as part of its role in the EMS system;~~
 - ~~((B)) (b) A new business or legal entity that is formed through consolidation of existing services or a newly formed EMS agency;~~
 - ~~((C)) (c) An EMS agency that seeks to provide prehospital emergency response in a ((region in)) trauma response area which it previously has not been operating; or~~
 - ~~((D)) (d) A service that is changing((7)) or has changed its type of verification or its verification status.~~
 - ~~(3) To apply for initial verification or to change verification status of a verified aid or ambulance service, the applicant must:~~
 - ~~(a) Be a licensed aid or ambulance service as specified in WAC 246-976-260 or a licensed air ambulance service as specified in WAC 246-976-320;~~
 - ~~(b) Provide a completed application for verification on forms provided by the department;~~
 - ~~(c) Identify the level(s) of service to be provided 24/7 to include:~~
 - ~~(i) Basic life support (BLS);~~
 - ~~(ii) Intermediate life support (ILS);~~
 - ~~(iii) Advanced life support (ALS);~~
 - ~~(d) Meet the staffing requirements identified in WAC 246-976-260;~~
 - ~~(e) Meet the equipment requirements for the level(s) of service provided in WAC 246-976-300;~~
 - ~~(f) Provide information about the type of aid or ambulance vehicles that will be used by the service;~~
 - ~~(g) Provide documentation that describes:~~
 - ~~(i) The dispatch plan;~~
 - ~~(ii) The deployment plan;~~
 - ~~(iii) The response plan to include how patient transport will be continued if a vehicle or EMS providers become disabled;~~
 - ~~(iv) The tiered response and rendezvous plan;~~

(v) Interagency relations. Mutual aid agreements, memoranda of understanding, or other official documents describing interagency relations and the presence of collaboration and cooperation for coordinated services shall be made available to the department upon request; and

(h) Provide service that is consistent with the department-approved application on file for the EMS service, the state plan, and approved regional plan.

(4) To renew verification, you must provide a completed application and documentation for renewal on forms provided by the department at least 30 days before the expiration of the current license.

(5) The department will:

(a) Develop and administer the application and evaluation process for all levels of service;

(b) Provide a description of the documents an applicant must submit to demonstrate that the service meets the standards identified in chapter 70.168 RCW;

(c) Identify minimum and maximum numbers of verified prehospital services, including level of service for each trauma response area based on:

(i) The approved regional EMS and trauma plans; and

(ii) The Washington state EMS and trauma plan;

(d) Develop guidance for local and regional EMS councils regarding trauma response areas and conducting needs assessments to support identification of minimum and maximum numbers of prehospital services;

(e) Request comments to be considered in the department's review from:

(i) The regional council in which a verification application is received;

(ii) The county medical program director in the area which a verification application is applying to provide service; and

(iii) Other stakeholders or interested parties;

(f) Apply the department's evaluation and decision criteria;

(g) Select verified prehospital services;

(h) Approve an applicant to provide verified prehospital trauma care, based on satisfactory evaluations as described in this section;

(i) Approve renewal of a verified service upon reapplication, if the service continues to meet standards established in this chapter and provides service consistent with the department-approved application on file for the EMS service, the state plan and approved regional plan;

(j) Provide written notification to the applicants on the final decision regarding the license and verification; and

(k) Provide written notification to the regional council and county medical program director when the license and verification is first issued, when amendments to existing licenses and verification impacting service provided in the region occur, and when a license with verification has expired.

(6) The department may:

(a) Conduct a preverification site visit; and

(b) Grant a provisional verification not to exceed 120 days. The secretary may withdraw the provisional verification status if provisions of the service's proposal are not implemented within the 120-day period, or as otherwise provided in chapter 70.168 RCW and this chapter.

(7) The department will evaluate ((each)) prehospital EMS service applicants for verification on a point system. In the event there are

two or more applicants, the secretary will verify the most qualified applicant. The decision to verify will be based on at least the following:

(a) Total evaluation points received on ~~((all))~~ completed applications:

(i) Applicants must receive a minimum of ~~((one hundred fifty))~~ 150 points of the total ~~((two hundred))~~ 200 points possible from the overall evaluation scoring tool to qualify for verification~~((-))~~;

(ii) Applicants must receive a minimum of ~~((thirty))~~ 30 points in the evaluation of its clinical and equipment capabilities section of the evaluation scoring tool to qualify for verification;

(b) Recommendations from the on-site review team, if applicable; and

(c) Comments from the regional council(s) ~~((-))~~.

~~((d))~~ Dispatch plan;

~~((e))~~ Response plan;

~~((f))~~ Level of service;

~~((g))~~ Type of transport, if applicable;

~~((h))~~ Tiered response and rendezvous plan;

~~((i))~~ Back-up plan to respond;

~~((j))~~ Interagency relations;

~~((k))~~ How the applicant's proposal avoids unnecessary duplication of resources or services;

~~((l))~~ How the applicant's service is consistent with and will meet the specific needs as outlined in their approved regional EMS and trauma plan including the patient care procedures;

~~((m))~~ Ability to meet vehicle requirements;

~~((n))~~ Ability to meet staffing requirements;

~~((o))~~ How certified EMS personnel have been, or will be, trained so they have the necessary understanding of department-approved MPD protocols, and their obligation to comply with the MPD protocols;

~~((p))~~ Agreement to participate in the department-approved regional quality improvement program.

~~((4-))~~ (8) Regional EMS and trauma care councils may provide comments to the department regarding the verification application, including written statements on the following if applicable:

(a) Compliance with the department-approved minimum and maximum number of verified trauma services for the level of verification being sought by the applicant;

(b) How the proposed service will impact care in the region to include discussion on:

(i) Clinical care;

(ii) Response time to prehospital incidents;

(iii) Resource availability; ~~((and))~~

(iv) Unserved or ~~((under-served))~~ underserved trauma response areas; and

~~((e))~~ (v) How the applicant's proposed service will impact existing verified services in the region~~((-))~~;

~~((5-))~~ (c) Regional EMS/TC councils will solicit and consider input from local EMS/TC councils where local councils exist.

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

- WAC 246-976-920 Medical program director.** (1) Qualifications - Applicants for certification as a county medical program director (MPD) must:
- (a) Hold and maintain a current and valid license to practice medicine and surgery under chapter 18.71 RCW or osteopathic medicine and surgery under chapter 18.57 RCW; and
 - (b) Be qualified and knowledgeable in the administration and management of emergency medical care and services; and
 - (c) Complete a medical director training course approved by the department within the first two years of initial certification as an MPD unless an EMS fellowship has already been completed or a board certification in EMS is held; and
 - (d) Be recommended for certification by the local medical community and local emergency medical services and trauma care council (EMS/TC).
- (2) MPD certification process. In certifying the MPD, the department will:
- (a) Notify the local EMS/TC of a vacancy for an MPD and work with the local EMS/TC council and medical community to identify physicians interested in serving as the MPD;
 - (b) Receive a letter of interest and curriculum vitae from ~~((the))~~ MPD candidates;
 - (c) Perform required background checks identified in RCW 18.130.064;
 - (d) Work with and provide technical assistance to local EMS/TC councils on evaluating MPD candidates;
 - (e) Obtain letters of recommendation from the local EMS/TC council and local medical community; and
 - (f) Make final ~~((appointment of))~~ determination to certify the MPD.
- (3) Medical control and direction. The certified MPD must:
- (a) Provide medical control and direction of EMS certified personnel in their medical duties. This is done by oral or written communication; and
 - (b) Develop and adopt written prehospital patient care protocols for specialized training and to direct EMS certified personnel in patient care. ~~((These))~~ Protocols ~~((may))~~ must:
 - (i) Meet the minimum standards of the department;
 - (ii) Not conflict with county operating procedures or regional patient care procedures ~~((-))~~;
 - ~~((Protocols may))~~ (iii) Not exceed the authorized care of the certified prehospital personnel as described in WAC 246-976-182;
 - ~~((e))~~ (iv) Be relevant and meet current nationally recognized and state approved EMS practices;
 - (v) Be approved by the department. The department may consult with MPDs and other technical advisory groups for input prior to approval of protocols;
 - (vi) Develop and keep updated a mechanism to familiarize and assess competency of EMS providers with the protocols, county operating procedures, and MPD policies; and
 - (vii) With approval from the department, may enter into medical control agreements with other MPDs to clarify medical oversight for EMS providers to support the continuity of patient care.
- (4) MPD policies. The MPD must:

(a) Establish policies as directed by the department to include a policy for storing, dispensing, and administering controlled substances. Policies must be in accordance with state and federal regulations and guidelines;

~~((d))~~ (b) Work within the parameters of department policies, regional EMS and trauma care plans, and patient care procedures;

(c) Participate with local and regional EMS/TC councils to develop and revise:

(i) Regional EMS and trauma care plans;

(ii) Regional patient care procedures;

~~((ii))~~ (iii) County operating procedures when applicable. COPS ((do)) must not conflict with regional patient care procedures or other state standards; and

~~((iii) Participate with the local and regional EMS/TC councils to develop and revise regional plans;~~

~~(e))~~ (iv) Recommendations for improvements in medical control communications and EMS system coordination; and

(d) MPDs must work within the parameters of the approved regional patient care procedures and the regional plan((f

~~(f) Supervise training of all EMS certified personnel;~~

~~(g) Develop protocols for special training described in WAC 246-976-023(4);~~

~~(h) Periodically audit the medical care performance of EMS certified personnel;~~

~~(i))~~.

(5) MPD oversight of training and education. The MPD:

(a) Must provide oversight of instructors and supervise training of all EMS providers. MPDs may conduct these activities remotely;

(b) Must recommend to the department approval of individuals applying for recognition as senior EMS instructors candidates, senior EMS instructors, EMS evaluators, and locally approve all guest instructors for any EMS education and training;

(c) Must recommend to the department approval of training programs, courses, ongoing education and training plans (OTEP), and content for continuing medical education (CME) and ongoing training;

(d) May develop or approve an intensive airway management program and approve providers to take the program if live intubations cannot be obtained;

(e) May approve providers to perform IV and IO starts on artificial training aids; and

(f) May develop an evaluation form for a procedure or skill if one is not provided by the department.

(6) Certification of EMS providers. The MPD:

(a) Must recommend to the secretary certification, recertification, reciprocity, challenge, reinstatement, reissuance of expired certification or denial of certification of EMS personnel and sign applications; and

~~((j))~~ (b) May develop an integration process to evaluate and determine competency of an applicant's knowledge and skills in accordance with department policies. The MPD may:

(i) Use examinations to determine competency on department-approved MPD protocols prior to making a recommendation;

(ii) Use examinations to determine knowledge and abilities for personnel prior to recommending applicants for certification or recertification;

(iii) Prescribe additional required refresher training for expired providers;

(iv) Request, review and evaluate an EMS providers training records, skills, and documentation of prehospital medical care provided by the person, to determine proficiency and competency in the application of prehospital care prior to making a recommendation;

(v) Prescribe and review clinical and field evaluations; and

(vi) An MPD integration process must be approved by the department and may not take more than 90 days to complete unless unusual or extenuating circumstances exist;

(c) An MPD may recommend denial of certification to the secretary for any applicant the MPD can document is unable to function as an EMS provider, regardless of successful completion of training, evaluation, or examinations;

(d) An MPD must recommend certified providers to be approved or denied endorsements for specialized skills; and

(e) An MPD may approve a certified advanced emergency medical technician or a paramedic to function at a lower level of certification.

(7) Quality improvement and assurance activities. The MPD:

(a) Must adopt an MPD quality improvement plan that describes how quality improvement activities are conducted by the MPD. The plan must meet the minimum standards of the department;

(b) May access patient care records and reports in the statewide electronic EMS data system for EMS services under their oversight;

(c) May audit the medical care performance of EMS providers in accordance with the MPD quality improvement plan. The audit may include a review of documentation of patient care, training, and skills maintenance of EMS personnel;

(d) May perform counseling and assign remediation regarding the clinical practice of EMS providers;

(e) May recommend to the secretary disciplinary action to be taken against EMS personnel, which may include modification, suspension, or revocation of certification; and

~~((k) Recommend to the department individuals applying for recognition as senior EMS instructors.~~

~~(4-))~~ (f) Must participate in regional quality improvement activities.

(8) Oversight of licensed, verified, or recognized EMS services. The MPD:

(a) Must review and make a recommendation to the department for applications for services applying for recognition as an emergency services supervisory organization (ESSO);

(b) Must approve equipment and medications used to provide medical care by EMS personnel; and

(c) May make recommendations for corrections for EMS services that are out of compliance with the regional plan to the department in accordance with WAC 246-976-400.

(9) Delegation of duties. In accordance with department policies and procedures, the MPD may appoint a qualified physician to be an MPD delegate as defined in WAC 246-976-010. The MPD:

(a) May delegate duties to other physicians, except for duties described in subsections (3) (b), ~~((i), (j), and (k))~~ (4) (c) (i), (5) (b) and (c), (6) (a), (d), and (e), (7) (e), and (8) (a) of this section. ~~((The delegation must be in writing.))~~

(i) The MPD must notify the department in writing of the names and duties of individuals so delegated, within ~~((fourteen))~~ 14 days of appointment; and

(ii) ~~The MPD may ((remove delegated authority at any time, which shall be effective upon written notice to the delegate and the department)) recommend to the secretary removal of a delegate's authority.~~

~~(b) The MPD may delegate duties relating to training, evaluation, or examination of certified or recognized EMS personnel, to qualified nonphysicians. ((The delegation must be in writing;~~

~~(c) Enter into EMS medical control agreements with other MPDs;~~

~~(d) Recommend denial of certification to the secretary for any applicant the MPD can document is unable to function as an EMS provider, regardless of successful completion of training, evaluation, or examinations; and~~

~~(e) Utilize examinations to determine the knowledge and abilities of certified EMS personnel prior to recommending applicants for certification or recertification.~~

~~(5)) (10) The secretary may withdraw the certification of an MPD ((for failure)) when it finds that the MPD:~~

~~(a) Failed to comply with the Uniform Disciplinary Act (chapter 18.130 RCW) and other applicable statutes and regulations;~~

~~(b) Is not performing the duties required in applicable statutes and regulations;~~

~~(c) Has been recommended for termination by the local EMST council; or~~

~~(d) Is no longer authorized to practice within the local medical community.~~

~~(11) Modification, suspension, revocation, or denial of certification will be consistent with the requirements of the Administrative Procedure Act (chapter 34.05 RCW), the Uniform Disciplinary Act (chapter 18.130 RCW), and chapter 246-10 WAC.~~

~~(12) The department will make the final determination on termination of the MPD.~~

AMENDATORY SECTION (Amending WSR 02-14-053, filed 6/27/02, effective 7/28/02)

WAC 246-976-960 Regional emergency medical services and trauma care councils. ~~((1) In addition to meeting the requirements of chapter 70.168 RCW and elsewhere in this chapter, regional EMS/TC councils must:~~

~~(a) Identify and analyze system trends to evaluate the EMS/TC system and its component subsystems, using trauma registry data provided by the department;~~

~~(b) Develop and submit to the department regional EMS/TC plans to:~~

~~(i) Identify the need for and recommend distribution and level of care (basic, intermediate or advanced life support) for verified aid and ambulance services for each response area. The recommendations will be based on criteria established by the department relating to agency response times, geography, topography, and population density;~~

~~(ii) Identify EMS/TC services and resources currently available within the region;~~

~~(iii) Describe how the roles and responsibilities of the MPD are coordinated with those of the regional EMS/TC council and the regional plan;~~

~~(iv) Describe and recommend improvements in medical control communications and EMS/TC dispatch, with at least the elements of the state communication plan described in RCW 70.168.060 (1) (h);~~

~~(v) Include a schedule for implementation.~~

~~(2) In developing or modifying its plan, the regional council must seek and consider the recommendations of:~~

~~(a) Local EMS/TC councils;~~

~~(b) EMS/TC systems established by ordinance, resolution, inter-local agreement or contract by counties, cities, or other governmental bodies.~~

~~(3) In developing or modifying its plan, the regional council must use regional and state analyses provided by the department based on trauma registry data and other appropriate sources;~~

~~(4) Approved regional plans may include standards, including response times for verified services, which exceed the requirements of this chapter.~~

~~(5) An EMS/TC provider who disagrees with the regional plan may bring its concerns to the steering committee before the department approves the plan.~~

~~(6) The regional council must adopt regional patient care procedures as part of the regional plans. In addition to meeting the requirements of RCW 18.73.030(14) and 70.168.015(23):~~

~~(a) For all emergency patients, regional patient care procedures must identify:~~

~~(i) Guidelines for rendezvous with agencies offering higher levels of service if appropriate and available, in accordance with the regional plan.~~

~~(ii) The type of facility to receive the patient, as described in regional patient destination and disposition guidelines.~~

~~(iii) Procedures to handle types and volumes of trauma that may exceed regional capabilities, taking into consideration resources available in other regions and adjacent states.~~

~~(b) For major trauma patients, regional patient care procedures must identify procedures to activate the trauma system.~~

~~(7) In areas where no local EMS/TC council exists, the regional EMS/TC council shall:~~

~~(a) Make recommendations to the department regarding appointing members to the regional EMS/TC council;~~

~~(b) Review applications for initial training classes and OTEP programs, and make recommendations to the department.~~

~~(8) Matching grants made under the provisions of chapter 70.168 RCW may include funding to:~~

~~(a) Develop, implement, and evaluate prevention programs; or~~

~~(b) Accomplish other purposes as approved by the department.)~~

(1) Regional council composition and appointments. The department shall establish regional emergency medical services and trauma care councils (EMS/TC) and shall appoint members to be comprised of a balance of hospital and prehospital trauma care and emergency medical service providers, local elected officials, consumers, local law enforcement representatives, and local government agencies involved in the delivery of trauma care and emergency medical services recommended by the local emergency medical services and trauma care councils within the region.

(a) The department will design and manage the appointment process.

(b) In areas where no local EMS/TC council exists, the regional EMS/TC council shall make recommendations to the department regarding appointing members to the regional EMS/TC council.

(2) Funding and grants. The department, with the assistance of the emergency medical services and trauma care steering committee, shall adopt a program for the disbursement of funds for the development, implementation, and enhancement of the emergency medical services and trauma care system. Under the program, the department shall disburse funds to each emergency medical services and trauma care regional council, or their chosen fiscal agent or agents, which shall be city or county governments, stipulating the purpose for which the funds shall be expended.

(a) The councils shall report in the regional budget the individual source, amount, and purpose of all gifts and payments.

(b) Matching grants may be made under the provisions of chapter 70.168 RCW and awarded for the purposes identified in RCW 70.168.130 and to accomplish other purposes as approved by the department.

(3) Regional council responsibilities. In addition to meeting the requirements of chapter 70.168 RCW and elsewhere in this chapter, regional EMS/TC councils must:

(a) Develop and submit to the department regional EMS/TC plans that meet the minimum standards of the department. In developing and modifying the plans EMS/TC regions must:

(i) Use regional and state analyses provided by the department based on the statewide electronic emergency medical services data system, trauma registry data and other appropriate sources provided by the department;

(ii) Identify and analyze system trends to evaluate the EMS/TC system and its component subsystems, using statewide electronic emergency medical services data system, trauma registry data and other appropriate sources provided by the department;

(iii) Identify the need for and recommend distribution and level of care (basic, intermediate, or advanced life support) for verified aid and ambulance services to assure adequate availability and avoid inefficient duplication and lack of coordination of prehospital care services for each response area. The recommendations will be based on criteria established by the department and will include information related to agency response times, geography, topography, and population density;

(iv) Identify the need for and recommend distribution and level of facilities to be designated which are consistent with state standards and based upon availability of resources and distribution of trauma within the region;

(v) Identify prehospital training and education to meet regional and local needs;

(vi) Identify EMS/TC services and resources currently available within the region;

(vii) Summarize improvements and outcomes from the last approved plan;

(viii) See and consider the recommendations of local EMS/TC councils and systems established by ordinance, resolution, interlocal agreement or contract by counties, cities, and other governmental bodies;

(ix) Include in the plan, patient care procedures adopted by the region that meet the requirements of RCW 18.73.030 and 70.168.015 and the minimum standards of the department and must include:

- (A) The level of medical care personnel to be dispatched to an emergency scene;
- (B) Guidelines for rendezvous with agencies offering higher levels of service;
- (C) Air medical activation and utilization;
- (D) On scene command;
- (E) Procedures for EMS to identify and triage patients experiencing trauma, cardiac, or stroke emergencies. Procedures must include destination determination including the type and level of facility to first receive the patient, and the process EMS must use to alert the receiving facility;
- (F) For major trauma patients, regional patient care procedures must identify procedures to alert and activate the trauma system;
- (G) Patient care procedures must include interfacility transport procedures including the name and location of other trauma, cardiac, or stroke care facilities to receive the patient should an interfacility transfer be necessary;
- (H) Procedures to allow for the appropriate transport of patients to mental health facilities or chemical dependency programs, as informed by the alternative facility guidelines adopted under RCW 71.168.170;
- (I) Procedures to handle types and volumes of medical and trauma patients that may exceed regional capabilities, taking into consideration resources available in other regions and adjacent states;
- (J) Procedures for how hospital diversion is managed in the region; and
- (K) EMS and medical control communications;
- (x) Include a schedule for implementation and identify goals, objectives, and strategies;
- (xi) Include strategies that may promote improvements in the regional EMS/TC system;
- (xii) Describe how the roles and responsibilities of the MPD are coordinated with those of the regional EMS/TC council and regional plan; and
- (xiii) Describe and recommend improvements in medical control communications and EMS/TC dispatch, with at least the elements of the state communication plan described in RCW 70.168.060 (1)(h).
- (b) Review applications for verification of ambulance and aid services and make recommendations to the department regarding:
- (i) Compliance with the department-approved minimum and maximum number of verified trauma services for the level of verification being sought by the applicant;
- (ii) How proposed service will impact care in the region in relations to clinical care, response time to prehospital incidents, and resource availability;
- (iii) How the proposed service impacts unserved and underserved trauma response areas;
- (iv) How the proposed service will impact existing verified services in the region; and
- (v) Include any comments from local EMS/TC councils and systems established by ordinance, resolution, interlocal agreement or contract by counties, cities, or other governmental bodies.
- (c) Review applicants for designation of hospital trauma services and make recommendations to the department.

AMENDATORY SECTION (Amending WSR 02-14-053, filed 6/27/02, effective 7/28/02)

WAC 246-976-970 Local emergency medical services and trauma care councils. (1) Local council composition. If a county or group of counties creates a local EMS/TC council, it must be composed of a balance of representatives of hospital and (~~prehospital trauma care and~~) EMS providers, local elected officials, consumers, local law enforcement officials, local government agencies, physicians, and prevention specialists involved in the delivery of EMS/TC.

(2) Local council responsibilities. In addition to meeting the requirements of chapter 70.168 RCW and this chapter, local EMS/TC councils (~~must~~):

(a) (~~Participate with the MPD and emergency communication centers in making recommendations to the regional council about the development of regional patient care procedures; and~~

~~(b) Review applications for initial training classes and OTEP programs, and make recommendations to the department.))~~ Must make recommendations to the regional council regarding appointing members representing the local council to the regional EMS/TC council;

(b) Must develop county operating procedures as defined in WAC 246-976-010 in collaboration with the county medical program director;

(c) Must participate in regional council meeting and activities;

(d) Must make recommendations to the regional council about the development of regional patient care procedures;

(e) Review applications for EMS training programs and make recommendations to the department;

(f) Conduct activities to assess, support, and improve EMS training programs within the county;

(g) Identify prehospital training and education to meet local needs and make recommendations to the regional council for regional planning;

(h) Review applications for EMS service verification at the request of regional EMS councils. The review must include:

(i) Compliance with the department-approved minimum and maximum number of trauma verified services for the level of verification being sought by the applicant;

(ii) How the proposed service will impact care in the region in relation to clinical care, response time to prehospital incidents, and resource availability;

(iii) How the proposed service impacts unserved or underserved trauma response areas;

(iv) How the proposed service will impact existing verified services in the region; and

(v) Seek and include any comments from local systems established by ordinance, resolution, interlocal agreement or contract by counties, cities, or other governmental bodies;

(i) Provide recommendation to the regional EMS/TC council in accordance with RCW 70.168.080, for remediation activities to support a prehospital provider that is out of compliance with regional plan;

(j) Identify how the roles and responsibilities of the MPD are coordinated with those of the local council.

(3) Local EMS/TC councils may make recommendations to the department regarding certification and termination of MPDs, as provided in RCW 18.71.205(4).

WSR 24-15-107

PERMANENT RULES

HEALTH CARE AUTHORITY

(School Employees Benefits Board)

[Admin #2024-01—Filed July 22, 2024, 4:27 p.m., effective January 1, 2025]

Effective Date of Rule: January 1, 2025.

purpose: The purpose of this proposal is to amend rules to support the school employees benefits board (SEBB) program:

1. Implement SEBB policy resolutions and statutory changes:

- Created WAC 182-30-200 to establish employer group application process;
- Created WAC 182-30-205 to establish the requirements for an employer group to request inclusion of retired school employees who are covered under its retiree health plan at the time of applying for participation in the SEBB insurance coverage;
- Created WAC 182-30-210 to establish the criteria for approving or denying an employer group application;
- Created WAC 182-30-215 to establish employer group participation requirements;
- Created WAC 182-31-200 to establish school board members' participation requirements;
- Created WAC 182-32-2060 to establish appeals procedures for an entity or organization to file an appeal with the authority if their employer group application is denied;
- Created the definitions of "employer group," "school board member," and "tribal school" in WAC 182-30-020, 182-31-020, and 182-32-020;
- Created the definitions of "employer group rate surcharge," "on-going large claim," and "plan year" "large claims" in WAC 182-30-020;
- Created the definition of "PEBB program" and amended the definition of "waive" to include public employees benefits board's vision in WAC 182-30-020 and 182-31-020;
- Amended the definition of "flexible spending arrangement" in WAC 182-30-020, 182-31-020, and 182-32-020; and amended the definitions of "salary reduction plan" and "special open enrollment" in WAC 182-30-020 and 182-31-020 to implement SB 5700;
- Amended the definition of "SEBB program" to include eligible school board members, amended the definition of "subscriber" to include school board member and employer group; and amended the definition of "school employee" to include employees of employee organizations representing school employees and employees of a tribal school in WAC 182-30-020, 182-31-020, and 182-32-020;
- Amended WAC 182-30-010 and 182-31-010 to include school board members eligible for SEBB benefits under RCW 41.05.743.

2. Make other technical amendments:

- Amended WAC 182-30-050 to include school board members and their enrollment requirements for submitting attestation and when a premium surcharge will take effect, clarified which subscribers must submit the form to the SEBB program, clarified a subscriber must provide evidence of the event when there is a change in the spouse's or state registered domestic partner's employer-based group medical, and updated subsections;
- Amended WAC 182-30-060 to include a subsection reference, to clarify when new enrollment will begin for a newly eligible

school employee as described in WAC 182-31-040, and to clarify when a school employee who regains eligibility will begin enrollment and submit evidence of insurability for supplemental life insurance as described in WAC 182-31-080(3);

- Amended WAC 182-30-070 to include school employees of employer groups and the terms of payment to HCA for employer groups;
- Amended WAC 182-30-075 and 182-30-090 to update the subscriber's references;
- Amended WAC 182-30-080 and 182-32-2050 to update "flexible spending arrangement" references;
- Amended WAC 182-30-130 to update "flexible spending arrangement" reference and a WAC subsection reference;
- Amended WAC 182-30-140 to update a statute reference;
- Amended WAC 182-31-060 to add a new subsection that states school employees of employer groups are not eligible to participate in the state's salary reduction plan;
- Amended WAC 182-31-100 to include a WAC reference;
- Amended WAC 182-31-150 to include when a school board member may remove dependents, to clarify when any other subscriber must submit the required form, and to clarify when a school employee must submit a required form when enrolling a dependent in supplemental dependent life insurance or accidental death and dismemberment insurance;
- Amended WAC 182-31-160 to clarify all other subscribers submit the required forms to the SEBB program and when the changes to health plan coverage or enrollment will begin following the receipt of National Medical Support Notice.

3. Amend rules to improve administration of the SEBB program:

- Amended WAC 182-30-040 to include school board members and added an exception for certain continuation coverage subscriber who is not required to make the first premium payment and applicable premium surcharges to begin the new enrollment;
- Amended the definition of "appellant," "denial," or "denial notice" in WAC 182-32-020 to include employer group;
- Amended WAC 182-32-2010 to include the appeals process for any current or former school employee of an employer group or their dependent;
- Amended WAC 182-32-2030 to include the appeal process regarding certain decisions made by an employer group and updated the request for a brief adjudicative proceeding to include a continuation coverage and school board members, and their dependent;
- Amended WAC 182-32-2040 to update the request for a brief adjudicative proceeding for a continuation coverage enrollee or school board member;
- Amended WAC 182-32-064, 182-32-2070, 182-32-2100, 182-32-2130, 182-32-2140, 182-32-2150, and 182-32-3175 to include employer group.

Citation of Rules Affected by this Order: New WAC 182-30-200, 182-30-205, 182-30-210, 182-30-215, 182-31-200 and 182-32-2060; and amending WAC 182-30-010, 182-30-020, 182-30-040, 182-30-050, 182-30-060, 182-30-070, 182-30-075, 182-30-080, 182-30-090, 182-30-130, 182-30-140, 182-31-010, 182-31-020, 182-31-060, 182-31-100, 182-31-150, 182-31-160, 182-32-020, 182-32-064, 182-32-2010, 182-32-2030, 182-32-2040, 182-32-2050, 182-32-2070, 182-32-2100, 182-32-2130, 182-32-2140, 182-32-2150, and 182-32-3175.

Statutory Authority for Adoption: RCW 41.05.021, 41.05.160, 41.05.740.

Other Authority: SSB 5275, section 2, chapter 13, Laws of 2023; and SB 5700, section 3, chapter 51, Laws of 2023.

Adopted under notice filed as WSR 24-11-094 on May 16, 2024.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 6, Amended 22, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 6, Amended 29, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 6, Amended 29, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 6, Amended 29, Repealed 0.

Date Adopted: July 22, 2024.

Wendy Barcus
Rules Coordinator

OTS-5337.6

AMENDATORY SECTION (Amending WSR 19-14-093, filed 7/1/19, effective 8/1/19)

WAC 182-30-010 Purpose. The purpose of this chapter is to establish school employees benefits board (SEBB) program enrollment criteria and procedures for school employees eligible for SEBB benefits under RCW 41.05.740(6) and for school board members eligible for SEBB benefits under RCW 41.05.743.

AMENDATORY SECTION (Amending WSR 22-13-168, filed 6/21/22, effective 1/1/23)

WAC 182-30-020 Definitions. The following definitions apply throughout this chapter unless the context clearly indicates another meaning:

"Accidental death and dismemberment insurance" or "AD&D" means basic accidental death and dismemberment (AD&D) insurance paid for by the SEBB organization, as well as supplemental accidental death and dismemberment insurance offered to and paid for by school employees for themselves and their dependents.

"Annual open enrollment" means an annual event set aside for a period of time by the HCA when subscribers may make changes to their health plan enrollment and salary reduction elections for the following plan year. During the annual open enrollment, subscribers may transfer from one health plan to another, enroll or remove dependents from coverage, enroll in coverage, or waive enrollment (see definition

of "waive" in this section). School employees eligible to participate in the salary reduction plan may enroll in or change their election under the dependent care assistance program (DCAP), the (~~medical~~) flexible spending arrangement (FSA), or limited purpose FSA. They may also enroll in or opt out of the premium payment plan.

"Authority" or "HCA" means the Washington state health care authority.

"Benefits administrator" means any person or persons designated by the SEBB organization that trains, communicates, and interacts with school employees as the subject matter expert for eligibility, enrollment, and appeals for SEBB benefits.

"Board" means the school employees benefits board established under provisions of RCW 41.05.740.

"Calendar days" or "days" means all days including Saturdays, Sundays, and all state legal holidays as set forth in RCW 1.16.050.

"Consolidated Omnibus Budget Reconciliation Act" or "COBRA" means continuation coverage as administered under 42 U.S.C. Secs. 300bb-1 through 300bb-8.

"Continuation coverage" means the temporary continuation of SEBB benefits available to enrollees under the Consolidated Omnibus Budget Reconciliation Act (COBRA), 42 U.S.C. Secs. 300bb-1 through 300bb-8, the Uniformed Services Employment and Reemployment Rights Act (USERRA), 38 U.S.C. Secs. 4301 through 4335, or SEBB policies.

"Contracted vendor" means any person, persons, or entity under contract or agreement with the HCA to provide goods or services for the provision or administration of SEBB benefits. The term "contracted vendor" includes subcontractors of the HCA and subcontractors of any person, persons, or entity under contract or agreement with the HCA that provide goods or services for the provision or administration of SEBB benefits.

"Dependent" means a person who meets eligibility requirements in WAC 182-31-140.

"Dependent care assistance program" or "DCAP" means a benefit plan whereby school employees may pay for certain employment related dependent care with pretax dollars as provided in the salary reduction plan under chapter 41.05 RCW pursuant to 26 U.S.C. Sec. 129 or other sections of the Internal Revenue Code.

"Director" means the director of the authority.

"Employer-based group health plan" means group medical, group vision, and group dental related to a current employment relationship. It does not include medical, vision, or dental coverage available to retired employees, individual market medical or dental coverage, or government-sponsored programs such as medicare or medicaid.

"Employer-based group medical" means group medical related to a current employment relationship. It does not include medical coverage available to retired employees, individual market medical coverage, or government-sponsored programs such as medicare or medicaid.

"Employer contribution" means the funding amount paid to the HCA by a school employees benefits board (SEBB) organization for its eligible school employees as described under WAC 182-31-040 or 182-30-130.

"Employer group" means an employee organization representing school employees and a tribal school as defined in RCW 28A.715.010, obtaining school employee benefits through a contractual agreement with the authority to participate in benefit plans developed by the school employees benefits board as described in WAC 182-30-215.

"Employer group rate surcharge" means the rate surcharge described in RCW 41.05.050(2).

"Enrollee" means a person who meets all eligibility requirements defined in chapter 182-31 WAC or WAC 182-30-130, who is enrolled in SEBB benefits, and for whom applicable premium payments have been made.

"Flexible spending arrangement" or "FSA" means a benefit plan whereby eligible school employees may reduce their salary before taxes to pay for medical expenses not reimbursed by insurance as provided in the salary reduction plan established under chapter 41.05 RCW pursuant to 26 U.S.C. Sec. 125 or other sections of the Internal Revenue Code.

"Forms" or "form" means both paper forms and forms completed electronically.

"Health plan" means a plan offering medical, vision, dental, or any combination of these coverages, developed by the board and provided by a contracted vendor or self-insured plans administered by the HCA.

"Insignificant shortfall" means a premium balance owed that is less than or equal to the lesser of \$50 or 10 percent of the premium required by the health plan as described in Treasury Regulation 26 C.F.R. 54.4980B-8.

"Large claim" means a claim of more than \$25,000 in allowed costs for services in a quarter.

"Life insurance" means basic life insurance paid for by the SEBB organization, as well as supplemental life insurance or supplemental dependent life insurance offered to and paid for by school employees for themselves and their dependents.

"Limited purpose flexible spending arrangement" or "limited purpose FSA" means a benefit plan whereby eligible school employees may reduce their salary before taxes to pay for dental and vision expenses not reimbursed by insurance as provided in the salary reduction plan established under chapter 41.05 RCW pursuant to 26 U.S.C. Sec. 125 or other sections of the Internal Revenue Code.

"Long-term disability insurance" or "LTD insurance" means employer-paid long-term disability insurance and any employee-paid long-term disability insurance offered by the SEBB program.

~~(("Medical flexible spending arrangement" or "medical FSA" means a benefit plan whereby eligible school employees may reduce their salary before taxes to pay for medical expenses not reimbursed by insurance as provided in the salary reduction plan established under chapter 41.05 RCW pursuant to 26 U.S.C. Sec. 125 or other sections of the Internal Revenue Code.))~~

"Ongoing large claim" means a claim where the patient is expected to need ongoing case management into the next quarter for which the expected allowed cost is greater than \$25,000 in the quarter.

"PEBB" means the public employees benefits board.

"PEBB program" means the program within the HCA that administers insurance and other benefits for eligible employees (as described in WAC 182-12-114), eligible retired employees (as described in WAC 182-12-171, 182-12-180, and 182-12-211), eligible survivors (as described in WAC 182-12-180, 182-12-250, and 182-12-265), eligible dependents (as described in WAC 182-12-250 and 182-12-260), and others as defined in RCW 41.05.011 or 41.05.080 (1) (a) (ii).

"Plan year" means the time period established by the authority.

"Premium payment plan" means a benefit plan whereby school employees may pay their share of group health plan premiums with pretax dollars as provided in the salary reduction plan under chapter 41.05

RCW pursuant to 26 U.S.C. Sec. 125 or other sections of the Internal Revenue Code.

"Premium surcharge" means a payment required from a subscriber, in addition to the subscriber's medical premium contribution, due to an enrollee's tobacco use or an enrolled subscriber's spouse or state registered domestic partner choosing not to enroll in their employer-based group medical when:

- The spouse's or state registered domestic partner's share of the medical premium is less than 95 percent of the additional cost an employee would be required to pay to enroll a spouse or state registered domestic partner in the public employees benefits board (PEBB) Uniform Medical Plan (UMP) Classic; and

- The benefits have an actuarial value of at least 95 percent of the actuarial value of PEBB UMP Classic benefits.

"Salary reduction plan" means a benefit plan whereby school employees may agree to a reduction of salary on a pretax basis to participate in the dependent care assistance program, (~~medical~~) flexible spending arrangement, limited purpose flexible spending arrangement, or premium payment plan offered pursuant to 26 U.S.C. Sec. 125 or other sections of the Internal Revenue Code.

"School board member" means the board of directors of a school district as governed by chapter 28A.343 RCW or the board of directors of an educational district as governed by chapter 28A.310 RCW.

"School employee" means (~~(*)~~) all employees of school districts and charter schools established under chapter 28A.710 RCW; (~~(*)~~) represented employees of educational service districts; (~~and~~) effective January 1, 2024, all employees of educational service districts; and effective January 1, 2024, pursuant to a contractual agreement with the authority, "school employee" may also include (a) employees of employee organizations representing school employees, at the option of each such employee organization; and (b) employees of a tribal school as defined in RCW 28A.715.010, if the governing body of the tribal school seeks and receives the approval of the authority to provide any of its insurance programs by contracts with the authority, as provided in RCW 41.05.021 (1) (f) and (g).

"School employees benefits board organization" or "SEBB organization" means a public school district or educational service district or charter school established under chapter 28A.710 RCW that is required to participate in benefit plans provided by the school employees benefits board.

"School year" means school year as defined in RCW 28A.150.203(11).

"SEBB" means the school employees benefits board.

"SEBB benefits" means one or more insurance coverages or other school employee benefits administered by the SEBB program within the HCA.

"SEBB insurance coverage" means any health plan, life insurance, accidental death and dismemberment insurance, or long-term disability insurance administered as a SEBB benefit.

"SEBB program" means the program within the HCA that administers insurance and other benefits for eligible school employees (as described in WAC 182-31-040 or 182-30-130) (~~and~~), eligible dependents (as described in WAC 182-31-140), and eligible school board members (as described in WAC 182-31-200).

"Special open enrollment" means a period of time when subscribers may make changes to their health plan enrollment and salary reduction elections outside of the annual open enrollment period when specific

life events occur. During the special open enrollment subscribers may change health plans and enroll or remove dependents from coverage. Additionally, school employees may enroll in or waive enrollment (see definition of "waive" in this section). School employees eligible to participate in the salary reduction plan may enroll in or revoke their election under the DCAP, (~~medical~~) FSA, limited purpose FSA, or the premium payment plan and make a new election. For special open enrollment events related to specific SEBB benefits, see WAC 182-30-090, 182-30-100, 182-31-080, and 182-31-150.

"State registered domestic partner" has the same meaning as defined in RCW 26.60.020(1) and substantially equivalent legal unions from other jurisdictions as defined in RCW 26.60.090.

"Subscriber" means the school employee (~~(or)~~) continuation coverage enrollee, or school board member who has been determined eligible by the SEBB program (~~(or)~~) SEBB organization, or employer group, is enrolled in SEBB benefits, and is the individual to whom the SEBB program and contracted vendors will issue all notices, information, requests, and premium bills on behalf of an enrollee.

"Supplemental coverage" means any life insurance or accidental death and dismemberment (AD&D) insurance coverage purchased by the school employee in addition to the coverage provided by the school employees benefits board (SEBB) organization.

"Tobacco products" means any product made with or derived from tobacco that is intended for human consumption, including any component, part, or accessory of a tobacco product. This includes, but is not limited to, cigars, cigarettes, pipe tobacco, chewing tobacco, snuff, and other tobacco products. It does not include e-cigarettes or United States Food and Drug Administration (FDA) approved quit aids.

"Tobacco use" means any use of tobacco products within the past two months. Tobacco use, however, does not include the religious or ceremonial use of tobacco.

"Tribal school" has the same meaning as defined in RCW 28A.715.010.

"Waive" means an eligible school employee affirmatively declining enrollment in SEBB medical because the school employee is enrolled in other employer-based group medical, a TRICARE plan, or medicare as allowed under WAC 182-31-080. A school employee may waive enrollment in SEBB medical to enroll in PEBB medical only if they are enrolled in PEBB dental and PEBB vision. A school employee who waives enrollment in SEBB medical to enroll in PEBB medical also waives enrollment in SEBB dental and SEBB vision.

"Week" means a seven-day period starting on Sunday and ending on Saturday.

AMENDATORY SECTION (Amending WSR 22-13-168, filed 6/21/22, effective 1/1/23)

WAC 182-30-040 Premium payments and premium refunds. School employees benefits board (SEBB) insurance coverage premiums and applicable premium surcharges for all subscribers are due as described in this section, except when a SEBB organization is correcting its enrollment error as described in WAC 182-30-060 (4) or (5).

(1) **Premium payments.** SEBB insurance coverage premiums and applicable premium surcharges for all subscribers become due the first of the month in which SEBB insurance coverage is effective.

Premiums and applicable premium surcharges are due from the subscriber for the entire month of SEBB insurance coverage and will not be prorated during any month.

(a) For subscribers not eligible for the employer contribution that are electing to enroll in continuation coverage as described in WAC 182-31-090, 182-31-100, 182-31-120, or 182-31-130, or electing to enroll as a school board member as described in WAC 182-31-200, the first premium payment and applicable premium surcharges are due to the health care authority (HCA) or the contracted vendor no later than 45 days after the election period ends as described within the Washington Administrative Code applicable to the subscriber. Premiums and applicable premium surcharges associated with continuing SEBB medical must be made to the HCA as well as premiums associated with continuing SEBB dental or vision insurance coverage. Premiums associated with life insurance coverage and accidental death and dismemberment (AD&D) coverage must be made to the contracted vendor. Following the first premium payment, premiums and applicable premium surcharges must be paid as premiums become due.

Exception: A subscriber enrolled in continuation coverage as defined in WAC 182-30-020 who is electing to enroll in another type of continuation coverage is not required to make the first premium payment and applicable premium surcharges to begin the new enrollment.

(b) For school employees who are eligible for the employer contribution, premiums and applicable premium surcharges are due to the SEBB organization or contracted vendor. If a school employee elects supplemental coverage or employee-paid long-term disability (LTD) insurance, or is enrolled in employee-paid LTD insurance, as described in WAC 182-30-080 (1) (a) or (3) (a) or is enrolled in employee-paid LTD insurance as described in WAC 182-30-080 (1) (b) the school employee is responsible for payment of premiums from the month the supplemental coverage or employee-paid LTD insurance begins.

Exception: A school employee who is on a leave of absence and maintains eligibility for the employer contribution, will have their premiums waived for their employee-paid LTD insurance for the first 90 days. For this purpose, "leave of absence" is defined as a paid or unpaid temporary or indefinite administrative leave, involuntary leave, sick leave, or insurance continued under the federal Family and Medical Leave Act, or paid family and medical leave program as described in WAC 182-31-110.

(c) Unpaid or underpaid premiums or applicable premium surcharges for all subscribers must be paid, and are due from the SEBB organization, subscriber, or a subscriber's legal representative to the HCA or the contracted vendor. For subscribers not eligible for the employer contribution, monthly premiums or applicable premium surcharges that remain unpaid for 30 days will be considered delinquent. A subscriber is allowed a grace period of 30 days from the date the monthly premiums or applicable premium surcharges become delinquent to pay the unpaid premium balance or applicable premium surcharges. If a subscriber, who is not eligible for the employer contribution, has monthly premiums or applicable premium surcharges remain unpaid for 60 days from the original due date, the subscriber's SEBB insurance coverage will be terminated retroactive to the last day of the month for which the monthly premiums and any applicable premium surcharges were paid. If it is determined by the HCA that payment of the unpaid balance in a lump sum would be considered a hardship, the HCA may develop a reasonable payment plan up to 12 months in duration with the subscriber or the subscriber's legal representative upon request.

(d) Monthly premiums or applicable premium surcharges due from a subscriber who is not eligible for the employer contribution will be considered unpaid if one of the following occurs:

(i) No payment of premiums or applicable premium surcharges are received by the HCA or the contracted vendor and the monthly premiums or applicable premium surcharges remain unpaid for 30 days; or

(ii) Premium payments or applicable premium surcharges received by the HCA or the contracted vendor are underpaid by an amount greater than an insignificant shortfall and the monthly premiums or applicable premium surcharges remain underpaid for 30 days past the date the monthly premiums or applicable premium surcharges were due.

(2) **Premium refunds.** SEBB insurance coverage premiums and applicable premium surcharges will be refunded using the following methods:

(a) When a subscriber submits an enrollment change affecting subscriber or dependent eligibility, HCA may allow up to three months of accounting adjustments. HCA will refund to the individual or the SEBB organization any excess premiums and applicable premium surcharges paid during the 60-day adjustment period, except as indicated in WAC 182-31-120.

(b) If a SEBB subscriber, dependent, or beneficiary submits a written appeal as described in WAC 182-32-2010, and provides clear and convincing evidence of extraordinary circumstances, such that the subscriber could not timely submit the necessary information to accomplish an allowable enrollment change within 60 days after the event that created a change of premiums, the SEBB director, the SEBB director's designee, or the SEBB appeals unit may:

(i) Approve a refund of premiums and applicable premium surcharges that does not exceed 12 months of premiums; and

(ii) Approve the enrollment change that was originally requested and which forms the basis for the refund.

(c) If a federal government entity determines that an enrollee is retroactively enrolled in coverage (for example, medicare) the subscriber or beneficiary may be eligible for a refund of premiums and applicable premium surcharges paid during the time they were enrolled under the federal program if approved by the SEBB director or the SEBB director's designee.

(d) HCA errors will be corrected by returning all excess premiums and applicable premium surcharges paid by the SEBB organization, subscriber, or beneficiary.

(e) SEBB organization errors will be corrected by returning all excess premiums and applicable premium surcharges paid by the school employee or beneficiary as described in WAC 182-30-060 (4) and (5).

AMENDATORY SECTION (Amending WSR 20-16-067, filed 7/28/20, effective 8/28/20)

WAC 182-30-050 What are the requirements regarding premium surcharges? (1) A subscriber's account will incur a premium surcharge in addition to the subscriber's monthly medical premium, when any enrollee, (~~(thirteen)~~) 13 years and older, engages in tobacco use.

(a) A subscriber must attest to whether any enrollee, (~~(thirteen)~~) 13 years and older, enrolled in their school employees benefits board (SEBB) medical engages in tobacco use. The subscriber must attest as described in (a)(i) through (~~(v)~~) (vi) of this subsection:

(i) A school employee who is newly eligible or regains eligibility for the employer contribution toward SEBB benefits must complete the required form to enroll in SEBB medical as described in WAC 182-30-080 (1) or (3). The school employee must include their attestation on that form. The school employee must submit the form to their SEBB organization. If the school employee's attestation results in a

premium surcharge, it will take effect the same date as SEBB medical begins;

(ii) If there is a change in the tobacco use status of any enrollee, (~~thirteen~~) 13 years and older on the subscriber's SEBB medical, the subscriber must update their attestation on the required form. A school employee must submit the form to their SEBB organization. ((A)) Any other subscriber (~~on continuation coverage~~) must submit their (~~updated~~) form to the SEBB program. The attestation change will apply as follows:

- A change that results in a premium surcharge will begin the first day of the month following the status change. If that day is the first of the month, the change to the surcharge begins on that day.

- A change that results in removing the premium surcharge will begin the first day of the month following receipt of the attestation. If that day is the first of the month, the change to the surcharge begins on that day.

(iii) If a subscriber submits the required form to enroll a dependent, (~~thirteen~~) 13 years and older, in SEBB medical as described in WAC 182-31-150, the subscriber must attest for their dependent on the required form. A school employee must submit the form to their SEBB organization. ((A)) Any other subscriber (~~on continuation coverage~~) must submit their form to the SEBB program. A change that results in a premium surcharge will take effect the same date as SEBB medical begins;

(iv) An enrollee, (~~thirteen~~) 13 years and older, who elects to continue medical coverage as described in WAC 182-31-090, must provide an attestation on the required form if they have not previously attested as described in (a) of this subsection. The enrollee must submit their form to the SEBB program. An attestation that results in a premium surcharge will take effect the same date as SEBB medical begins; (~~or~~)

(v) A school board member who enrolls in SEBB medical as described in WAC 182-30-200, must provide an attestation on the required form. The school board member must submit their form to the SEBB program. An attestation that results in a premium surcharge will take effect the same date as SEBB medical begins; or

(vi) A school employee who previously waived SEBB medical must complete the required form to enroll in SEBB medical as described in WAC 182-31-080(3). The school employee must submit their attestation on that form. A school employee must submit the form to their SEBB organization. An attestation that results in a premium surcharge will take effect the same date as SEBB medical begins.

Note: A school employee who waives SEBB medical as described in WAC 182-31-080 is not required to provide an attestation and no premium surcharge will be applied to their account as long as the school employee remains in waived status.

(b) A subscriber's account will incur a premium surcharge when a subscriber fails to attest to the tobacco use status of all enrollees as described in (a) of this subsection.

(c) The SEBB program will provide reasonable alternatives for enrollees who use tobacco products. A subscriber can avoid the tobacco use premium surcharge if the subscriber attests on the required form that all enrollees who use tobacco products enrolled in or accessed one of the applicable reasonable alternatives offered below:

(i) An enrollee who is (~~eighteen~~) 18 years and older and uses tobacco products is currently enrolled in the free tobacco cessation program through their SEBB medical.

(ii) An enrollee who is (~~thirteen~~) 13 through (~~seventeen~~) 17 years old and uses tobacco products accessed the information and re-

sources aimed at teens on the Washington state department of health's website at <https://teen.smokefree.gov>.

(iii) A subscriber may contact the SEBB program to accommodate a physician's recommendation that addresses an enrollee's use of tobacco products or for information on how to avoid the tobacco use premium surcharge.

(2) A subscriber will incur a premium surcharge, in addition to the subscriber's monthly medical premium, if an enrolled spouse or state registered domestic partner has chosen not to enroll in another employer-based group medical where the spouse's or state registered domestic partner's share of the medical premium is less than (~~ninety-five~~) 95 percent of the additional cost a school employee would be required to pay to enroll a spouse or state registered domestic partner in the public employees benefits board (PEBB) Uniform Medical Plan (UMP) Classic and the benefits have an actuarial value of at least (~~ninety-five~~) 95 percent of the actuarial value of the PEBB UMP Classic's benefits.

(a) A subscriber who enrolled a spouse or state registered domestic partner under their SEBB medical may only attest during the following times:

(i) When a subscriber becomes eligible to enroll a spouse or state registered domestic partner in SEBB medical as described in WAC 182-31-150. The subscriber must complete the required form to enroll their spouse or state registered domestic partner, and include their attestation on that form. The school employee must submit the form to their SEBB organization. ((A)) Any other subscriber (~~on continuation coverage~~) must submit the form to the SEBB program. If the subscriber's attestation results in a premium surcharge it will take effect the same date as SEBB medical begins.

(ii) During the annual open enrollment. A subscriber must attest if during the month prior to the annual open enrollment the subscriber was:

- Incurring the surcharge;
- Not incurring the surcharge because the spouse's or state registered domestic partner's share of the medical premium through their employer-based group medical was more than (~~ninety-five~~) 95 percent of the additional cost a school employee would be required to pay to enroll a spouse or state registered domestic partner in the PEBB UMP Classic; or
- Not incurring the surcharge because the actuarial value of benefits provided through the spouse's or state registered domestic partner's employer-based group medical was less than (~~ninety-five~~) 95 percent of the actuarial value of the PEBB UMP Classic's benefits.

A subscriber must update their attestation on the required form. A school employee must submit the form to their SEBB organization. ((A)) Any other subscriber (~~on continuation coverage~~) must submit the form to the SEBB program. The subscriber's attestation or any correction to a subscriber's attestation must be received no later than December 31st of the year in which the annual open enrollment occurs. If the subscriber's attestation results in a premium surcharge, being added or removed, the change to the surcharge will take effect January 1st of the following year.

(iii) When there is a change in the spouse's or state registered domestic partner's employer-based group medical. A subscriber must provide evidence of the event and update their attestation on the required form. A school employee must submit the form to their SEBB organization no later than (~~sixty~~) 60 days after the spouse's or state

registered domestic partner's employer-based group medical status changes. ((A)) Any other subscriber ((~~on continuation coverage~~)) must submit the form to the SEBB program no later than ((~~sixty~~)) 60 days after the spouse's or state registered domestic partner's employer-based group medical status changes.

- A change that results in a premium surcharge will begin the first day of the month following the status change. If that day is the first day of the month, the change to the premium surcharge begins on that day.

- A change that results in removing the premium surcharge will begin the first day of the month following receipt of the attestation. If that day is the first day of the month, the change to the premium surcharge begins on that day.

Exceptions:

- (1) A school employee who waives SEBB medical as described in WAC 182-31-080 is not required to provide an attestation and no premium surcharge will be applied to their account as long as the employee remains in waived status.
- (2) A school employee who covers their spouse or state registered domestic partner who has waived their own SEBB medical must attest as described in this subsection, but will not incur a premium surcharge if the school employee provides an attestation that their spouse or state registered domestic partner is eligible for SEBB medical.
- (3) A subscriber who covers their spouse or state registered domestic partner who elected not to enroll in a TRICARE plan must attest as described in this subsection, but will not incur a premium surcharge if the subscriber provides an attestation that their spouse or state registered domestic partner is eligible for a TRICARE plan.

(b) A premium surcharge will be applied to a subscriber who does not attest as described in (a) of this subsection.

AMENDATORY SECTION (Amending WSR 23-14-021, filed 6/23/23, effective 1/1/24)

WAC 182-30-060 How do school employees benefits board (SEBB) organizations and contracted vendors correct enrollment errors? (1) A school employees benefits board (SEBB) organization or contracted vendor that makes one or more of the following enrollment errors must correct the error as described in subsections (2) through (5) of this section.

(a) Failure to timely notify a school employee of their eligibility for SEBB benefits and the employer contribution as described in WAC 182-31-030;

(b) Failure to enroll a school employee or their dependents in SEBB benefits as elected by the school employee, if the election was timely;

(c) Failure to enroll a school employee and their dependents in SEBB benefits as described in WAC 182-30-080 (1)(b) or (3)(c);

(d) Failure to accurately reflect a school employee's premium surcharge attestation on the school employee's account;

(e) Enrolling a school employee or their dependents in SEBB insurance coverage when they are not eligible as described in WAC 182-31-040 or 182-31-140 and it is clear there was no fraud or intentional misrepresentation by the school employee involved; or

(f) Providing incorrect information, via a benefits administrator or contracted vendor, regarding SEBB benefits to the school employee that they relied upon.

(2) The SEBB organization or the applicable contracted vendor must enroll the school employee and the school employee's dependents, as elected, or terminate enrollment in SEBB benefits as described in subsection (3) of this section, reconcile premium payments and applicable premium surcharges as described in subsection (4) of this section, and provide recourse as described in subsection (5) of this section.

(3) **Enrollment or termination.**

(a) SEBB medical, vision, and dental enrollment is effective the first day of the month following the date the enrollment error is identified, unless the authority determines additional recourse is warranted, as described in subsection (5) of this section;

Exception: When a school employee who is called to active duty in the uniformed services under Uniformed Services Employment and Reemployment Rights Act (USERRA) loses eligibility for the employer contribution toward SEBB benefits, they regain eligibility for the employer contribution toward SEBB benefits the day they return from active duty. Employer-paid SEBB benefits will begin the first day of the month in which they return from active duty.

(b) Basic life, supplemental life, basic accidental death and dismemberment (AD&D), supplemental AD&D, employer-paid long-term disability (LTD) insurance, and employee-paid LTD insurance (~~((unless the school employee declines the employee-paid LTD insurance as described in WAC 182-30-080(1))~~) enrollment is retroactive to the first day of the month following the day the school employee became newly eligible, or the first day of the month following the date the school employee regained eligibility, as described in WAC 182-30-080;

Exception: When a school employee who is called to active duty in the uniformed services under USERRA loses eligibility for the employer contribution toward SEBB benefits, they regain eligibility for the employer contribution toward SEBB benefits the day they return from active duty. Employer-paid SEBB benefits will begin the first day of the month in which they return from active duty.

~~(c) Supplemental life, supplemental AD&D, and employee-paid LTD insurance enrollment is retroactive to the first day of the month following the day the school employee became newly eligible if the school employee elects to enroll in this coverage (or if previously elected, the first of the month following the signature date on the school employee's application for this coverage). If a SEBB organization enrollment error occurred when the school employee regained eligibility for the employer contribution following a period of leave as described in WAC 182-30-080(3):~~

~~(i) Supplemental life and supplemental AD&D is enrolled the first day of the month following the date the school employee regained eligibility, at the same level of coverage the school employee continued during the period of leave, without evidence of insurability.~~

~~(ii) If the school employee was eligible to continue supplemental life insurance and supplemental AD&D insurance during the period of leave but did not, the school employee must provide evidence of insurability and receive approval from the contracted vendor.~~

~~(iii) School employees may not continue employee-paid LTD insurance while on leave without pay as described in WAC 182-31-100. Employee-paid LTD insurance is reinstated the first day of the month following the date the school employee regains eligibility, to the level of coverage the school employee was enrolled in prior to the period of leave, without evidence of insurability.~~

~~(d)) will begin for a newly eligible school employee as described in WAC 182-31-040, and for a school employee who regains eligibility as described in WAC 182-30-080(3). A school employee who regains eligibility may need to submit evidence of insurability for supplemental life insurance as required in WAC 182-30-080(3);~~

(c) If the school employee is eligible and elects (or elected) to enroll in the ~~((medical))~~ flexible spending arrangement (FSA), limited purpose FSA, or dependent care assistance program (DCAP), enrollment is limited to 60 days prior to the date enrollment is processed, but not earlier than the current plan year. If a school employee was not enrolled in a ~~((medical))~~ FSA, limited purpose FSA, or DCAP as elected, the school employee may either participate at the amount originally elected with a corresponding increase in contributions for the balance of the plan year, or participate at a reduced amount for the plan year by maintaining the per-pay period contribution in effect;

~~((e))~~ (d) If the school employee or their dependent was not eligible but still enrolled as described in subsection (1)(e) of this section, the employee's or their dependent's SEBB benefits will be terminated prospectively effective as of the last day of the month.

(4) **Premium payments.**

(a) The SEBB organization must remit to the authority the employer contribution and the school employee contribution for health plan premiums, applicable premium surcharges, basic life, basic AD&D, and employer-paid LTD insurance starting the date SEBB benefits begin as described in subsections (3) and (5)(a)(i) of this section. If a SEBB organization failed to notify a newly eligible school employee of their eligibility for SEBB benefits, the SEBB organization may only collect the school employee contribution for health plan premiums and applicable premium surcharges for coverage for the months after the school employee was notified.

(b) When a SEBB organization fails to correctly enroll the amount of employee-paid LTD insurance elected by the school employee, premiums will be corrected as follows:

(i) When additional premiums are due to the authority, the school employee is responsible for premiums for the most recent 24 months of coverage. The SEBB organization is responsible for additional months of premiums; and

(ii) When a premium refund is due to the school employee, the LTD insurance contracted vendor is responsible for premium refunds for the most recent 24 months of coverage. The SEBB organization is responsible for additional months of premium refunds after the 24 months of coverage and the overall refunding process to the school employee.

(c) When a SEBB organization mistakenly enrolls a school employee or their dependents as described in subsection (1)(e) of this section, premiums and any applicable premium surcharges will be refunded by the SEBB organization to the school employee without rescinding the insurance coverage.

(5) **Recourse.**

(a) A school employee who establishes eligibility ~~((for SEBB))~~ will have benefits begin ~~((s on the first day of the month following the date eligibility is established or the first day of work for school employees who start on or before the first day of school))~~ as described in WAC 182-31-040. A school employee who regains eligibility for the employer contribution toward SEBB benefits will have benefits begin as described in WAC 182-30-080(3). Dependent eligibility is described in WAC 182-31-140, and dependent enrollment is described in WAC 182-31-150. When retroactive correction of an enrollment error is limited as described in subsection (3)(b) ~~((r))~~ and (c) ~~((r and d))~~ of this section, the SEBB organization must work with the school employee, and receive approval from the authority, to implement retroactive SEBB benefits within the following parameters:

(i) Retroactive enrollment in a SEBB insurance coverage;

(ii) Reimbursement of claims paid;

(iii) Reimbursement of amounts paid by the school employee or dependent for medical, vision, and dental premiums;

(iv) Reimbursement of amounts paid by the school employee for the premium surcharges;

(v) Other legal remedy received or offered; or

(vi) Other recourse, upon approval by the authority.

(b) Recourse must not contradict a specific provision of federal law or statute and does not apply to requests for noncovered services or in the case of an individual who is not eligible for SEBB benefits.

AMENDATORY SECTION (Amending WSR 21-13-115, filed 6/21/21, effective 1/1/22)

WAC 182-30-070 The employer contribution is set by the health care authority (HCA) and paid to the HCA for all eligible school employees. School employees benefits board (SEBB) organizations must pay the employer contributions to the health care authority (HCA) for SEBB insurance coverage for all eligible school employees and their enrolled dependents.

(1) Employer contributions are set by the HCA, and are subject to the approval of the governor for availability of funds as specifically appropriated by the legislature for that purpose. The employer contribution for school employees eligible under RCW 41.05.740 (6) (e) are set by the HCA.

(2) Employer contributions must include an amount determined by the HCA to pay administrative costs to administer SEBB benefits for school employees.

(3) Each school employee of a SEBB organization on leave under the federal Family and Medical Leave Act (FMLA) or the paid family medical leave program is eligible for the employer contribution as described in WAC 182-31-110.

(4) School employees of employer groups eligible under the criteria stipulated under the contract with the HCA are eligible for the employer contribution.

(5) The entire employer contribution is due and payable to HCA even if enrollment is waived as described in WAC 182-31-080, except for school employees eligible under WAC 182-30-130.

(6) The terms of payment to HCA for employer groups shall be stipulated under contract with HCA.

AMENDATORY SECTION (Amending WSR 20-16-067, filed 7/28/20, effective 8/28/20)

WAC 182-30-075 Subscriber address requirements. (1) All school employees must provide their school employees benefits board (SEBB) organization with their correct address and update their address if it changes. ((A)) Any other subscriber ((~~on continuation coverage~~)) must provide the SEBB program with their correct address and updates to their address if it changes.

(2) In the event of an appeal, the appellant must update their address as required in WAC 182-32-055.

AMENDATORY SECTION (Amending WSR 22-13-170, filed 6/22/22, effective 1/1/23)

WAC 182-30-080 When must a newly eligible school employee, or a school employee who regains eligibility for the employer contribution, elect school employees benefits board (SEBB) benefits and complete required forms? A school employee who is newly eligible or who regains eligibility for the employer contribution toward school employees benefits board (SEBB) benefits enrolls as described in this section.

(1) When a school employee is newly eligible for SEBB benefits:

(a) A school employee must complete the required forms indicating their enrollment elections, including an election to waive enrollment provided the school employee is eligible to waive as described in WAC 182-31-080. The required forms must be returned to the school employee's SEBB organization or contracted vendor. Their SEBB organization or contracted vendor must receive the forms no later than 31 days after the school employee becomes eligible for SEBB benefits under WAC 182-31-040.

(i) The school employee may enroll in supplemental life insurance up to the guaranteed issue coverage amount without evidence of insurability if the required forms are returned to the school employee's SEBB organization or contracted vendor as required. A school employee may apply for enrollment in supplemental life insurance over the guaranteed issue coverage amount at any time during the calendar year by submitting the required form to the contracted vendor for approval. For a school employee who requests a change in their supplemental life insurance after the election period described in this subsection, the change begins the first day of the month following the date the contracted vendor approves the request. A school employee may enroll in supplemental accidental death and dismemberment (AD&D) insurance at anytime without evidence of insurability by submitting the required form to the contracted vendor.

(ii) School employees are enrolled in employee-paid long-term disability (LTD) insurance automatically. A school employee may elect to reduce their employee-paid LTD insurance or decline their employee-paid LTD insurance by returning the form to their SEBB organization. A school employee may apply for a change in their employee-paid LTD insurance at any time during the calendar year by submitting the required form to their SEBB organization or the contracted vendor. For a school employee who requests a change in their employee-paid LTD insurance after the election period described in this subsection, the change begins the first day of the month following the date the SEBB organization receives the required form requesting to reduce or decline the employee-paid LTD insurance, or the day of the month the contracted vendor approves the required form to increase the employee-paid LTD insurance.

(iii) If the school employee is eligible to participate in the salary reduction plan (see WAC 182-31-060), the school employee will automatically enroll in the premium payment plan upon enrollment in SEBB medical allowing medical premiums to be taken on a pretax basis. To opt out of the premium payment plan, a new school employee must complete the required form and return it to their SEBB organization. The form must be received by their SEBB organization no later than 31 days after the employee becomes eligible for SEBB benefits.

(iv) If a school employee is eligible to participate in the salary reduction plan (see WAC 182-31-060), the school employee may enroll in the state's (~~medical~~) flexible spending arrangement (FSA), limited purpose FSA, dependent care assistance program (DCAP), or both an FSA and DCAP, except as limited by subsection (4) of this section. To enroll in these SEBB benefits, the school employee must return the required form to their SEBB organization. The form must be received by the SEBB organization no later than 31 days after the school employee becomes eligible for SEBB benefits.

(b) If a newly eligible school employee's SEBB organization, or the authority's contracted vendor in the case of life insurance and AD&D, does not receive the school employee's required forms indicating medical, dental, vision, life insurance, AD&D insurance, and LTD in-

insurance elections, and the school employee's tobacco use status attestation within 31 days of the school employee becoming eligible, their enrollment will be as follows for those elections not received within 31 days:

- (i) A medical plan determined by the health care authority (HCA);
- (ii) A dental plan determined by the HCA;
- (iii) A vision plan determined by the HCA;
- (iv) Basic life insurance;
- (v) Basic AD&D insurance;
- (vi) Employer-paid LTD insurance and employee-paid LTD insurance;
- (vii) Dependents will not be enrolled; and
- (viii) A tobacco use premium surcharge will be incurred as described in WAC 182-30-050 (1)(b).

(2) The employer contribution toward SEBB benefits ends according to WAC 182-31-050. When a school employee's employment ends, participation in the salary reduction plan ends.

(3) When a school employee regains eligibility for the employer contribution toward SEBB benefits, including following a period of leave as described in WAC 182-31-100(1) or 182-31-040 (4)(d), SEBB medical, dental, and vision begin the first day of the month following the school employee's return to work if the SEBB organization anticipates the school employee is eligible for the employer contribution.

Note: When a school employee who is called to active duty in the uniformed services under Uniformed Services Employment and Reemployment Rights Act (USERRA) loses eligibility for the employer contribution toward SEBB benefits, they regain eligibility for the employer contribution toward SEBB benefits the day they return from active duty. Employer-paid SEBB benefits will begin the first day of the month in which they return from active duty.

(a) A school employee must complete the required forms indicating their enrollment elections, including an election to waive enrollment if the school employee chooses to waive enrollment as described in WAC 182-31-080. The required forms must be returned to the school employee's SEBB organization except as described in (d) of this subsection. Forms must be received by the SEBB organization, life insurance contracted vendor, or AD&D contracted vendor, if required, no later than 31 days after the school employee regains eligibility except as described in (a)(i) and (b) of this subsection:

- (i) A school employee who self-paid for supplemental life insurance or supplemental AD&D coverage after losing eligibility will maintain that level of coverage upon return;

- (ii) A school employee who was eligible to continue supplemental life insurance but discontinued that supplemental coverage must submit evidence of insurability to the contracted vendor if they choose to reenroll when they regain eligibility for the employer contribution.

(b) A school employee does not have to return a form indicating employee-paid LTD insurance elections. Their employee-paid LTD insurance will be automatically reinstated effective the first day of the month following the date they regain eligibility for the employer contribution toward SEBB benefits.

(c) If a school employee's SEBB organization, or contracted vendor accepting forms directly, does not receive the required forms within 31 days of the school employee regaining eligibility, the school employee's enrollment for those elections not received will be as described in subsection (1)(b)(i) through (viii) of this section, except as described in (a)(i) and (b) of this subsection.

(d) If a school employee is eligible to participate in the salary reduction plan (see WAC 182-31-060), the school employee may enroll in the ((medical)) FSA, limited purpose FSA, DCAP, or both an FSA and DCAP, except as limited by subsection (4) of this section. To enroll

in these SEBB benefits, the school employee must return the required form to the contracted vendor or their SEBB organization. The contracted vendor or school employee's SEBB organization must receive the form no later than 31 days after the school employee becomes eligible for SEBB benefits.

(4) If a school employee who is eligible to participate in the salary reduction plan (see WAC 182-31-060) is hired into a new position that is anticipated to be eligible for SEBB benefits in the same year, the school employee may not resume participation in a DCAP, a ~~((medical))~~ FSA, or a limited purpose FSA until the beginning of the next plan year, unless the time between employments is 30 days or less and within the current plan year. The school employee must notify the new SEBB organization of the transfer by providing the new SEBB organization the required form no later than 31 days after the school employee's first day of work with the new SEBB organization.

(5) A school employee will have uninterrupted coverage when moving from one SEBB organization to another within the same month or a consecutive month if they are eligible for the employer contribution towards SEBB benefits in the position they are leaving and are anticipated to be eligible for the employer contribution in the new position. SEBB benefits elections also remain the same when a school employee has a break in employment that does not interrupt their employer contribution toward SEBB benefits.

(6) A school employee returning to the same SEBB organization who is anticipated to work at least 630 hours in the coming school year, and who was receiving the employer contribution in August of the prior school year, will receive uninterrupted coverage from one school year to the next.

AMENDATORY SECTION (Amending WSR 23-14-020, filed 6/23/23, effective 1/1/24)

WAC 182-30-090 When may a subscriber change health plans? A subscriber may change health plans at the following times:

(1) **During the annual open enrollment:** A subscriber may change health plans during the school employees benefits board (SEBB) annual open enrollment period. The subscriber must submit the required enrollment forms to change their health plan. A school employee submits the enrollment forms to their SEBB organization. ~~((A))~~ Any other subscriber ~~((on continuation coverage))~~ submits the enrollment forms to the SEBB program. The required enrollment forms must be received no later than the last day of the annual open enrollment. Enrollment in the new health plan will begin January 1st of the following year.

(2) **During a special open enrollment:** A subscriber may revoke their health plan election and make a new election outside of the annual open enrollment if a special open enrollment event occurs. A special open enrollment event must be an event other than a school employee gaining initial eligibility for SEBB benefits as described in WAC 182-31-040 or regaining eligibility for SEBB benefits as described in WAC 182-30-080. The change in enrollment must be allowable under Internal Revenue Code (IRC) and Treasury regulations, and correspond to and be consistent with the event that creates the special open enrollment for the subscriber, the subscriber's dependent, or both.

A subscriber may not change their health plan during a special open enrollment if their state registered domestic partner or state

registered domestic partner's child is not a tax dependent. A subscriber may change their health plan as described in subsection (1) of this section.

To make a health plan change, a subscriber must submit the required enrollment forms. The forms must be received no later than 60 days after the event occurs. A school employee submits the enrollment forms to their SEBB organization. ((A)) Any other subscriber (~~on continuation coverage~~) submits the enrollment forms to the SEBB program. In addition to the required forms, a subscriber must provide evidence of the event that created the special open enrollment. New health plan coverage will begin the first day of the month following the later of the event date or the date the form is received. If that day is the first of the month, the change in enrollment begins on that day. If the special open enrollment is due to the birth, adoption, or assumption of legal obligation for total or partial support in anticipation of adoption of a child, health plan coverage will begin the month in which the birth, adoption, or assumption of legal obligation for total or partial support in anticipation of adoption occurs. If the special open enrollment is due to the enrollment of an extended dependent or a dependent with a disability, the change in health plan coverage will begin the first day of the month following the later of the event date or the eligibility certification. Any one of the following events may create a special open enrollment:

(a) Subscriber acquires a new dependent due to:

(i) Marriage or registering a state registered domestic partnership;

(ii) Birth, adoption, or when the subscriber has assumed a legal obligation for total or partial support in anticipation of adoption; or

(iii) A child becoming eligible as an extended dependent through legal custody or legal guardianship.

(b) Subscriber or a subscriber's dependent loses other coverage under a group health plan or through health insurance coverage, as defined by the Health Insurance Portability and Accountability Act (HIPAA);

(c) Subscriber has a change in employment status that affects the subscriber's eligibility for the employer contribution toward their employer-based group health plan;

(d) Subscriber has a change in employment location that affects medical plan availability. If the subscriber changes employment locations and the subscriber's current medical plan is no longer available, the subscriber must select a new medical plan as described in WAC 182-30-085(3). If the subscriber has one or more new medical plans available, the subscriber may select to enroll in a newly available plan.

(e) The subscriber's dependent has a change in their own employment status that affects their eligibility or their dependent's eligibility for the employer contribution under their employer-based group health plan;

Note: As used in (e) of this subsection "employer contribution" means contributions made by the dependent's current or former employer toward health coverage as described in Treasury Regulation 26 C.F.R. 54.9801-6.

(f) Subscriber or a subscriber's dependent has a change in residence that affects health plan availability.

(i) If the subscriber has a change in residence and the subscriber's current medical plan is no longer available, the subscriber must select a new medical plan, as described in WAC 182-30-085(3).

(ii) If the subscriber or the subscriber's dependent has a change in residence and the subscriber's current dental plan does not have available providers within 50 miles of the subscriber or the subscriber's dependent's new residence, the subscriber may select a new dental plan.

(g) A court order requires the subscriber or any other individual to provide insurance coverage for an eligible dependent of the subscriber (a former spouse or former state registered domestic partner is not an eligible dependent);

(h) Subscriber or a subscriber's dependent enrolls in coverage under medicaid or a state children's health insurance program (CHIP), or the subscriber or a subscriber's dependent loses eligibility for coverage under medicaid or CHIP;

(i) Subscriber or a subscriber's dependent becomes eligible for state premium assistance subsidy for SEBB health plan coverage from medicaid or CHIP;

(j) Subscriber or a subscriber's dependent enrolls in coverage under medicare, or the subscriber or a subscriber's dependent loses eligibility for coverage under medicare. If the subscriber's current medical plan becomes unavailable due to the subscriber's or a subscriber's dependent's enrollment in medicare, the subscriber must select a new medical plan as described in WAC 182-30-085(2);

(k) Subscriber or a subscriber's dependent's current medical plan becomes unavailable because the subscriber or enrolled dependent is no longer eligible for a health savings account (HSA). The authority may require evidence that the subscriber or subscriber's dependent is no longer eligible for an HSA;

(l) Subscriber or a subscriber's dependent experiences a disruption of care for active and ongoing treatment that could function as a reduction in benefits for the subscriber or the subscriber's dependent. The subscriber may not change their health plan election if the subscriber's or dependent's physician stops participation with the subscriber's health plan unless the SEBB program determines that a continuity of care issue exists. The SEBB program will consider but not limit its consideration to the following:

(i) Active cancer treatment such as chemotherapy or radiation therapy;

(ii) Treatment following a recent organ transplant;

(iii) A scheduled surgery;

(iv) Recent major surgery still within the postoperative period;

or

(v) Treatment for a high-risk pregnancy.

(m) The SEBB program determines that there has been a substantial decrease in the providers available under a SEBB medical plan.

(3) If the school employee is having premiums taken from payroll on a pretax basis, a medical plan change will not be approved if it would conflict with provisions of the salary reduction plan authorized under RCW 41.05.300.

AMENDATORY SECTION (Amending WSR 22-13-168, filed 6/21/22, effective 1/1/23)

WAC 182-30-130 What are the requirements for a school employees benefits board (SEBB) organization engaging in local negotiations regarding SEBB benefits eligibility criteria? This section describes

the terms and conditions for a school employees benefits board (SEBB) organization that is engaging in local negotiations regarding eligibility for school employees as described in RCW 41.05.740 (6) (e).

(1) A SEBB organization must provide a current ratified collective bargaining agreement (CBA) and information on all eligible school employees under the CBA to the health care authority (HCA) by the start of the school year.

(2) A SEBB organization must offer all of, and only, the following SEBB benefits to employees and their dependents:

- (a) Medical (includes the wellness incentive);
- (b) Dental;
- (c) Vision;
- (d) Basic life;
- (e) Basic accidental death and dismemberment (AD&D) insurance.

(3) A SEBB organization must provide an employer contribution as described below:

(a) The subscriber-only employer medical contribution (EMC) amount for school employees eligible under RCW 41.05.740 (6) (d) multiplied by the premium tier ratio associated with the enrollment tier selected by the school employee;

(b) One hundred percent of the cost for the school employee dental plan multiplied by the enrollment tier selected by the school employee;

(c) One hundred percent of the cost for the school employee vision plan multiplied by the enrollment tier selected by the school employee;

(d) One hundred percent of the cost for basic life and accidental death and dismemberment (AD&D) insurance;

(e) One hundred percent of the cost of the administrative fee charged by the HCA; and

(f) One hundred percent of the monthly K-12 remittance for deposit in the retired school employees' subsidy account.

(4) A SEBB organization providing SEBB benefits as described in this section may do so by group as described in (a) through (d) of this subsection:

- (a) The entire SEBB organization;
- (b) ((A)) An entire collective bargaining unit;
- (c) A group containing all nonrepresented school employees; or
- (d) A combination of (b) and (c) of this subsection.

(5) A SEBB organization must establish a threshold of anticipated work hours no less than 180 hours but less than the minimum hours to meet SEBB eligibility under WAC 182-31-040 within a school year.

(6) All of the rules in chapters 182-30, 182-31, and 182-32 WAC apply, except for all rules governing SEBB benefits that are not available to school employees whose eligibility is established under this section. The following benefits are not available to school employees whose eligibility is established under this section:

- (a) Long-term disability (LTD);
- (b) (~~Medical~~) Flexible spending arrangement (FSA) or limited purpose FSA;
- (c) Dependent care assistance program (DCAP);
- (d) Supplemental life insurance; and
- (e) Supplemental accidental death and dismemberment insurance.

(7) If a school employee waives medical under this section, there is no requirement to send the employer contribution to the HCA as required in WAC 182-30-070 ~~((4))~~ (5).

(8) Eligibility determinations must align with the SEBB program's status as a governmental plan under Section 3(32) of the Employee Retirement Income Security Act of 1974 (ERISA) as amended. This means the SEBB organization may only consider school employees whose services are substantially all in the performance of essential governmental functions, but not in the performance of commercial activities, whether or not those activities qualify as essential governmental functions to be eligible.

(9) A SEBB organization providing SEBB benefits to a group of school employees under this section must notify the SEBB program each time the CBA is renegotiated.

AMENDATORY SECTION (Amending WSR 21-13-117, filed 6/21/21, effective 1/1/22)

WAC 182-30-140 What is the process for school districts to offer optional benefits?

(1) School districts may offer optional benefits that do not compete with any form of the basic or optional benefits offered in the school employees' benefits board (SEBB) program either under the SEBB's authority in RCW 41.05.740 or offered under the health care authority's (HCA) authority in the salary reduction plan authorized in RCW 41.05.300 and 41.05.310. Optional benefits must be paid for by the school employee without an employer contribution, except for when a school employee participates in voluntary employees' beneficiary association accounts (VEBA), which may have an employer contribution as described in RCW 28A.400.210(3). Optional benefits may include:

- (a) Emergency transportation;
- (b) Identity protection;
- (c) Legal aid;
- (d) Long-term care insurance;
- (e) Noncommercial personal automobile insurance;
- (f) Personal homeowner's or renter's insurance;
- (g) Pet insurance;
- (h) Specified disease or illness-triggered fixed payment insurance, hospital confinement fixed payment insurance, or other fixed payment insurance offered as an independent, noncoordinated benefit regulated by the office of the insurance commissioner;
- (i) Travel insurance; and
- (j) VEBA.

(2) Any school districts providing optional benefits must:

- (a) Report optional benefits on the form designed and communicated by the HCA; and
- (b) Submit the form so it is received by December 1st of each year for the following calendar year as required in RCW 28A.400.280 (2) (b).

(3) The HCA, in consultation with the SEBB will review the optional benefits offered by school districts as described in (~~section 3, chapter 231, Laws of 2020 (HB 2458-)~~) RCW 41.05.745(2).

NEW SECTION

WAC 182-30-200 Employer group application process. This section applies to employer groups as defined in WAC 182-30-020. An employer group may apply to obtain school employees benefits board (SEBB) insurance coverage through a contract with the health care authority (HCA).

(1) Employer groups with less than 500 school employees must apply at least 60 days before the requested coverage effective date. Employer groups with 500 or more school employees but with less than 5,000 school employees must apply at least 90 days before the requested effective date.

Employer groups with 5,000 or more school employees must apply at least 120 days before the requested coverage effective date.

To apply, employer groups must submit the documents and information described in subsection (2) of this section to the SEBB program as follows:

(a) Tribal schools are required to provide the documents and information described in subsection (2)(a) through (f) of this section; and

(b) All employee organizations representing school employees, regardless of the number of school employees, will have their application approved or denied through the evaluation criteria described in WAC 182-30-210 and are required to provide the documents and information described in subsection (2)(a) through (d), (f), and (g) of this section.

(2) Documents and information required with application:

(a) A letter of application that includes the information described in (a)(i) through (iv) of this subsection:

(i) A reference to the group's authorizing statute;

(ii) A description of the organizational structure of the group and a description of the employee bargaining unit or group of nonrepresented employees for which the group is applying;

(iii) Tax identification number; and

(iv) A statement of whether the group is applying to obtain only medical or all available SEBB insurance coverages.

(b) A resolution from the group's governing body authorizing the purchase of SEBB insurance coverage.

(c) A signed governmental function attestation document that attests to the fact that employees for whom the group is applying are governmental employees whose services are substantially all in the performance of essential governmental functions.

(d) A member level census file for all of the school employees for whom the group is applying. The file must be provided in the format required by the authority and contain the following demographic data, by member, with each member classified as school employee, spouse or state registered domestic partner, or child:

(i) Employee ID (any identifier which uniquely identifies the school employee; for dependents the school employee's unique identifier must be used);

(ii) Age;

(iii) Birth sex;

(iv) First three digits of the member's zip code based on residence;

(v) Indicator of whether the school employee is active or retired, if the group is requesting to include retirees; and

(vi) Indicator of whether the member is enrolled in coverage.

(e) Historical claims and cost information that include the following:

(i) Large claims history for 24 months by quarter that excludes the most recent three months;

(ii) Ongoing large claims management report for the most recent quarter provided in the large claims history;

(iii) Summary of historical plan costs; and

(iv) The director or the director's designee may make an exception to the claims and cost information requirements based on the size of the group, except that the current health plan does not have a case management program, then the primary diagnosis code designated by the authority must be reported for each large claimant. If the code indicates a condition which is expected to continue into the next quarter, the claim is counted as an ongoing large claim. If historical claims and cost information as described in (e) (i) through (iii) of this subsection are unavailable, the director or the director's designee may make an exception to allow all of the following alternative requirements:

- A letter from their carrier indicating they will not or cannot provide claims data.

- Provide information about the health plan most school employees are enrolled in by completing the actuarial calculator authorized by the SEBB program.

- Current premiums for the health plan.

(f) If the application is for a subset of the group's school employees (e.g., bargaining unit), the group must provide a member level census file of all school employees eligible under their current health plan who are not included on the member level census file in (d) of this subsection. This includes retired school employees participating under the group's current health plan. The file must include the same demographic data by member.

(g) Employer groups described in subsection (1) (b) of this section must submit to an actuarial evaluation of the group provided by an actuary designated by the SEBB program. The group must pay for the cost of the evaluation. This cost is nonrefundable. A group that is approved will not have to pay for an additional actuarial evaluation if it applies to add another bargaining unit within two years of the evaluation. Employer groups of this size must provide the following:

(i) Large claims history for 24 months, by quarter that excludes the most recent three months;

(ii) Ongoing large claims management report for the most recent quarter provided in the large claims history;

(iii) Executive summary of benefits;

(iv) Summary of benefits and certificate of coverage; and

(v) Summary of historical plan costs.

Exception: If the current health plan does not have a case management program, then the primary diagnosis code designated by the authority must be reported for each large claimant. If the code indicates a condition which is expected to continue into the next quarter, the claim is counted as an ongoing large claim.

(3) The authority may automatically deny a group application if the group fails to provide the required information and documents described in this section.

NEW SECTION

WAC 182-30-205 May employer groups applying for participation in school employees benefits board (SEBB) insurance coverage include their retirees? An employer group that applies for participation in school employees benefits board (SEBB) insurance coverage under WAC 182-30-200 will have a one-time opportunity to request inclusion of retired school employees who are covered under its retiree health plan at the time of application. The retirees included will be enrolled in public employees benefits board (PEBB) retiree insurance coverage.

(1) The authority will use the following criteria to approve or deny a request to include retirees:

(a) The employer group retiree health plan must have existed at least three years before the date of the employer group application;

(b) Eligibility for coverage under the employer groups' retiree health plan must have required immediate enrollment in retiree health plan coverage upon termination of school employee coverage; and

(c) The retirees must have maintained continuous enrollment in the employer group retiree health plan.

(2) If the employer group's application is for a subset of their school employees (e.g., bargaining unit) only retirees previously within the bargaining unit may be included in the transfer.

(3) Retirees and dependents included in the transfer unit are subject to the enrollment and eligibility rules outlined in chapters 182-08, 182-12, and 182-16 WAC.

(4) School employees eligible for retirement subsequent to the employer group transferring to SEBB health plan coverage must meet retiree eligibility as outlined in chapter 182-12 WAC.

(5) To protect the integrity of the risk pool, if total employer group retiree enrollment exceeds 10 percent of the total PEBB retiree population, the PEBB program may:

(a) Stop approving inclusion of retirees with employer group transfers; or

(b) Adopt a new rating methodology reflective of the cost of covering employer group retirees.

NEW SECTION

WAC 182-30-210 How will the health care authority (HCA) decide to approve or deny a group application? This section applies to employee organizations representing school employees regardless of the number of school employees. Group applications for participation in school employees benefits board (SEBB) insurance coverage provided through the SEBB program are approved or denied by the health care authority (HCA) based upon the information and documents submitted by the group and the employer group evaluation (EGE) criteria described in this rule.

(1) Groups are evaluated as a single unit. To support this requirement the group must provide a census file, as described in WAC 182-30-200 (2)(d), and additional information as described in WAC 182-30-200 (2)(g) for all school employees eligible to participate under the group's current health plan. If the group's application is for both school employees and retirees, the census file data and addi-

tional information for retired employees participating under the group's current health plan must also be included.

(a) If the group's application is only for participation of its school employees, the SEBB enrollment data used to evaluate the group will be SEBB organization school employee data.

(b) If a group's application is for participation of both its school employees and retirees, the SEBB enrollment data used to evaluate the group will include data from the public employees benefits board (PEBB) nonmedicare risk pool limited to state retiree enrollment data and state agency employee data.

(2) A group must pass the EGE criteria or the actuarial evaluation required in subsection (3) of this section as a single unit before the application can be approved. For purposes of this section, a single unit includes all school employees eligible under the group's current health plan. If the application is only for a bargaining unit, then the bargaining unit must be evaluated using the EGE criteria in addition to all eligible school employees of the group as a single unit. If the group passes the EGE criteria as a single unit, but an individual bargaining unit does not, the group may only participate if all eligible employees of the entity participate.

(3) The authority will use the following criteria to evaluate the group.

(a) The member level census file demographic data must indicate a relative underwriting factor that is equal to or better than the relative underwriting factor as determined by the authority for the like population within the SEBB and nonmedicare PEBB risk pool as described in subsection (1) of this section;

(b) One of the following two conditions must be met:

(i) The frequency of large claims must be less than or equal to the SEBB historical benchmark frequency for the SEBB like population within the SEBB and nonmedicare PEBB population as described in subsection (1) of this section;

(ii) The ongoing large claims management report must demonstrate that the frequency of ongoing large claims is less than or equal to the recurring benchmark frequency for the SEBB like population within the SEBB and nonmedicare PEBB population as described in subsection (1) of this section.

(c) Provide an executive summary of benefits;

(d) Provide a summary of benefits and certificate of coverage;

(e) Provide a summary of historical plan costs; and

(f) The evaluation of criteria in (c), (d), and (e) of this subsection must indicate that the historical cost of benefits for the group is equal to or less than the historical cost of the PEBB like population within the nonmedicare population as described in subsection (1) of this section for a comparable plan design.

(4) An approved group application is valid for 365 calendar days after the date the application is approved by the authority. If a group applies to add additional bargaining units after the 365 calendar day period has ended, the group must be reevaluated.

(5) An entity whose group application is denied may appeal the authority's decision to the SEBB appeals unit through the process described in WAC 182-32-2060.

(6) An entity whose group application is approved may purchase insurance for its employees under the participation requirements described in WAC 182-30-215.

NEW SECTION

WAC 182-30-215 Employer group participation requirements. This section applies to an employer group as defined in WAC 182-30-020 that is approved to purchase insurance for its employees through a contract with the health care authority (HCA).

(1) Prior to enrollment in school employees benefits board (SEBB) insurance coverage the employer group must:

(a) Remit to the authority the required start-up fee in the amount publicized by the SEBB program;

(b) Sign a contract with the authority;

(c) Determine employee and dependent eligibility and terms of enrollment for SEBB insurance coverage by the criteria outlined in this chapter and chapter 182-31 WAC unless otherwise approved by the authority in the employer group's contract with the authority;

(d) Determine eligibility in order to ensure the SEBB program's continued status as a governmental plan under Section 3(32) of the Employee Retirement Income Security Act of 1974 (ERISA) as amended. This means the employer group may only consider employees whose services are substantially all in the performance of essential governmental functions, but not in the performance of commercial activities, whether or not those activities qualify as essential governmental functions to be eligible; and

(e) Ensure SEBB insurance coverage is the only employer-sponsored coverage available to groups of employees eligible for SEBB insurance coverage under the contract.

(2) Pay premiums under its contract with the authority. The premium rate structure for employer groups will be a tiered rate based on health plan election and family enrollment. Employer groups must collect an amount equal to the premium surcharges applied to an employee's account by the authority from their employees and include the funds in their payment to the authority.

(3) If an employer group wants to make subsequent changes to the contract, the changes must be submitted to the authority for approval.

(4) The employer group must maintain participation in SEBB insurance coverage for at least one full year. An employer group may only end participation at the end of a plan year unless the authority approves a mid-year termination. To end participation, an employer group must provide written notice to the SEBB program at least 60 days before the requested termination date. If an employer group terminates participation in SEBB insurance coverage, they must:

(a) Notify all their school employees and dependents who are enrolled in SEBB insurance coverage 45 days prior to the employer group's date of termination; and

(b) Retirees enrolled in PEBB retiree insurance coverage must be notified 45 days prior to the employer group's date of termination.

(5) Upon approval to purchase insurance through a contract with the authority, the employer group must provide a list of school employees and dependents that are enrolled in Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage and the remaining number of months available to them based on their qualifying event. These school employees and dependents may enroll in a SEBB health plan as COBRA subscribers for the remainder of the months available to them based on their qualifying event.

(6) Enrollees in SEBB insurance coverage under one of the continuation of coverage provisions allowed under chapter 182-31 WAC or retirees included in the transfer unit as allowed under WAC 182-30-205

cease to be eligible as of the last day of the contract and may not continue enrollment beyond the end of the month in which the contract is terminated.

Exception: If an employer group ends participation, retired and disabled school employees who are enrolled in public employees benefits board (PEBB) retiree insurance coverage cease to be eligible under WAC 182-12-171, but may continue health plan enrollment as described in WAC 182-12-232.

(7) Employer groups that enter into a contractual agreement with the authority on or after May 4, 2023, and whose contractual agreement is subsequently terminated, shall make a one-time payment to the authority for each of the employer group's retired or disabled employees who continue their participation in insurance plans and contracts under WAC 182-12-232.

(a) For each of the employer group's retired or disabled employees who will be continuing their participation, the authority shall determine the one-time payment by:

(i) Calculating the difference in cost between the rate charged to retired or disabled employees as described in RCW 41.05.080(2); and

(ii) The actuarially determined value of the medical benefits for retired and disabled employees who are not eligible for parts A and B of medicare; and

(iii) Multiplying that difference by the number of months until the retired or disabled employee would become eligible for medicare.

(b) Employer groups shall not be entitled to any refund of the amount paid to the authority as described in this subsection.

(8) Employer groups eligible for SEBB benefits are subject to the terms and conditions set forth by the HCA. Employer groups are subject to the same rules as SEBB organizations in chapters 182-30, 182-31, and 182-32 WAC, except for rules governing SEBB benefits that are not available to school employees of an employer group.

(9) School employees of an employer group are subject to the same rules as school employees of a SEBB organization in chapters 182-30, 182-31, and 182-32 WAC, except for rules governing SEBB benefits that are not available to school employees of an employer group.

OTS-5356.2

AMENDATORY SECTION (Amending WSR 19-14-093, filed 7/1/19, effective 8/1/19)

WAC 182-31-010 Purpose. The purpose of this chapter is to establish school employees benefits board (SEBB) eligibility criteria for and the effective date of enrollment in SEBB approved benefits. The rules within this chapter are applicable for school employees eligible for SEBB benefits under RCW 41.05.740(6) and for school board members eligible for SEBB benefits under RCW 41.05.743.

AMENDATORY SECTION (Amending WSR 22-13-168, filed 6/21/22, effective 1/1/23)

WAC 182-31-020 Definitions. The following definitions apply throughout this chapter unless the context clearly indicates another meaning:

"Accidental death and dismemberment insurance" or "AD&D" means basic accidental death and dismemberment (AD&D) insurance paid for by the SEBB organization, as well as supplemental accidental death and dismemberment insurance offered to and paid for by school employees for themselves and their dependents.

"Annual open enrollment" means an annual event set aside for a period of time by the HCA when subscribers may make changes to their health plan enrollment and salary reduction elections for the following plan year. During the annual open enrollment, subscribers may transfer from one health plan to another, enroll or remove dependents from coverage, enroll in coverage, or waive enrollment (see definition of "waive" in this section). School employees eligible to participate in the salary reduction plan may enroll in or change their election under the dependent care assistance program (DCAP), the (~~medical~~) flexible spending arrangement (FSA), or limited purpose FSA. They may also enroll in or opt out of the premium payment plan.

"Authority" or "HCA" means the Washington state health care authority.

"Board" means the school employees benefits board established under provisions of RCW 41.05.740.

"Calendar days" or "days" means all days including Saturdays, Sundays, and all state legal holidays as set forth in RCW 1.16.050.

"Consolidated Omnibus Budget Reconciliation Act" or "COBRA" means continuation coverage as administered under 42 U.S.C. Secs. 300bb-1 through 300bb-8.

"Continuation coverage" means the temporary continuation of SEBB benefits available to enrollees under the Consolidated Omnibus Budget Reconciliation Act (COBRA), 42 U.S.C. Secs. 300bb-1 through 300bb-8, the Uniformed Services Employment and Reemployment Rights Act (USERRA), 38 U.S.C. Secs. 4301 through 4335, or SEBB policies.

"Contracted vendor" means any person, persons, or entity under contract or agreement with the HCA to provide goods or services for the provision or administration of SEBB benefits. The term "contracted vendor" includes subcontractors of the HCA and subcontractors of any person, persons, or entity under contract or agreement with the HCA that provide goods or services for the provision or administration of SEBB benefits.

"Dependent" means a person who meets eligibility requirements in WAC 182-31-140.

"Dependent care assistance program" or "DCAP" means a benefit plan whereby school employees may pay for certain employment related dependent care with pretax dollars as provided in the salary reduction plan under chapter 41.05 RCW pursuant to 26 U.S.C. Sec. 129 or other sections of the Internal Revenue Code.

"Director" means the director of the authority.

"Documents" means papers, letters, writings, electronic mail, electronic files, or other printed or written items.

"Effective date of enrollment" means the first date when an enrollee is entitled to receive covered benefits.

"Employer-based group health plan" means group medical, group vision, and group dental related to a current employment relationship.

It does not include medical, vision, or dental coverage available to retired employees, individual market medical or dental coverage, or government-sponsored programs such as medicare or medicaid.

"Employer-based group medical" means group medical related to a current employment relationship. It does not include medical coverage available to retired employees, individual market medical coverage, or government-sponsored programs such as medicare or medicaid.

"Employer contribution" means the funding amount paid to the HCA by a school employees benefits board (SEBB) organization for its eligible school employees as described under WAC 182-30-130 and 182-31-040.

"Employer group" means an employee organization representing school employees and a tribal school as defined in RCW 28A.715.010, obtaining school employee benefits through a contractual agreement with the authority to participate in benefit plans developed by the school employees benefits board as described in WAC 182-30-215.

"Enrollee" means a person who meets all eligibility requirements defined in chapter 182-31 WAC or WAC 182-30-130, who is enrolled in school employees benefits board (SEBB) benefits, and for whom applicable premium payments have been made.

"Flexible spending arrangement" or "FSA" means a benefit plan whereby eligible school employees may reduce their salary before taxes to pay for medical expenses not reimbursed by insurance as provided in the salary reduction plan established under chapter 41.05 RCW pursuant to 26 U.S.C. Sec. 125 or other sections of the Internal Revenue Code.

"Forms" or "form" means both paper forms and forms completed electronically.

"Health plan" means a plan offering medical, vision, dental, or any combination of these coverages, developed by the board and provided by a contracted vendor or self-insured plans administered by the HCA.

"Layoff," for purposes of this chapter, means a change in employment status due to a SEBB organization's lack of funds or a SEBB organization's organizational change.

"Life insurance" means basic life insurance paid for by the SEBB organization, as well as supplemental life insurance or supplemental dependent life insurance offered to and paid for by school employees for themselves and their dependents.

"Limited purpose flexible spending arrangement" or "limited purpose FSA" means a benefit plan whereby eligible school employees may reduce their salary before taxes to pay for dental and vision expenses not reimbursed by insurance as provided in the salary reduction plan established under chapter 41.05 RCW pursuant to 26 U.S.C. Sec. 125 or other sections of the Internal Revenue Code.

"Long-term disability insurance" or "LTD insurance" means employer-paid long-term disability insurance and employee-paid long-term disability insurance offered by the SEBB program.

~~(("Medical flexible spending arrangement" or "medical FSA" means a benefit plan whereby eligible school employees may reduce their salary before taxes to pay for medical expenses not reimbursed by insurance as provided in the salary reduction plan established under chapter 41.05 RCW pursuant to 26 U.S.C. Sec. 125 or other sections of the Internal Revenue Code.))~~

"PEBB" means the public employees benefits board.

"PEBB program" means the program within the HCA that administers insurance and other benefits for eligible employees (as described in WAC 182-12-114), eligible retired employees (as described in WAC

182-12-171, 182-12-180, and 182-12-211), eligible survivors (as described in WAC 182-12-180, 182-12-250, and 182-12-265), eligible dependents (as described in WAC 182-12-250 and 182-12-260) and others as defined in RCW 41.05.011 and 41.05.080 (1) (a) (ii).

"Plan year" means the time period established by the authority.

"Premium payment plan" means a benefit plan whereby school employees may pay their share of group health plan premiums with pretax dollars as provided in the salary reduction plan under chapter 41.05 RCW pursuant to 26 U.S.C. Sec. 125 or other sections of the Internal Revenue Code.

"Premium surcharge" means a payment required from a subscriber, in addition to the subscriber's medical premium contribution, due to an enrollee's tobacco use or an enrolled subscriber's spouse or state registered domestic partner choosing not to enroll in their employer-based group medical when:

- The spouse's or state registered domestic partner's share of the medical premium is less than 95 percent of the additional cost an employee would be required to pay to enroll a spouse or state registered domestic partner in the public employees benefits board (PEBB) Uniform Medical Plan (UMP) Classic; and

- The benefits have an actuarial value of at least 95 percent of the actuarial value of PEBB UMP Classic benefits.

"Salary reduction plan" means a benefit plan whereby school employees may agree to a reduction of salary on a pretax basis to participate in the dependent care assistance program, (~~medical~~) flexible spending arrangement, limited purpose flexible spending arrangement, or premium payment plan offered pursuant to 26 U.S.C. Sec. 125 or other sections of the Internal Revenue Code.

"School board member" means the board of directors of a school district as governed by chapter 28A.343 RCW or the board of directors of an educational service district as governed by chapter 28A.310 RCW.

"School employee" means (~~all~~) all employees of school districts and charter schools established under chapter 28A.710 RCW; (~~and~~) represented employees of educational service districts; (~~and~~) effective January 1, 2024, all employees of educational service districts; and effective January 1, 2024, pursuant to a contractual agreement with the authority, "school employee" may also include (a) employees of employee organizations representing school employees, at the option of each such employee organization; and (b) employees of a tribal school as defined in RCW 28A.715.010, if the governing body of the tribal school seeks and receives the approval of the authority to provide any of its insurance programs by contracts with the authority, as provided in RCW 41.05.021 (1) (f) and (g).

"School employees benefits board organization" or "SEBB organization" means a public school district or educational service district or charter school established under chapter 28A.710 RCW that is required to participate in benefit plans provided by the school employees benefits board.

"School year" means school year as defined in RCW 28A.150.203(11).

"SEBB" means the school employees benefits board.

"SEBB benefits" means one or more insurance coverages or other school employee benefits administered by the SEBB program within the HCA.

"SEBB insurance coverage" means any health plan, life insurance, accidental death and dismemberment insurance, or long-term disability insurance administered as a SEBB benefit.

"SEBB program" means the program within the HCA that administers insurance and other benefits for eligible school employees (as described in WAC 182-31-040 or 182-30-130) ~~((and))~~, eligible dependents (as described in WAC 182-31-140), and eligible school board members (as described in WAC 182-31-200).

"Special open enrollment" means a period of time when subscribers may make changes to their health plan enrollment and salary reduction elections outside of the annual open enrollment period when specific life events occur. During the special open enrollment subscribers may change health plans and enroll or remove dependents from coverage. Additionally, school employees may enroll in or waive enrollment (see definition of "waive" in this section). School employees eligible to participate in the salary reduction plan may enroll in or revoke their election under the DCAP, ~~((medical))~~ FSA, limited purpose FSA, or the premium payment plan and make a new election. For special open enrollment events related to specific SEBB benefits, see WAC 182-30-090, 182-30-100, 182-31-080, and 182-31-150.

"State registered domestic partner" has the same meaning as defined in RCW 26.60.020(1) and substantially equivalent legal unions from other jurisdictions as defined in RCW 26.60.090.

"Subscriber" means the school employee ~~((or))~~, continuation coverage enrollee, or school board member who has been determined eligible by the SEBB program ~~((or))~~, SEBB organization(s), or employer group, is enrolled in SEBB benefits, and is the individual to whom the SEBB program and contracted vendors will issue all notices, information, requests, and premium bills on behalf of an enrollee.

"Supplemental coverage" means any life insurance or accidental death and dismemberment (AD&D) insurance coverage purchased by the school employee in addition to the coverage provided by the school employees benefits board (SEBB) organization.

"Tobacco products" means any product made with or derived from tobacco that is intended for human consumption, including any component, part, or accessory of a tobacco product. This includes, but is not limited to, cigars, cigarettes, pipe tobacco, chewing tobacco, snuff, and other tobacco products. It does not include e-cigarettes or United States Food and Drug Administration (FDA) approved quit aids.

"Tobacco use" means any use of tobacco products within the past two months. Tobacco use, however, does not include the religious or ceremonial use of tobacco.

"Tribal school" has the same meaning as defined in RCW 28A.715.010.

"Waive" means an eligible school employee affirmatively declining enrollment in SEBB medical because the school employee is enrolled in other employer-based group medical, a TRICARE plan, or medicare as allowed under WAC 182-31-080. A school employee may waive enrollment in SEBB medical to enroll in PEBB medical only if they are enrolled in PEBB dental and PEBB vision. A school employee who waives enrollment in SEBB medical to enroll in PEBB medical also waives enrollment in SEBB dental and SEBB vision.

"Week" means a seven-day period starting on Sunday and ending on Saturday.

AMENDATORY SECTION (Amending WSR 22-13-168, filed 6/21/22, effective 1/1/23)

WAC 182-31-060 Who is eligible to participate in the salary reduction plan? (1) School employees eligible for the employer contribution toward school employees benefits board (SEBB) benefits are eligible to participate in the premium payment plan under the state's salary reduction plan. School employees eligible for SEBB benefits as described in WAC 182-31-040 may also elect to participate in the ((medical)) FSA, limited purpose FSA, or DCAP programs provided they elect participation within the time frames described in WAC 182-30-100.

(2) School employees of employer groups, as defined in WAC 182-31-020, are not eligible to participate in the state's salary reduction plan.

AMENDATORY SECTION (Amending WSR 20-16-067, filed 7/28/20, effective 8/28/20)

WAC 182-31-100 What options for continuation coverage are available to school employees and their dependents during certain types of leave or when employment ends due to a layoff? School employees who have established eligibility for school employees benefits board (SEBB) benefits as described in WAC 182-31-040 may continue coverage for themselves and their dependents during certain types of leave or when their employment ends due to a layoff.

(1) School employees who are no longer eligible for the employer contribution toward SEBB benefits due to an event described in (b) (i) through (v) of this subsection may continue coverage by self-paying the premium and applicable premium surcharges set by the health care authority (HCA) from the date eligibility for the employer contribution is lost:

(a) School employees may continue any combination of medical, dental, or vision, and may also continue life insurance and accidental death and dismemberment (AD&D) insurance. If life insurance or AD&D insurance is elected, both basic life and basic AD&D insurance must be continued. School employees who continue basic life insurance and basic AD&D insurance may also continue supplemental life and AD&D insurance;

(b) School employees in the following circumstances who lose their eligibility for the employer contribution toward SEBB benefits qualify to continue coverage under this subsection:

(i) School employees who are on authorized leave without pay;

(ii) School employees who are receiving time-loss benefits under workers' compensation;

(iii) School employees who are called to active duty in the uniformed services as defined under USERRA;

(iv) School employees whose employment ends due to a layoff as defined in WAC 182-31-020; and

(v) School employees who are applying for disability retirement.

(c) The school employee's elections must be received by the SEBB program no later than ((sixty)) 60 days from the date the school employee's SEBB health plan coverage ended or from the postmark date on the election notice sent by the SEBB program, whichever is later;

(d) School employees may self-pay for a maximum of (~~twenty-nine~~) 29 months. The school employee's first premium payment and applicable premium surcharges are due no later than (~~forty-five~~) 45 days after the election period ends as described in (c) of this subsection, except as described in WAC 182-30-040 (1)(a).

Premiums and applicable premium surcharges associated with continuing SEBB medical, must be made to the HCA as well as premiums associated with continuing SEBB dental and vision insurance coverage. Premiums associated with continuing life insurance coverage or AD&D insurance coverage must be made to the contracted vendor. Following the school employee's first premium payment, the school employee must pay the premium amounts for SEBB insurance coverage and applicable premium surcharges as premiums become due; and

(e) If the school employee's monthly premium or applicable premium surcharges remain unpaid for (~~sixty~~) 60 days from the original due date, the school employee's SEBB insurance coverage will be terminated retroactive to the last day of the month for which the monthly premium and applicable premium surcharges were paid as described in WAC 182-30-040 (1)(c).

(2) The number of months that school employees self-pay the premium while eligible as described in subsection (1) of this section will count toward the total months of continuation coverage allowed under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA). School employees who are no longer eligible for continuation coverage as described in subsection (1) of this section but who have not used the maximum number of months allowed under COBRA coverage may continue medical, dental, vision, or any combination of them for the remaining difference in months by self-paying the premium and applicable premium surcharges as described in WAC 182-31-090.

AMENDATORY SECTION (Amending WSR 22-13-168, filed 6/21/22, effective 1/1/23)

WAC 182-31-150 When may subscribers enroll or remove eligible dependents? (1) **Enrolling dependents in school employees benefits board (SEBB) health plan coverage, supplemental dependent life insurance, and accidental death and dismemberment (AD&D) insurance.** A dependent must be enrolled in the same health plan coverage as the subscriber, and the subscriber must be enrolled in health plan coverage to enroll their dependent in health plan coverage. A dependent with more than one source of eligibility for enrollment in the public employees benefits board (PEBB) and SEBB programs is limited to a single enrollment in medical, dental, and vision plans in either the PEBB or SEBB program. Subscribers must satisfy the enrollment requirements as described in subsection (4) of this section and may enroll eligible dependents at the following times:

(a) **When the subscriber becomes eligible** and enrolls in SEBB benefits. If eligibility is verified the dependent's effective date will be as follows:

(i) SEBB health plan coverage will be the same as the subscriber's effective date;

(ii) Supplemental dependent life insurance or AD&D insurance, if elected, will be effective the first day of the month following the date the contracted vendor receives the required form or approves the enrollment. A newly born child must be at least 14 days old before

supplemental dependent life insurance or AD&D insurance coverage is effective.

(b) **During the annual open enrollment.** SEBB health plan coverage begins January 1st of the following year;

(c) **During special open enrollment.** Subscribers may enroll dependents during a special open enrollment as described in subsection (3) of this section;

(d) **When a National Medical Support Notice (NMSN)** requires a subscriber to cover a dependent child in health plan coverage as described in WAC 182-31-160; or

(e) **Any time during the calendar year for supplemental dependent life insurance or AD&D insurance** by submitting the required form to the contracted vendor for approval. Evidence of insurability may be required for supplemental dependent life insurance but will not be required for supplemental AD&D insurance. Supplemental dependent life insurance or AD&D insurance will be effective the first day of the month following the date the contracted vendor receives the required form or approves the enrollment. A newly born child must be at least 14 days old before supplemental dependent life insurance or AD&D insurance coverage is effective.

(2) **Removing dependents from SEBB health plan coverage or supplemental dependent life insurance or AD&D insurance.**

(a) **A dependent's eligibility for enrollment in SEBB health plan coverage or supplemental dependent life insurance or AD&D insurance ends the last day of the month the dependent** meets the eligibility criteria as described in WAC 182-31-140. Subscribers must provide notice when a dependent is no longer eligible due to divorce, annulment, dissolution, or qualifying event of dependent ceasing to be eligible as a dependent child as described in WAC 182-31-140(3). For supplemental dependent life insurance or AD&D insurance, subscribers must notify the contracted vendor on the required form, in writing, or by telephone when a dependent is no longer eligible. Contact information for the contracted vendor may be found at hca.wa.gov/sebb-employee-contact-plan. For SEBB health plan coverage, the notice must be received within 60 days of the last day of the month the dependent loses eligibility. School employees must notify their SEBB organization when a dependent is no longer eligible for SEBB health plan coverage, except as required under WAC 182-31-140 (3)(f)(ii). All other subscribers must notify the SEBB program. Consequences for not submitting notice within the required 60 days include, but are not limited to:

(i) The dependent may lose eligibility to continue SEBB medical, dental, or vision under one of the continuation coverage options described in WAC 182-31-130;

(ii) The subscriber may be billed for claims paid by the health plan for services that were rendered after the dependent lost eligibility as described in WAC 182-31-130;

(iii) The subscriber may not be able to recover subscriber-paid insurance premiums for dependents that lost their eligibility; and

(iv) The subscriber may be responsible for premiums paid by the state for the dependent's health plan coverage after the dependent lost eligibility.

(b) **School employees have the opportunity to remove eligible dependents:**

(i) During the annual open enrollment. The dependent will be removed from SEBB health plan coverage the last day of December;

(ii) During a special open enrollment as described in subsections (3) and (4)(f) of this section;

(iii) When a NMSN requires a spouse, former spouse, or other individual to provide health plan coverage for a dependent who is already enrolled in SEBB coverage, and that health plan coverage is in fact provided as described in WAC 182-31-160(2); or

(iv) Any time during the calendar year from supplemental dependent life insurance or AD&D insurance by submitting a request to the contracted vendor on the required form, in writing, or by telephone. Contact information for the contracted vendor may be found at hca.wa.gov/sebb-employee-contact-plan.

(c) **Enrollees with SEBB continuation coverage as described in WAC 182-31-090 and 182-31-100, or a school board member as described in WAC 182-31-200 may remove dependents** from their SEBB health plan coverage outside of the annual open enrollment or a special open enrollment by providing written notice to the SEBB program. The dependent will be removed from the subscriber's SEBB health plan coverage prospectively. SEBB health plan coverage will end on the last day of the month in which the written notice is received by the SEBB program or on the last day of the month specified in the subscriber's written notice, whichever is later. If the written notice is received on the first day of the month, SEBB health plan coverage will end on the last day of the previous month. SEBB continuation coverage enrollees may remove dependents from supplemental dependent life insurance or AD&D insurance any time during the calendar year by submitting a request to the contracted vendor on the required form, in writing, or by telephone. Contact information for the contracted vendor may be found at hca.wa.gov/sebb-employee-contact-plan.

(3) **Special open enrollment.**

(a) Subscribers may enroll or remove their eligible dependents outside of the annual open enrollment if a special open enrollment event occurs. The change in enrollment must be allowable under the Internal Revenue Code and Treasury regulations, and correspond to and be consistent with the event that creates the special open enrollment for the subscriber, the subscriber's dependents, or both.

(i) SEBB health plan coverage will begin the first of the month following the later of the event date or the date the required form is received. If that day is the first of the month, the change in enrollment begins on that day.

(ii) SEBB health plan coverage for an extended dependent or a dependent with a disability will begin the first day of the month following the later of the event date or eligibility certification.

(iii) The dependent will be removed from the subscriber's SEBB health plan coverage the last day of the month following the later of the event date or the date the required form and proof of the event is received. If that day is the first of the month, the change in enrollment will be made the last day of the previous month.

(iv) If the special open enrollment is due to the birth or adoption of a child, or when the subscriber has assumed a legal obligation for total or partial support in anticipation of adoption of a child, SEBB health plan coverage will begin or end as follows:

- For the newly born child, SEBB health plan coverage will begin the date of birth;
- For a newly adopted child, SEBB health plan coverage will begin on the date of placement or the date a legal obligation is assumed in anticipation of adoption, whichever is earlier;
- For a spouse or state registered domestic partner of a subscriber, SEBB health plan coverage will begin the first day of the month in which the event occurs. The spouse or state registered domes-

tic partner will be removed from SEBB health plan coverage the last day of the month in which the event occurred.

(v) Supplemental dependent life insurance or AD&D insurance will begin the first day of the month following the date the contracted vendor receives the required form or approves the enrollment. A newly born child must be at least 14 days old before supplemental dependent life insurance or AD&D insurance coverage is effective.

(b) The events described in this subsection (3)(b)(i) of this section create a special open enrollment to enroll eligible dependents in supplemental dependent life insurance or AD&D insurance. Any one of the following events may create a special open enrollment to enroll or remove eligible dependents from SEBB health plan coverage:

(i) Subscriber acquires a new dependent due to:

- Marriage or registering a state registered domestic partnership;
- Birth, adoption, or when a subscriber has assumed a legal obligation for total or partial support in anticipation of adoption; or
- A child becoming eligible as an extended dependent through legal custody or legal guardianship.

(ii) Subscriber or a subscriber's dependent loses other coverage under a group health plan or through health insurance coverage, as defined by the Health Insurance Portability and Accountability Act (HIPAA);

(iii) Subscriber has a change in employment status that affects the subscriber's eligibility for their employer contribution toward their employer-based group health plan;

(iv) The subscriber's dependent has a change in their own employment status that affects their eligibility or their dependent's eligibility for the employer contribution under their employer-based group health plan;

Note: As used in (iv) of this subsection "employer contribution" means contributions made by the dependent's current or former employer toward health coverage as described in Treasury Regulation 54.9801-6.

(v) Subscriber or a subscriber's dependent has a change in enrollment under an employer-based group health plan during its annual open enrollment that does not align with the SEBB program's annual open enrollment;

(vi) Subscriber's dependent has a change in residence from outside of the United States to within the United States, or from within the United States to outside of the United States and that change in residence results in the dependent losing their health insurance;

(vii) A court order requires the subscriber or any other individual to provide insurance coverage for an eligible dependent of the subscriber (a former spouse or former state registered domestic partner is not an eligible dependent);

(viii) Subscriber or a subscriber's dependent enrolls in coverage under medicaid or a state children's health insurance program (CHIP), or the subscriber or a subscriber's dependent loses eligibility for coverage under medicaid or CHIP;

(ix) Subscriber or a subscriber's dependent becomes eligible for state premium assistance subsidy for SEBB health plan coverage from medicaid or CHIP;

(x) Subscriber's dependent enrolls in medicare, or loses eligibility for medicare.

(4) **Enrollment requirements. A subscriber must submit the required forms within the time frames described in this subsection.** For SEBB health plan coverage, a school employee must submit the required forms to their SEBB organization, ((a)) any other subscriber ((~~on con~~

~~tinuation coverage~~)) must submit the required forms to the SEBB program. In addition to the required forms indicating dependent enrollment, the subscriber must provide the required documents as evidence of the dependent's eligibility; or as evidence of the event that created the special open enrollment. All required forms and documents must be received within the required time frames. A school employee enrolling a dependent in supplemental dependent life insurance or AD&D insurance must submit the required form to the contracted vendor for approval within the required time frames.

Note: When enrolling a state registered domestic partner or a state registered domestic partner's child, a subscriber must certify that the state registered domestic partner or state registered domestic partner's child is a tax dependent on the required form; otherwise, the SEBB program will assume the state registered domestic partner or state registered domestic partner's child is not a tax dependent.

(a) If a subscriber wants to enroll their eligible dependents in SEBB health plan coverage (~~or supplemental dependent life insurance or AD&D insurance~~)) when the subscriber becomes eligible to enroll in SEBB benefits, the subscriber must include the dependent's enrollment information on the required forms and submit them within the required time frame as described in WAC 182-30-060 (~~and~~), 182-30-080, or 182-31-200. If a school employee enrolls a dependent in supplemental dependent life insurance or AD&D insurance, the required form must be submitted within the required time frame described in WAC 182-30-080.

(b) If a subscriber wants to enroll eligible dependents in SEBB health plan coverage during the SEBB annual open enrollment period, the required forms must be received no later than the last day of the annual open enrollment.

(c) If a subscriber wants to enroll newly eligible dependents, the required forms must be received no later than 60 days after the dependent becomes eligible. A school employee enrolling a dependent in supplemental dependent life insurance or AD&D insurance must submit the required form to the contracted vendor for approval. A school employee may enroll a dependent in supplemental dependent life insurance up to the guaranteed issue coverage amount without evidence of insurability if the required form is submitted to the contracted vendor as required. Evidence of insurability will be required for supplemental dependent life insurance over the guaranteed issue coverage amount. Evidence of insurability is not required for supplemental AD&D insurance.

(d) If a subscriber wants to enroll a newborn or child whom the subscriber has adopted or has assumed a legal obligation for total or partial support in anticipation of adoption in SEBB health plan coverage, the subscriber should notify the SEBB program by submitting the required forms as soon as possible to ensure timely payment of claims. If adding the child increases the premium, the required forms must be received no later than 60 days after the date of the birth, adoption, or the date the legal obligation is assumed for total or partial support in anticipation of adoption. A school employee enrolling a dependent in supplemental dependent life insurance or AD&D insurance must submit the required form to the contracted vendor for approval no later than 60 days after the date of the birth, adoption, or the date the legal obligation is assumed for total or partial support in anticipation of adoption. A newly born child must be at least 14 days old before supplemental dependent life insurance or AD&D insurance coverage can become effective.

(e) If the subscriber wants to enroll a child age 26 or older as a child with a disability in SEBB health plan coverage, the required forms must be received no later than 60 days after the child reaches age 26 or within the relevant time frame described in (a), (b), and

(f) of this subsection. To recertify an enrolled child with a disability, the required forms must be received by the SEBB program or the contracted vendor by the child's scheduled SEBB health plan coverage termination date.

(f) If the subscriber wants to change a dependent's enrollment status in SEBB health plan coverage during a special open enrollment, the required forms must be received no later than 60 days after the event that creates the special open enrollment.

(g) A school employee may enroll a dependent in supplemental dependent life insurance or AD&D insurance at any time during the calendar year by submitting the required form to the contracted vendor for approval. Evidence of insurability may be required for supplemental dependent life insurance but will not be required for supplemental AD&D insurance.

AMENDATORY SECTION (Amending WSR 21-13-115, filed 6/21/21, effective 1/1/22)

WAC 182-31-160 National Medical Support Notice (NMSN). (1) When a National Medical Support Notice (NMSN) requires a subscriber to provide health plan coverage for a dependent child the following provisions apply:

(a) The subscriber may enroll their dependent child and request changes to their health plan coverage as described under (c) of this subsection. School employees submit the required forms to their school employees benefits board (SEBB) organization. All other subscribers (~~(on continuation coverage)~~) submit the required forms to the SEBB program;

(b) If the subscriber fails to request enrollment or health plan coverage changes as directed by the NMSN, the SEBB organization or the SEBB program may make enrollment or health plan coverage changes according to (c) of this subsection upon request of:

- (i) The child's other parent; or
- (ii) Child support enforcement program.

(c) Changes to health plan coverage or enrollment are allowed as directed by the NMSN:

(i) The dependent will be enrolled under the subscriber's health plan coverage as directed by the NMSN;

(ii) A school employee who has waived SEBB medical as described in WAC 182-31-080 will be enrolled in medical as directed by the NMSN, in order to enroll the dependent;

(iii) The subscriber's selected health plan will be changed if directed by the NMSN;

(iv) If the dependent is already enrolled under another SEBB subscriber, the dependent will be removed from the other health plan coverage and enrolled as directed by the NMSN;

(v) If the dependent is enrolled in both public employees benefits board medical and SEBB medical as a dependent as described in WAC 182-31-070 (6)(f) and there is a NMSN in place, enrollment will be in accordance with the NMSN; or

(vi) If the subscriber is eligible for and elects Consolidated Omnibus Budget Reconciliation Act (COBRA) or other continuation coverage, the NMSN will be enforced and the dependent must be covered in accordance with the NMSN.

(d) Changes to health plan coverage or enrollment as described in (c)(i) through (iii) of this subsection will begin the first day of the month following receipt by the SEBB organization or the SEBB program of the NMSN. If the NMSN is received (~~by the SEBB organization~~) on the first day of the month, the change to health plan coverage or enrollment begins on that day. A dependent will be removed from the subscriber's health plan coverage as described in (c)(iv) of this subsection the last day of the month the NMSN is received. If that day is the first of the month, the change in enrollment will be made the last day of the previous month.

(2) When a NMSN requires a spouse, former spouse, or other individual to provide health plan coverage for a dependent who is already enrolled in SEBB coverage, and that health plan coverage is in fact provided, the dependent may be removed from the subscriber's SEBB health plan coverage prospectively.

NEW SECTION

WAC 182-31-200 School board members participation requirements.

This section applies to school board members as defined in WAC 182-31-020. A school board member may enroll in health plans offered by the school employees benefits board (SEBB) by self-paying the premium and applicable premium surcharges set by the health care authority (HCA). A school board member must enroll in SEBB medical, SEBB dental, and SEBB vision.

(1) Newly elected school board members must submit their required forms to the SEBB program, and they must be received no later than 60 days from the beginning of their elected or appointed term. The first premium payment and applicable premium surcharges must be received no later than 45 days after the 60-day election period ends. The school board member's SEBB health plan coverage will begin the first day of the month following the day the SEBB program receives the required forms.

(2) If the school board member elects to enroll a dependent in SEBB health plan coverage, the dependent will be enrolled in the same SEBB medical, SEBB dental, and SEBB vision plans as the school board member.

(3) A school board member may participate in SEBB health plan coverage for the duration of their elected term as a school board member as long as:

(a) Premiums and applicable premium surcharges continue to be paid as described in WAC 182-30-040; and

(b) May renew their participation at the start of each subsequent term as a school board member. If a school board member is reelected for a new term consecutive from their previous term, the school board member will not be required to make new elections.

(4) If a school board member is terminated due to no longer paying the premium and applicable premium surcharges as described in WAC 182-30-040 (1)(c) or requests to voluntarily terminate their enrollment in SEBB health plan coverage prior to the end of their elected term, they are no longer eligible under this section to participate in SEBB health plan coverage for the remainder of their elected term. Those who request to voluntarily terminate their SEBB health plan coverage must do so in writing. SEBB health plan coverage will end on the last day of the month in which the SEBB program receives the termina-

tion request or on the last day of the month specified in the school board member's termination request, whichever is later. If the termination request is received on the first day of the month, SEBB health plan coverage will end on the last day of the previous month.

OTS-5358.2

AMENDATORY SECTION (Amending WSR 22-13-168, filed 6/21/22, effective 1/1/23)

WAC 182-32-020 Definitions. The following definitions apply throughout this chapter unless the context clearly indicates another meaning:

"Accidental death and dismemberment insurance" or "AD&D" means basic accidental death and dismemberment (AD&D) insurance paid for by the SEBB organization, as well as supplemental accidental death and dismemberment insurance offered to and paid for by school employees for themselves and their dependents.

"Appellant" means a person who requests a brief adjudicative proceeding with the SEBB appeals unit about the action of the SEBB organization, employer group, the HCA, or its contracted vendor.

"Authority" or "HCA" means the Washington state health care authority.

"Board" means the school employees benefits board established under provisions of RCW 41.05.740.

"Brief adjudicative proceeding" means the process described in RCW 34.05.482 through 34.05.494 and in WAC 182-32-2000 through 182-32-2160.

"Business days" means all days except Saturdays, Sundays, and all state legal holidays as set forth in RCW 1.16.050.

"Calendar days" or "days" means all days including Saturdays, Sundays, and all state legal holidays as set forth in RCW 1.16.050.

"Continuance" means a change in the date or time of when a brief adjudicative proceeding or formal administrative hearing will occur.

"Contracted vendor" means any person, persons, or entity under contract or agreement with the HCA to provide goods or services for the provision or administration of SEBB benefits. The term "contracted vendor" includes subcontractors of the HCA and subcontractors of any person, persons, or entity under contract or agreement with the HCA that provide goods or services for the provision or administration of SEBB benefits.

"Denial" or "denial notice" means an action by, or communication from, a school employees benefits board (SEBB) organization, employer group, contracted vendor, or the SEBB program that aggrieves a subscriber, a dependent, or an applicant, with regard to SEBB benefits including, but not limited to, actions or communications expressly designated as a "denial," "denial notice," or "cancellation notice."

"Dependent" means a person who meets eligibility requirements in WAC 182-31-140.

"Dependent care assistance program" or "DCAP" means a benefit plan whereby school employees may pay for certain employment related dependent care with pretax dollars as provided in the salary reduction

plan under chapter 41.05 RCW pursuant to 26 U.S.C. Sec. 129 or other sections of the Internal Revenue Code.

"Director" means the director of the authority.

"Dispositive motion" is a motion made to a presiding officer, reviewing officer, or hearing officer to decide a claim or case in favor of the moving party without further proceedings.

"Documents" means papers, letters, writings, electronic mail, electronic files, or other printed or written items.

"Employer-based group medical" means group medical related to a current employment relationship. It does not include medical coverage available to retired employees, individual market medical coverage or government-sponsored programs such as medicare or medicaid.

"Employer group" means an employee organization representing school employees and a tribal school as defined in RCW 28A.715.010, obtaining school employee benefits through a contractual agreement with the authority to participate in benefit plans developed by the school employees benefits board as described in WAC 182-30-215.

"Enrollee" means a person who meets all eligibility requirements defined in chapter 182-31 WAC or WAC 182-30-130, who is enrolled in SEBB benefits, and for whom applicable premium payments have been made.

"File" or "filing" means the act of delivering documents to the office of the presiding officer, reviewing officer, or hearing officer. A document is considered filed when it is received by the authority or its designee. A document may be filed by one or more of the following:

- Personal delivery to the authority at Cherry Street Plaza, 626 8th Avenue S.E., Olympia, Washington 98501;
- First class, registered, or certified mail to the authority to the following mailing address:

Health Care Authority
Attn: SEBB Appeals Unit
P.O. Box 45504
Olympia, WA 98504-5504;

- Fax: 360-763-4709; or
- Submission online through the designated submission portal.

The identified methods are the exclusive methods for a document to be filed, and submission of documents by any other fashion to the authority shall not constitute filing unless agreed to in advance by the authority.

"Final order" means an order that is the final health care authority decision.

"Flexible spending arrangement" or "FSA" means a benefit plan whereby eligible school employees may reduce their salary before taxes to pay for medical expenses not reimbursed by insurance as provided in the salary reduction plan established under chapter 41.05 RCW pursuant to 26 U.S.C. Sec. 125 or other sections of the Internal Revenue Code.

"Formal administrative hearing" means a proceeding before a hearing officer that gives an appellant an opportunity for an evidentiary hearing as described in RCW 34.05.413 through 34.05.476 and WAC 182-32-3000 through 182-32-3200.

"HCA hearing representative" means a person who is authorized to represent the SEBB program in a formal administrative hearing. The person may be an assistant attorney general or authorized HCA employee.

"Health plan" means a plan offering medical, vision, dental, or any combination of these coverages, developed by the board and provided by a contracted vendor or self-insured plans administered by the HCA.

"Hearing officer" means an impartial decision maker who presides at a formal administrative hearing, and is:

- A director-designated HCA employee; or
- When the director has designated the office of administrative hearings (OAH) as a hearing body, an administrative law judge employed by the OAH.

"Life insurance" means any basic life insurance paid for by the SEBB organization, as well as supplemental life insurance or supplemental dependent life insurance offered to and paid for by school employees for themselves and their dependents.

"Limited purpose flexible spending arrangement" or "limited purpose FSA" means a benefit plan whereby eligible school employees may reduce their salary before taxes to pay for dental and vision expenses not reimbursed by insurance as provided in the salary reduction plan established under chapter 41.05 RCW pursuant to 26 U.S.C. Sec. 125 or other sections of the Internal Revenue Code.

"Long-term disability insurance" or "LTD insurance" means employer-paid long-term disability insurance and employee-paid long-term disability insurance offered by the SEBB program.

~~("Medical flexible spending arrangement" or "medical FSA" means a benefit plan whereby eligible school employees may reduce their salary before taxes to pay for medical expenses not reimbursed by insurance as provided in the salary reduction plan established under chapter 41.05 RCW pursuant to 26 U.S.C. Sec. 125 or other sections of the Internal Revenue Code.)~~

"PEBB" means the public employees benefits board.

"Prehearing conference" means a proceeding scheduled and conducted by a hearing officer to address issues in preparation for a formal administrative hearing.

"Premium payment plan" means a benefit plan whereby school employees may pay their share of group health plan premiums with pretax dollars as provided in the salary reduction plan under chapter 41.05 RCW pursuant to 26 U.S.C. Sec. 125 or other sections of the Internal Revenue Code.

"Premium surcharge" means a payment required from a subscriber, in addition to the subscriber's medical premium contribution, due to an enrollee's tobacco use or an enrolled subscriber's spouse or state registered domestic partner choosing not to enroll in their employer-based group medical when:

- The spouse's or state registered domestic partner's share of the medical premiums is less than 95 percent of the additional cost an employee would be required to pay to enroll a spouse or state registered domestic partner in the public employees benefits board (PEBB) Uniform Medical Plan (UMP) Classic; and
- The benefits have an actuarial value of at least 95 percent of the actuarial value of PEBB UMP Classic benefits.

"Presiding officer" means an impartial decision maker who conducts a brief adjudicative proceeding and is a director-designated HCA employee.

"Reviewing officer or officers" means one or more delegates from the director that consider appeals relating to the administration of SEBB benefits by the SEBB program.

"Salary reduction plan" means a benefit plan whereby school employees may agree to a reduction of salary on a pretax basis to participate in the dependent care assistance program, ~~((medical))~~ flexible spending arrangement, limited purpose flexible spending arrangement, or premium payment plan offered pursuant to 26 U.S.C. Sec. 125 or other sections of the Internal Revenue Code.

"School board member" means the board of directors of a school district as governed by chapter 28A.343 RCW or the board of directors of an educational service district as governed by chapter 28A.310 RCW.

"School employee" means ~~((→))~~ all employees of school districts and charter schools established under chapter 28A.710 RCW; ~~((→))~~ represented employees of educational service districts; ~~((and →))~~ effective January 1, 2024, all employees of educational service districts; and effective January 1, 2024, pursuant to a contractual agreement with the authority, "school employee" may also include (a) employees of employee organizations representing school employees, at the option of each such employee organization; and (b) employees of a tribal school as defined in RCW 28A.715.010, if the governing body of the tribal school seeks and receives the approval of the authority to provide any of its insurance programs by contracts with the authority, as provided in RCW 41.05.021 (1) (f) and (g).

"School employees benefits board organization" or "SEBB organization" means a public school district or educational service district or charter school established under chapter 28A.710 RCW that is required to participate in benefit plans provided by the school employees benefit board.

"SEBB" means the school employees benefits board.

"SEBB benefits" means one or more insurance coverages or other employee benefits administered by the SEBB program within the HCA.

"SEBB insurance coverage" means any health plan, life insurance, accidental death and dismemberment insurance, or long-term disability insurance administered as a SEBB benefit.

"SEBB program" means the program within the HCA that administers insurance and other benefits for eligible school employees (as described in WAC 182-31-040 or 182-30-130), ~~((and))~~ eligible dependents (as described in WAC 182-31-140), and eligible school board members (as described in WAC 182-31-200).

"State registered domestic partner," has the same meaning as defined in RCW 26.60.020(1) and substantially equivalent legal unions from other jurisdictions as defined in RCW 26.60.090.

"Subscriber" means the school employee ~~((→))~~ continuation coverage enrollee, or school board member who has been determined eligible by the SEBB program ~~((→))~~ SEBB organization((→)), or employer group, is enrolled in SEBB benefits, and is the individual to whom the SEBB program and contracted vendors will issue all notices, information, requests, and premium bills on behalf of an enrollee.

"Tobacco products" means any product made with or derived from tobacco that is intended for human consumption, including any component, part, or accessory of a tobacco product. This includes, but is not limited to, cigars, cigarettes, pipe tobacco, chewing tobacco, snuff, and other tobacco products. It does not include e-cigarettes or United States Food and Drug Administration (FDA) approved quit aids.

"Tobacco use" means any use of tobacco products within the past two months. Tobacco use, however, does not include the religious or ceremonial use of tobacco.

"Tribal school" has the same meaning as defined in RCW 28A.715.010.

AMENDATORY SECTION (Amending WSR 22-13-168, filed 6/21/22, effective 1/1/23)

WAC 182-32-064 Applicable rules and laws. (1) A school employees benefits board (SEBB) organization or employer group must apply SEBB program rules adopted in the Washington Administrative Code (WAC) and follow instructions from the authority.

(2) A presiding officer, reviewing officer or officers, or hearing officer must first apply the applicable SEBB program rules adopted in the WAC. If no SEBB program rule applies, the presiding officer, reviewing officer or officers, or hearing officer must decide the issue according to the best legal authority and reasoning available, including federal and Washington state constitutions, statutes, regulations, significant decisions indexed as described in WAC 182-32-130, and court decisions.

AMENDATORY SECTION (Amending WSR 21-13-117, filed 6/21/21, effective 1/1/22)

WAC 182-32-2010 Appealing a decision regarding school employees benefits board (SEBB) eligibility, enrollment, premium payments, premium surcharges, a wellness incentive, or the administration of benefits. (1) Any current or former school employee of a school employees benefits board (SEBB) organization or their dependent aggrieved by a decision made by the SEBB organization with regard to SEBB eligibility, enrollment, or premium surcharges may appeal that decision to the SEBB organization by the process described in WAC 182-32-2020.

Note: Eligibility decisions address whether a subscriber or a subscriber's dependent is entitled to SEBB benefits, as described in SEBB rules and policies. Enrollment decisions address the application for SEBB benefits as described in SEBB rules and policies including, but not limited to, the submission of proper documentation and meeting enrollment deadlines.

(2) Any current or former school employee of an employer group or their dependent who is aggrieved by a decision made by the employer group with regard to SEBB eligibility, enrollment, or premium surcharges may appeal that decision to the employer group through the process established by the employer group.

Exception: Any current or former school employee of an employer group aggrieved by a decision regarding life insurance, long-term disability (LTD) insurance, eligibility to participate in the SEBB wellness incentive program, or eligibility to receive a SEBB wellness incentive may appeal that decision to the SEBB appeals unit by the process described in WAC 182-32-2030.

(3) Any subscriber or dependent aggrieved by a decision made by the SEBB program with regard to SEBB eligibility, enrollment, premium payments, premium surcharges, eligibility to participate in the SEBB wellness incentive program, or eligibility to receive the SEBB wellness incentive, may appeal that decision to the SEBB appeals unit by the process described in WAC 182-32-2030.

~~((3))~~ (4) Any enrollee aggrieved by a decision regarding the administration of SEBB medical, dental, and vision, life insurance, accidental death and dismemberment (AD&D) insurance, or long-term disability insurance, may appeal that decision by following the appeal provisions of those plans, with the exception of:

- (a) Enrollment decisions;
- (b) Premium payment decisions other than life insurance or AD&D insurance premium payment decisions; and
- (c) Eligibility decisions.

~~((4))~~ (5) Any SEBB enrollee aggrieved by a decision regarding the administration of SEBB property and casualty insurance may appeal that decision by following the appeal provisions of those plans.

~~((5))~~ (6) Any school employee aggrieved by a decision regarding the administration of a benefit offered under the salary reduction plan may appeal that decision by the process described in WAC 182-32-2050.

~~((6))~~ (7) Any subscriber aggrieved by a decision made by the SEBB wellness incentive program contracted vendor regarding the completion of the SEBB wellness incentive program requirements, or a request for a reasonable alternative to a wellness incentive program requirement, may appeal that decision by the process described in WAC 182-32-2040.

AMENDATORY SECTION (Amending WSR 20-16-067, filed 7/28/20, effective 8/28/20)

WAC 182-32-2030 Appealing a school employees benefits board (SEBB) program decision regarding eligibility, enrollment, premium payments, premium surcharges, ~~((and))~~ a SEBB wellness incentive, or certain decisions made by an employer group. (1) A decision made by the school employees benefits board (SEBB) program regarding eligibility, enrollment, premium payments, premium surcharges, or a SEBB wellness incentive may be appealed by submitting a request to the SEBB appeals unit for a brief adjudicative proceeding to be conducted by the authority.

(2) A decision made by an employer group regarding life insurance, LTD insurance, eligibility to participate in the SEBB wellness incentive program, or eligibility to receive a SEBB wellness incentive, may be appealed by submitting a request to the SEBB appeals unit for a brief adjudicative proceeding to be conducted by the authority.

(3) The contents of the request for a brief adjudicative proceeding are to be provided as described in WAC 182-32-2070.

~~((3))~~ (4) The request for a brief adjudicative proceeding from a current or former school employee or school employee's dependent must be received by the SEBB appeals unit no later than ~~((thirty))~~ 30 days after the date of the denial notice.

~~((4))~~ (5) The request for a brief adjudicative proceeding from a ~~((self-pay))~~ continuation coverage enrollee, school board member, or their dependent ~~((of self-pay enrollee))~~ must be received by the SEBB appeals unit no later than ~~((sixty))~~ 60 days after the date of the denial notice.

~~((5))~~ (6) The SEBB appeals unit must notify the appellant in writing when the request for a brief adjudicative proceeding has been received.

~~((6))~~ (7) The brief adjudicative proceeding will be conducted by a presiding officer designated by the director.

~~((7))~~ (8) Failing to timely request a brief adjudicative proceeding will result in the prior SEBB program decision becoming the authority's final order without further action.

AMENDATORY SECTION (Amending WSR 20-16-067, filed 7/28/20, effective 8/28/20)

WAC 182-32-2040 How can a subscriber appeal a decision regarding the administration of wellness incentive program requirements? (1)

Any subscriber aggrieved by a decision regarding the completion of the wellness incentive program requirements, or request for a reasonable alternative to a wellness incentive program requirement, may appeal that decision to the school employees benefits board (SEBB) wellness incentive program contracted vendor.

(2) Any subscriber who disagrees with a decision in response to an appeal filed with the SEBB wellness incentive program contracted vendor may appeal the decision by submitting a request for a brief adjudicative proceeding to the SEBB appeals unit.

(a) The request for a brief adjudicative proceeding from a current or former school employee must be received by the SEBB appeals unit no later than (~~thirty~~) 30 days after the date of the denial notice. The contents of the request for a brief adjudicative proceeding are to be provided as described in WAC 182-32-2070.

(b) The request for a brief adjudicative proceeding from a (~~self-pay subscriber~~) continuation coverage enrollee or school board member must be received by the SEBB appeals unit no later than (~~sixty~~) 60 days after the date of the denial notice. The contents of the request for a brief adjudicative proceeding are to be provided as described in WAC 182-32-2070.

(3) The SEBB appeals unit must notify the appellant in writing when the request for a brief adjudicative proceeding has been received.

(4) The brief adjudicative proceeding will be conducted by a presiding officer designated by the director.

(5) If a subscriber fails to timely request a brief adjudicative proceeding, the decision of the SEBB wellness incentive program contracted vendor becomes the authority's final order without further action.

AMENDATORY SECTION (Amending WSR 22-13-168, filed 6/21/22, effective 1/1/23)

WAC 182-32-2050 How can a school employee appeal a decision regarding the administration of benefits offered under the salary reduction plan? (1)

Any school employee who disagrees with a decision that denies eligibility for, or enrollment in, a benefit offered under the salary reduction plan may appeal that decision by submitting a written request for administrative review to their school employees benefits board (SEBB) organization. The SEBB organization must receive the written request for administrative review no later than 30 days after the date of the decision resulting in denial. The contents of the written request for administrative review are to be provided as described in WAC 182-32-2070.

(a) Upon receiving the written request for administrative review, the SEBB organization must perform a complete review of the denial by one or more staff who did not take part in the decision resulting in the denial.

(b) The SEBB organization must render a written decision within 30 days of receiving the written request for administrative review.

The written decision must be sent to the school employee who submitted the written request for review and must include a description of appeal rights. The SEBB organization must also send a copy of the SEBB organization's written decision to the SEBB organization's administrator (or designee) and to the SEBB appeals unit. If the SEBB organization fails to render a written decision within 30 days of receiving the written request for administrative review, the request for administrative review may be considered denied as of the 31st day and the original underlying SEBB organization decision may be appealed to the SEBB appeals unit by following the process in this section.

(2) Any school employee who disagrees with the SEBB organization's decision in response to a written request for administrative review, as described in this section, may request a brief adjudicative proceeding to be conducted by the authority by submitting a written request to the SEBB appeals unit.

(a) The SEBB appeals unit must receive the request for a brief adjudicative proceeding no later than 30 days after the date of the SEBB organization's written decision on the request for administrative review. If a SEBB organization fails to render a written decision within 30 days of receiving a written request for administrative review, the SEBB appeals unit must receive the request for a brief adjudicative proceeding no later than 30 days after the date the request for administrative review was deemed denied. The contents of the request for a brief adjudicative proceeding are to be provided as described in WAC 182-32-2070.

(i) The SEBB appeals unit must notify the appellant in writing when the request for a brief adjudicative proceeding has been received.

(ii) Once the SEBB appeals unit receives a request for a brief adjudicative proceeding, the SEBB appeals unit will send a request for documentation and information to the applicable SEBB organization. The SEBB organization will then have two business days to respond to the request and provide the documentation and information requested. The SEBB organization will also send a copy of the documentation and information to the school employee.

(iii) The brief adjudicative proceeding will be conducted by a presiding officer designated by the director.

(b) If a school employee fails to timely request a brief adjudicative proceeding, the SEBB organization's prior written decision becomes the authority's final order without further action.

(3) Any school employee aggrieved by a decision regarding a claim for benefits under the (~~medical~~) flexible spending arrangement or limited purpose flexible spending arrangement (FSA) or dependent care assistance program (DCAP) offered under the salary reduction plan may appeal that decision to the authority's contracted vendor by following the appeal process of that contracted vendor.

(a) Any school employee who disagrees with a decision in response to an appeal filed with the contracted vendor that administers the (~~medical~~) FSA, limited purpose FSA, and DCAP under the salary reduction plan may request a brief adjudicative proceeding by submitting a written request to the SEBB appeals unit. The SEBB appeals unit must receive the request for a brief adjudicative proceeding no later than 30 days after the date of the contracted vendor's appeal decision. The contents of the request for a brief adjudicative proceeding are to be provided as described in WAC 182-32-2070.

(i) The SEBB appeals unit must notify the appellant in writing when the request for a brief adjudicative proceeding has been received.

(ii) The brief adjudicative proceeding will be conducted by a presiding officer designated by the director.

(b) If a school employee fails to timely request a brief adjudicative proceeding, the contracted vendor's prior written decision becomes the authority's final order without further action.

(4) Any school employee aggrieved by a decision regarding the administration of the premium payment plan offered under the salary reduction plan may request a brief adjudicative proceeding to be conducted by the authority by submitting a written request to the SEBB appeals unit for a brief adjudicative proceeding.

(a) The SEBB appeals unit must receive the request for a brief adjudicative proceeding no later than 30 days after the date of the denial notice by the SEBB program. The contents of the request for a brief adjudicative proceeding are to be provided as described in WAC 182-16-2070.

(i) The SEBB appeals unit must notify the appellant in writing when the notice of appeal has been received.

(ii) The brief adjudicative proceeding will be conducted by a presiding officer designated by the director.

(b) If a school employee fails to timely request a brief adjudicative proceeding, the SEBB program's prior written decision becomes the authority's final order without further action.

NEW SECTION

WAC 182-32-2060 How can an entity or organization appeal a decision of the health care authority to deny an employer group application? (1) An entity or organization whose employer group application to participate in school employees benefits board (SEBB) insurance coverage is denied by the authority may appeal the decision by submitting a request for a brief adjudicative proceeding to the SEBB appeals unit.

(2) The SEBB appeals unit must receive the request for a brief adjudicative proceeding no later than 30 days after the date of the denial notice. The contents of the request for a brief adjudicative proceeding are to be provided as described in WAC 182-32-2070.

(3) The SEBB appeals unit must notify the appellant in writing when the request for a brief adjudicative proceeding has been received.

(4) The brief adjudicative proceeding will be conducted by a presiding officer designated by the director.

(5) Failing to timely request a brief adjudicative proceeding will result in the prior SEBB program decision becoming the authority's final order without further action.

AMENDATORY SECTION (Amending WSR 19-01-055, filed 12/14/18, effective 1/14/19)

WAC 182-32-2070 What should a written request for administrative review and a request for brief adjudicative proceeding contain? A

written request for administrative review of the school employees benefits board (SEBB) organization's or employer group's decision and a request for brief adjudicative proceeding should contain:

- (1) The name and mailing address of the party requesting an administrative review or the brief adjudicative proceeding;
- (2) The name and mailing address of the appealing party's representative, if any;
- (3) Documentation, or reference to documentation, of decisions previously rendered through the appeal process, if any;
- (4) A statement identifying the specific portion of the decision being appealed and clarifying what is believed to be unlawful or in error;
- (5) A statement of facts in support of the appealing party's position;
- (6) Any information or documentation that the appealing party would like considered;
- (7) The type of relief sought; and
- (8) The signature of the appealing party or the appealing party's representative.

AMENDATORY SECTION (Amending WSR 22-13-168, filed 6/21/22, effective 1/1/23)

WAC 182-32-2100 How to request a review of an initial order resulting from a brief adjudicative proceeding. (1) Both the appellant and the authority may request review of an initial order. An appellant who has received an initial order upholding a school employees benefits board (SEBB) organization decision, employer group decision, SEBB program decision, or a decision made by a SEBB program contracted vendor, may request review of the initial order by the authority. The appellant may request review of the initial order by filing a written request or making an oral request with the SEBB appeals unit within 21 days after service of the initial order. The written or oral request for review of the initial order must be made by using the contact information included in the initial order. If the appellant fails to request review of the initial order within 21 days, the initial order becomes the authority's final order without further action.

(2) Upon timely request by the appellant, a review of an initial order will be performed by one or more reviewing officers designated by the director of the authority.

(3) If the appellant has not requested review, the authority may review an order resulting from a brief adjudicative proceeding on its own, and without notice to the parties, but it may not take action on review less favorable to any party than the initial order without giving that party notice and an opportunity to explain that party's view of the matter.

AMENDATORY SECTION (Amending WSR 19-14-093, filed 7/1/19, effective 8/1/19)

WAC 182-32-2130 Judicial review of final order. (1) Judicial review is the process of appealing a final order to a court.

(2) The appellant may appeal a final order by filing a written petition for judicial review that meets the requirements of RCW 34.05.510 through 34.05.598. Neither the school employees benefits board (SEBB) program nor a SEBB organization or employer group may request judicial review.

AMENDATORY SECTION (Amending WSR 20-16-067, filed 7/28/20, effective 8/28/20)

WAC 182-32-2140 Presiding officer—Designation and authority.

The designation of a presiding officer must be consistent with the requirements of RCW 34.05.485 and the presiding officer must not have personally participated in the decision made by the school employees benefits board (SEBB) organization, employer group, or SEBB program.

(1) The presiding officer will decide the issue based on the information provided by the parties during the presiding officer's review of the appeal.

(2) A presiding officer is limited to those powers granted by the state constitution, statutes, rules, or applicable case law.

(3) A presiding officer may not decide that a rule is invalid or unenforceable.

(4) In addition to the record, the presiding officer may employ the authority's expertise as a basis for the decision.

AMENDATORY SECTION (Amending WSR 22-13-168, filed 6/21/22, effective 1/1/23)

WAC 182-32-2150 Reviewing officer or officers—Designation and authority. (1) The designation of a reviewing officer or officers must be consistent with the requirements of RCW 34.05.491 and the reviewing officer or officers must not have personally participated in the decision made by the school employees benefits board (SEBB) organization, employer group, or SEBB program.

(2) The reviewing officer or officers must review the initial order and the record to determine if the initial order was correctly decided and make any inquiries necessary to ascertain whether the proceeding must be converted to a formal administrative hearing.

(3) The reviewing officer or officers will issue a final order that will either:

(a) Affirm the initial order in whole or in part; or

(b) Reverse the initial order in whole or in part; or

(c) Remand to the presiding officer in whole or in part.

(4) A reviewing officer or officers are limited to those powers granted by the state constitution, statutes, rules, or applicable case law.

(5) A reviewing officer or officers may not decide that a rule is invalid or unenforceable.

(6) In addition to the record, the reviewing officer or officers may employ the authority's expertise as a basis for the decision.

AMENDATORY SECTION (Amending WSR 22-13-168, filed 6/21/22, effective 1/1/23)

WAC 182-32-3175 How to request a review of an initial order by the office of administrative hearings. (1) Both the appellant and the authority may request review of an initial order. An appellant who has received an initial order upholding a school employees benefits board (SEBB) organization or employer group decision, a SEBB program decision, or a decision made by a SEBB program contracted vendor, may request review of the initial order by filing a written request or making an oral request with the SEBB appeals unit within 20 days after service of the initial order. The written or oral request for review of the initial order must be made by using the contact information included in the initial order. If such review is requested, the hearing officer or their designee from the authority, shall issue a final order in accordance with WAC 182-32-3030. If the appellant fails to request review of the initial order within 20 days, the initial order becomes the authority's final order without further action.

(2) Upon timely request by the appellant, a review of an initial order will be performed by one or more reviewing officers designated by the director of the authority.

(3) If the appellant has not requested review of the initial order, the authority may review an initial order issued by the office of administrative hearings on its own, and without notice to the parties, but it may not take action on review less favorable to any party than the initial order without giving that party notice and an opportunity to explain that party's view of the matter.

WSR 24-15-108

PERMANENT RULES

HEALTH CARE AUTHORITY

(School Employees Benefits Board)

[Admin #2024-02.01—Filed July 22, 2024, 4:34 p.m., effective January 1, 2025]

Effective Date of Rule: January 1, 2025.

Purpose: The purpose of this proposal is to amend WAC 182-31-070 to support the school employees benefits board (SEBB) program.

Implemented the following SEBB policy resolutions related to dual enrollment prohibitions between SEBB and public employees benefits board (PEBB) programs' procedures:

- SEBB 2024-01 amending Resolution SEBB 2021-02: School employees may waive enrollment in medical.
- SEBB 2024-02 amending Resolution SEBB 2021-03: SEBB benefit enrollment requirements when PEBB benefits are waived.
- SEBB 2024-03 amending Resolution SEBB 2021-05: Resolving dual enrollment involving dual subscriber eligibility.
- SEBB 2024-04 amending Resolution 2021-07: Resolving dual enrollment involving a member with multiple medical enrollments as a dependent.
- SEBB 2024-05 amending Resolution 2021-08: SEBB benefit automatic enrollments when PEBB benefits are auto-disenrolled.

Citation of Rules Affected by this Order: Amending WAC 182-31-070.

Statutory Authority for Adoption: RCW 41.05.021, 41.05.160, 41.05.740.

Other Authority: Policy Resolutions SEBB 2024-01, 2024-02, 2024-03, 2024-04, and 2024-05.

Adopted under notice filed as WSR 24-11-095 on May 16, 2024.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 1, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 1, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 1, Repealed 0.

Date Adopted: July 22, 2024.

Wendy Barcus
Rules Coordinator

OTS-5357.3

AMENDATORY SECTION (Amending WSR 22-13-168, filed 6/21/22, effective 1/1/23)

WAC 182-31-070 Is dual enrollment in school employees benefits board (SEBB) and public employees benefits board (PEBB) prohibited?

School employees benefits board (SEBB) medical, dental, and vision coverage is limited to a single enrollment per individual as described in subsections (1) through (5) of this section. Effective January 1, 2022, individuals are limited to a single enrollment in medical, dental, and vision plans in either the SEBB program or public employees benefits board (PEBB) program as described in subsection (6) of this section.

(1) An individual who has more than one source of eligibility for enrollment in SEBB medical, SEBB dental, and SEBB vision coverage (called "dual eligibility") is limited to one enrollment.

(2) An eligible school employee may waive SEBB medical and enroll as a dependent under the SEBB medical plan of their spouse, state registered domestic partner, or parent as described in WAC 182-31-080.

(3) A dependent enrolled in SEBB medical, SEBB dental, or SEBB vision who becomes eligible for SEBB benefits as a school employee must elect to enroll in SEBB benefits as described in WAC 182-30-080(1). This includes making an election to enroll in or waive enrollment in SEBB medical as described in WAC 182-31-080 (1)(a).

(a) If the school employee does not waive enrollment in SEBB medical, the school employee is not eligible to remain enrolled in their spouse's, state registered domestic partner's, or parent's SEBB medical as a dependent. If the school employee's spouse, state registered domestic partner, or parent does not take action to remove the school employee (who is enrolled as a dependent) from their subscriber account, the SEBB program will automatically disenroll the school employee's enrollment as a dependent the last day of the month before the school employee's enrollment in SEBB benefits begins as described in WAC 182-31-040.

Exception: An enrolled dependent who becomes newly eligible, at the start of the school year, for SEBB benefits as a school employee could be dual-enrolled in SEBB medical, dental, and vision for one month. This exception is only allowed for the first month the dependent is enrolled as a school employee.

(b) If the school employee elects to waive their enrollment in SEBB medical, the school employee will remain enrolled in SEBB medical under their spouse's, state registered domestic partner's, or parent's SEBB medical as a dependent.

(4) A child who is eligible for SEBB medical, SEBB dental, and SEBB vision under two subscribers may be enrolled under both subscribers but is limited to a single enrollment in SEBB medical, a single enrollment in SEBB dental, and a single enrollment in SEBB vision.

(5) When a school employee is eligible for the employer contribution toward SEBB benefits due to employment in more than one SEBB organization the following provisions apply:

(a) When a school employee is eligible for the employer contribution during a school year under WAC 182-31-040 and 182-30-130 the SEBB organization that has determined the school employee eligible under WAC 182-31-040 must make the employer contribution;

(b) If the school employee is eligible for the employer contribution under WAC 182-31-040 at two different SEBB organizations, the school employee must choose to enroll under only one SEBB organization;

(c) If the school employee is eligible for the employer contribution under WAC 182-30-130 at two different SEBB organizations, the

school employee must choose to enroll under only one SEBB organization;

(d) If the school employee loses eligibility under one SEBB organization, they must notify their other SEBB organization no later than 60 days from the date of loss of the first SEBB benefits in order to transfer coverage;

(e) The school employee's elections remain the same when a school employee transfers their enrollment under one SEBB organization to another SEBB organization without a break in SEBB benefits for one month or more, as described in (d) of this subsection.

(6) An individual who has more than one source of eligibility for enrollment in the SEBB and PEBB programs is limited to a single enrollment in medical, dental, and vision plans in either the SEBB or PEBB program. A school employee must elect to enroll in SEBB benefits as described in WAC 182-30-080, waive enrollment as described in WAC 182-31-080, or remove eligible dependents as described in WAC 182-31-150. If the school employee takes no action to resolve the dual enrollment, the SEBB program or the PEBB program will automatically enroll or automatically disenroll the individual as described in (c) through (g) of this subsection.

(a) An eligible school employee may waive enrollment in SEBB medical to enroll in PEBB medical only if they are enrolled in PEBB dental and PEBB vision as described in WAC 182-31-080. A school employee who waives enrollment in SEBB medical to enroll in PEBB medical also waives enrollment in SEBB dental and SEBB vision.

(b) An employee in the PEBB program who waives PEBB medical ~~((and))~~, PEBB dental, and PEBB vision for SEBB medical must be enrolled in SEBB dental and SEBB vision. If the employee is not already enrolled in SEBB dental and SEBB vision, the SEBB program will automatically enroll the employee in the associated subscriber's SEBB dental and SEBB vision.

(c) If the school employee is enrolled only in SEBB dental and SEBB vision, and is also enrolled in PEBB medical, and no action is taken to resolve their dual enrollment, the school employee will remain in PEBB medical. The SEBB program will automatically disenroll the school employee from SEBB dental and SEBB vision in which they are enrolled. If the school employee is not already enrolled in PEBB dental and PEBB vision, the PEBB program will automatically enroll them in PEBB dental and PEBB vision as described in WAC 182-12-123 (6) ~~((h))~~ (g). The school employee's enrollment in SEBB program life insurance, accidental death and dismemberment (AD&D) insurance, and long-term disability (LTD) insurance will remain.

(d) If the school employee is enrolled in SEBB medical and is also an employee in the PEBB program enrolled in PEBB medical, and the school employee has been enrolled in PEBB medical longer than they have been enrolled in SEBB medical, and no action is taken by the school employee to resolve their dual enrollment, they will remain in PEBB medical. The SEBB program will automatically disenroll the school employee from SEBB medical, SEBB dental, and SEBB vision. The school employee's enrollment in SEBB program life insurance, AD&D insurance, and LTD insurance will remain. If the school employee is not enrolled in medical under either the PEBB or SEBB program but is enrolled ~~((en-ly))~~ in PEBB dental, PEBB vision, SEBB dental, and SEBB vision, the school employee will remain in ~~((SEBB dental and SEBB vision))~~ PEBB benefits. The ~~((PEBB))~~ SEBB program will automatically disenroll the school employee from ~~((PEBB))~~ SEBB dental and SEBB vision.

(e) If the school employee's dependent is enrolled in any SEBB medical, SEBB dental, or SEBB vision plan, and the dependent is also an employee in the PEBB program and enrolled in PEBB medical, and no action is taken by either the school employee or the dependent to resolve the dependent's dual enrollment, the school employee's dependent will remain in PEBB medical. The SEBB program will automatically disenroll the school employee's dependent from SEBB medical, SEBB dental, and SEBB vision in which they are enrolled.

(f) If the school employee's dependent is enrolled in both SEBB medical and PEBB medical as a dependent and has been enrolled in PEBB medical longer than they have been enrolled in SEBB medical, and no action is taken to resolve the dual enrollment, the school employee's dependent will remain in PEBB medical. The SEBB program will automatically disenroll the school employee's dependent from SEBB medical, SEBB dental, and SEBB vision if they are enrolled. If the school employee's dependent who is eligible as a dependent in both the SEBB and PEBB programs is not enrolled in any medical but is enrolled (~~only in PEBB dental and SEBB vision (with or without SEBB dental)~~) in both a PEBB and SEBB dental plan, PEBB and SEBB vision plan, or any combination of these coverages as a dependent, the dependent will remain in ~~((SEBB vision and if enrolled, SEBB dental))~~ PEBB benefits. The ~~((PEBB))~~ SEBB program will automatically disenroll the dependent from ~~((PEBB dental))~~ SEBB benefits.

Exception: If there is a National Medical Support Notice (NMSN) or a court order in place, enrollment will be in accordance with the NMSN or order.

(g) If the school employee's dependent, who is also an employee in the PEBB program (~~who the PEBB program~~), was automatically disenrolled from PEBB dental and PEBB vision, the SEBB program will automatically enroll the school employee's dependent in SEBB dental and SEBB vision (~~(. The SEBB program will also automatically enroll the school employee's dependent in SEBB dental)~~), if they are not already enrolled.

(h) If the school employee who is eligible for the employer contribution toward SEBB benefits was enrolled as a dependent in PEBB medical (~~and~~), PEBB dental, and PEBB vision and is removed by the PEBB subscriber, the school employee will be required to return from waived enrollment as described in WAC 182-31-080 (3)(b).

(i) If the SEBB program automatically disenrolls an individual from SEBB medical, SEBB dental, or SEBB vision to resolve their dual enrollment as described in (d), (e), or (f) of this subsection, but later determines that the school employee did take action to resolve their dual enrollment within the required timelines, the SEBB program will reinstate coverage retroactive to the first of the month in which the individual was disenrolled.

WSR 24-15-109

PERMANENT RULES

HEALTH CARE AUTHORITY

(School Employees Benefits Board)

[Admin #2024-02.02—Filed July 22, 2024, 5:04 p.m., effective September 1, 2024]

Effective Date of Rule: September 1, 2024.

Purpose: The purpose of this proposal is to amend WAC 182-31-080 to support the school employees benefits board (SEBB) program:

1. Implemented: Resolution SEBB 2024-01 amending Resolution SEBB 2021-02: School employees may waive enrollment in medical.

2. Make other technical amendments: Clarified a school employee may not waive enrollment in SEBB medical if they are enrolled in public employees' benefits board retiree insurance coverage; and added the types of SEBB insurance coverages a school employee will enroll in when a SEBB organization or employer group participates.

Citation of Rules Affected by this Order: Amending WAC 182-31-080.

Statutory Authority for Adoption: RCW 41.05.021, 41.05.160, 41.05.740.

Other Authority: Policy Resolution SEBB 2024-01.

Adopted under notice filed as WSR 24-11-097 on May 16, 2024.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 1, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 1, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 1, Repealed 0.

Date Adopted: July 22, 2024.

Wendy Barcus
Rules Coordinator

OTS-5401.1

AMENDATORY SECTION (Amending WSR 23-14-018, filed 6/23/23, effective 1/1/24)

WAC 182-31-080 When may a school employee waive enrollment in school employees benefits board (SEBB) medical and when may they enroll in SEBB medical after having waived enrollment? A school employee may waive enrollment in school employees benefits board (SEBB) medical if they are enrolled in other employer-based group medical, a TRICARE plan, or medicare as described in subsection (1)(a) through (c) of this section. They may not waive enrollment in SEBB medical if they are enrolled in PEBB retiree insurance coverage. A school employee who waives enrollment in SEBB medical must enroll in SEBB dental,

SEBB vision, basic life insurance, basic accidental death and dismemberment (AD&D) insurance, and employer-paid long-term disability (LTD) insurance (unless the employer group does not participate in these SEBB insurance coverages). For a SEBB organization or employer group that participates in LTD insurance, a school employee will also be enrolled in employee-paid LTD insurance automatically unless the school employee declines their employee-paid LTD insurance as described in WAC 182-30-080.

Exception: A school employee may waive their enrollment in SEBB medical to enroll in public employees benefits board (PEBB) medical only if they are enrolled in PEBB dental and PEBB vision. A school employee who waives enrollment in SEBB medical to enroll in PEBB medical also waives enrollment in SEBB dental and SEBB vision.

(1) To waive enrollment in SEBB medical, the school employee must submit the required form to their SEBB organization at one of the following times:

(a) **When the school employee becomes eligible:** A school employee may waive SEBB medical when they become eligible for SEBB benefits. The school employee must indicate their election to waive enrollment in SEBB medical on the required form and submit the form to their SEBB organization. The SEBB organization must receive the form no later than 31 days after the date the school employee becomes eligible for SEBB benefits (see WAC 182-30-080). SEBB medical will be waived as of the date the school employee becomes eligible for SEBB benefits.

(b) **During the annual open enrollment:** A school employee may waive SEBB medical during the annual open enrollment. The required form must be received by the school employee's SEBB organization before the end of the annual open enrollment. SEBB medical will be waived beginning January 1st of the following year.

(c) **During a special open enrollment:** A school employee may waive SEBB medical during a special open enrollment only if they are enrolled in other employer-based group medical, a TRICARE plan, or medicare as described in subsection (4) of this section. A special open enrollment event must be an event other than a school employee gaining initial eligibility or regaining eligibility for SEBB benefits.

The school employee must submit the required form to their SEBB organization. The SEBB organization must receive the form no later than 60 days after the event that creates the special open enrollment. In addition to the required form, the school employee must provide evidence of the event that creates the special open enrollment to their SEBB organization.

SEBB medical will be waived the last day of the month following the later of the event date or the date the required form is received. If that day is the first of the month, SEBB medical will be waived the last day of the previous month. If the special open enrollment is due to the birth, adoption, or assumption of legal obligation for total or partial support in anticipation of adoption of a child, SEBB medical will be waived the last day of the previous month.

(2) If a school employee waives SEBB medical, the school employee may not enroll dependents in SEBB medical.

(3) Once SEBB medical is waived, the school employee is only allowed to enroll in SEBB medical at the following times:

(a) During the annual open enrollment. The required form must be received by the school employee's SEBB organization before the end of the annual open enrollment. SEBB medical will begin January 1st of the following year.

(b) During a special open enrollment. A special open enrollment allows a school employee to revoke their election and make a new election outside of the annual open enrollment. A special open enrollment

may be created when one of the events described in subsection (4) of this section occurs.

The school employee must submit the required form to their SEBB organization. The SEBB organization must receive the form no later than 60 days after the event that creates the special open enrollment. In addition to the required form, the school employee must provide evidence of the event that creates the special open enrollment to the SEBB organization.

SEBB medical will begin the first day of the month following the later of the event date or the date the required form is received. If that day is the first of the month, coverage is effective on that day. If the special open enrollment is due to the birth, adoption, or assumption of legal obligation for total or partial support in anticipation of adoption of a child, SEBB medical for the school employee will begin on the first day of the month in which the event occurs. SEBB medical for the newly born child, newly adopted child, spouse, or state-registered domestic partner will begin as described in WAC 182-31-150 (3) (a) (iv).

If a school employee who is eligible for the employer contribution toward SEBB benefits was enrolled as a dependent in PEBB medical (~~and~~), PEBB dental, and PEBB vision and is removed by the PEBB subscriber, the health care authority will notify the school employee of their removal from the PEBB subscriber's account and that they have experienced a special enrollment event. The school employee will be required to return from waived enrollment and elect SEBB medical, SEBB dental, and SEBB vision. If the school employee's SEBB organization does not receive the school employee's required forms indicating their medical, dental, and vision elections within 60 days of the school employee losing PEBB medical (~~and~~), PEBB dental, and PEBB vision, they will be defaulted into employee-only SEBB medical, SEBB dental, and SEBB vision as described in WAC 182-30-080 (1) (b) (i) through (iii).

(4) **Special open enrollment:** Any one of the events in (a) through (k) of this subsection may create a special open enrollment that allows the school employee to enroll in SEBB medical after having waived enrollment. The change in enrollment must be allowable under the Internal Revenue Code (IRC) and Treasury regulations, and correspond to and be consistent with the event that creates the special open enrollment for the school employee, the school employee's dependent, or both.

(a) School employee acquires a new dependent due to:

- (i) Marriage or registering a state registered domestic partnership;
- (ii) Birth, adoption, or when the school employee has assumed a legal obligation for total or partial support in anticipation of adoption; or
- (iii) A child becoming eligible as an extended dependent through legal custody or legal guardianship.

(b) School employee or a school employee's dependent loses other coverage under a group health plan or through health insurance coverage, as defined by the Health Insurance Portability and Accountability Act (HIPAA);

(c) School employee has a change in employment status that affects the school employee's eligibility for their employer contribution toward their employer-based group medical;

(d) The school employee's dependent has a change in their own employment status that affects their eligibility or their dependent's

eligibility for the employer contribution under their employer-based group medical;

Note: As used in (d) of this subsection "employer contribution" means contributions made by the dependent's current or former employer toward health coverage as described in Treasury Regulation 26 C.F.R. 54.9801-6.

(e) School employee or a school employee's dependent has a change in enrollment under an employer-based group medical plan during its annual open enrollment that does not align with the SEBB program's annual open enrollment;

(f) School employee's dependent has a change in residence from outside of the United States to within the United States, or from within the United States to outside of the United States and that change in residence results in the dependent losing their health insurance;

(g) A court order requires the school employee or any other individual to provide a health plan for an eligible dependent of the school employee (a former spouse or former state registered domestic partner is not an eligible dependent);

(h) School employee or a school employee's dependent enrolls in coverage under medicaid or a state children's health insurance program (CHIP), or the school employee or a school employee's dependent loses eligibility for coverage under medicaid or CHIP;

Note: A school employee may only return from having waived SEBB medical for the events described in (h) of this subsection. A school employee may not waive their SEBB medical for the events described in (h) of this subsection.

(i) School employee or a school employee's dependent becomes eligible for state premium assistance subsidy for SEBB health plan coverage from medicaid or CHIP;

(j) School employee or a school employee's dependent becomes eligible and enrolls in a TRICARE plan, or loses eligibility for a TRICARE plan;

(k) School employee becomes eligible and enrolls in medicare, or loses eligibility for medicare.

WSR 24-15-110

PERMANENT RULES

HEALTH CARE AUTHORITY

(School Employees Benefits Board)

[Admin #2024-02.03—Filed July 22, 2024, 5:27 p.m., effective January 1, 2025]

Effective Date of Rule: January 1, 2025.

Purpose: The purpose of this proposal is to amend WAC 182-31-090 to support the school employees benefits board (SEBB) program:

1. Implemented: Resolution SEBB 2024-06: Continuation coverage when a term of board member of a school district ends.

2. Implement legislation: Updated flexible spending arrangement references to implement SB 5700; and added WAC references that include school board members to implement SSB 5275.

3. Make other technical amendments: Clarified an enrollee's COBRA coverage will terminate when their medicare coverage begins.

Citation of Rules Affected by this Order: Amending WAC 182-31-090.

Statutory Authority for Adoption: RCW 41.05.021, 41.05.160, 41.05.740; SSB 5275, section 2, chapter 13, Laws of 2023; and SB 5700, section 3, chapter 51, Laws of 2023.

Other Authority: Policy Resolution SEBB 2024-06.

Adopted under notice filed as WSR 24-11-098 on May 16, 2024.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 1, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 1, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 1, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 1, Repealed 0.

Date Adopted: July 22, 2024.

Wendy Barcus
Rules Coordinator

OTS-5402.1

AMENDATORY SECTION (Amending WSR 22-13-168, filed 6/21/22, effective 1/1/23)

WAC 182-31-090 When is an enrollee eligible to continue school employees benefits board (SEBB) benefits under Consolidated Omnibus Budget Reconciliation Act (COBRA)? (1) A school employee or a school employee's dependent who loses eligibility for the employer contribution toward school employees benefits board (SEBB) benefits and who qualifies for continuation coverage under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA) may continue coverage for all or any combination of SEBB medical, dental, or vision.

(2) A school employee or a school employee's dependent who loses eligibility for continuation coverage described in WAC 182-31-100 or 182-31-120 but who has not used the maximum number of months allowed under COBRA may continue any combination of SEBB medical, dental, or vision for the remaining difference in months.

(3) A school board member and their dependents who are enrolled in SEBB medical, dental, and vision who lose eligibility when the school board member leaves office or their term ends may continue enrollment in SEBB medical, dental, or vision coverage for the maximum number of months allowed under COBRA.

(4) An enrollee may continue SEBB medical, dental, or vision under COBRA by self-paying the premium and applicable premium surcharges set by the health care authority (HCA):

(a) The election must be received by the SEBB program no later than 60 days from the date the enrollee's SEBB health plan coverage ended or from the postmark date on the election notice sent by the SEBB program, whichever is later;

(b) The first premium payment under COBRA coverage and applicable premium surcharges are due to the HCA no later than 45 days after the election period ends as described in (a) of this subsection, except as described in WAC 182-30-040 (1)(a). Following the enrollee's first premium payment, premiums and applicable premium surcharges must be paid as described in WAC 182-30-040 (1)(c);

(c) COBRA continuation coverage enrollees who voluntarily terminate their COBRA coverage will not be eligible to reenroll in COBRA coverage unless they regain eligibility as described in WAC 182-31-040 or 182-31-200. Those who request to terminate their COBRA coverage must do so in writing. COBRA coverage will end on the last day of the month in which the SEBB program receives the termination request or on the last day of the month specified in the COBRA enrollee's termination request, whichever is later. If the termination request is received on the first day of the month, COBRA coverage will end on the last day of the previous month;

(d) A school employee enrolled in a (~~medical~~) flexible spending arrangement (FSA) or limited purpose FSA and the school employee's dependents will have an opportunity to continue making contributions to their (~~medical~~) FSA or limited purpose FSA by electing COBRA if on the date of the qualifying event, as described under 42 U.S.C. Sec. 300bb-3, the school employee's (~~medical~~) FSA or limited purpose FSA has a greater amount in remaining benefits than remaining contribution payments for the current year. The election must be received by the contracted vendor no later than 60 days from the date the SEBB health plan coverage ended or from the postmark date on the election notice sent by the contracted vendor, whichever is later. The first premium payment under COBRA coverage is due to the contracted vendor no later than 45 days after the election period ends as described above.

(~~(4)~~) (5) A subscriber's state registered domestic partner and the state registered domestic partner's children may continue SEBB medical, dental, or vision on the same terms and conditions as spouses and other eligible dependents under COBRA as described under RCW 26.60.015.

(~~(5)~~) (6) Medical, dental, and vision coverage under COBRA begin on the first day of the month following the day the COBRA enrollee loses eligibility for SEBB health plan coverage as described in WAC 182-31-050, 182-31-100, 182-31-120, (~~(or)~~) 182-31-140, or 182-31-200.

(~~(6)~~) (7) An enrollee's COBRA coverage will terminate (~~at the end of~~) the last day of the month (~~when they become eligible for~~

~~medicare due to turning age 65 or older, or when enrolled in medicare due to a disability))~~ prior to the month their medicare coverage begins.

WSR 24-15-111

PERMANENT RULES

HEALTH CARE AUTHORITY

(School Employees Benefits Board)

[Admin #2024-02.04—Filed July 22, 2024, 5:32 p.m., effective January 1, 2025]

Effective Date of Rule: January 1, 2025.

Purpose: The purpose of this proposal is to amend WAC 182-31-130 to support the school employees benefits board (SEBB) program:

1. Implemented: Resolution SEBB 2024-07: Continuation coverage when a dependent of a school board member loses eligibility.

2. Make other technical amendments: Added a WAC reference when the dependent's first premium payment and applicable premium surcharges' exception applies.

Citation of Rules Affected by this Order: Amending WAC 182-31-130.

Statutory Authority for Adoption: RCW 41.05.021, 41.05.160, 41.05.740.

Other Authority: Policy Resolution SEBB 2024-07.

Adopted under notice filed as WSR 24-11-099 on May 16, 2024.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 1, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 1, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 1, Repealed 0.

Date Adopted: July 22, 2024.

Wendy Barcus
Rules Coordinator

OTS-5403.1

AMENDATORY SECTION (Amending WSR 20-16-067, filed 7/28/20, effective 8/28/20)

WAC 182-31-130 What options for continuation coverage are available to dependents who cease to meet the eligibility criteria as described in WAC 182-31-140 or 182-30-130? If eligible, dependents may continue health plan enrollment under one of the continuation coverage options in subsection (1) or (2) of this section by self-paying the premiums and applicable premium surcharges set by the health care authority (HCA), with no contribution from the school employees benefits board (SEBB) organization, following their loss of eligibility under the subscriber's health plan coverage. The dependent's first premium payment and applicable premium surcharges are due no later than (~~forty-five~~) 45 days after the dependent's election period ends as de-

scribed in WAC 182-31-090 or 182-12-265, whichever applies, except as described in WAC 182-08-180 (1)(a). Premiums and applicable premium surcharges associated with continuing SEBB medical, must be made to the HCA as well as premiums associated with continuing SEBB dental or SEBB vision insurance coverage. Following the dependent's first premium payment, the dependent must pay premium and applicable premium surcharges as they become due. If the monthly premium or applicable premium surcharges remain unpaid for (~~sixty~~) 60 days from the original due date, SEBB insurance coverage will be terminated retroactive to the last day of the month for which the monthly premium and applicable premium surcharges were paid as described in WAC 182-30-040 (1)(c). The SEBB program must receive the required forms as outlined in the SEBB initial notice of COBRA and continuation coverage rights. Options for continuing health plan enrollment are based on the reason that eligibility was lost.

(1) Dependents who lose eligibility due to the death of a school employee may be eligible to continue health plan enrollment as described in WAC 182-12-265; or

(2) Dependents who lose eligibility because they no longer meet the eligibility criteria as described in WAC 182-31-140 are eligible to continue SEBB medical, dental, or vision under provisions of the federal Consolidated Omnibus Budget Reconciliation Act (COBRA). See WAC 182-31-090 for more information on COBRA.

(3) A subscriber's state registered domestic partner and the state registered domestic partner's children may continue SEBB medical, dental, or vision on the same terms and conditions as spouses and other eligible dependents under COBRA as described under RCW 26.60.015.

(4) A dependent of a school board member who is enrolled in medical, dental, and vision who loses eligibility because they are not an eligible dependent under the SEBB program may enroll in medical, dental, or vision for a maximum of 36 months on a self-pay basis.

(5) No continuation coverage will be offered unless the SEBB program is notified through hand delivery or United States Postal Service mail of the qualifying event as outlined in the SEBB initial notice of COBRA and continuation coverage rights.

WSR 24-15-112

PERMANENT RULES

HEALTH CARE AUTHORITY

(School Employees Benefits Board)

[Admin #2024-02.05—Filed July 22, 2024, 5:38 p.m., effective January 1, 2025]

Effective Date of Rule: January 1, 2025.

Purpose: The purpose of this proposal is to amend WAC 182-30-130 to support the school employees benefits board (SEBB) program:

1. Implemented: Resolution SEBB 2023-04: When a subscriber has a change in residence or employment location that affects medical plan availability.

2. Make other technical amendments: Updated flexible spending arrangement references; and amended special open enrollment events by including when a school employee has a change in residence, a change in employment location, and when the SEBB program determines that there has been a substantial decrease in the providers available under the SEBB medical plan.

Citation of Rules Affected by this Order: Amending WAC 182-30-130.

Statutory Authority for Adoption: RCW 41.05.021, 41.05.160, 41.05.740.

Other Authority: Policy Resolution SEBB 2023-04.

Adopted under notice filed as WSR 24-11-100 on May 16, 2024.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 1, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 1, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 1, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 1, Repealed 0.

Date Adopted: July 22, 2024.

Wendy Barcus
Rules Coordinator

OTS-5430.1

AMENDATORY SECTION (Amending WSR 23-14-018, filed 6/23/23, effective 1/1/24)

WAC 182-30-100 When may a school employee enroll, or revoke an election and make a new election under the premium payment plan, ((medical)) flexible spending arrangement (FSA), limited purpose FSA, or dependent care assistance program (DCAP)? A school employee who is eligible to participate in the salary reduction plan as described in WAC 182-31-060 may enroll, or revoke their election and make a new election under the premium payment plan, ((medical)) flexible spending

arrangement (FSA), limited purpose FSA, or dependent care assistance program (DCAP) at the following times:

(1) When newly eligible under WAC 182-31-040 and enrolling as described in WAC 182-30-080(1).

(2) **During annual open enrollment:** An eligible school employee may elect to enroll in or opt out of participation under the premium payment plan during the annual open enrollment by submitting the required form to their school employees benefits board (SEBB) organization. An eligible school employee may elect to enroll or reenroll in the ((~~medical~~)) FSA, limited purpose FSA, DCAP, or both an FSA and DCAP during the annual open enrollment by submitting the required forms to their SEBB organization or applicable contracted vendor as instructed. All required forms must be received no later than the last day of the annual open enrollment. The enrollment or new election becomes effective January 1st of the following year.

(a) School employees cannot enroll in a ((~~medical~~)) FSA and a limited purpose FSA in the same year.

(b) School employees enrolled in a high deductible health plan (HDHP) with a health savings account (HSA) cannot also enroll in a ((~~medical~~)) FSA in the same plan year. School employees who elect enrollment in the HDHP with a HSA and a ((~~medical~~)) FSA will only be enrolled in a HDHP with a HSA.

(c) If a school employee enrolls in a HDHP with a HSA during annual open enrollment and has a carryover amount from a ((~~medical~~)) FSA, the school employee will be enrolled in a limited purpose FSA and the carryover amount will be deposited into the limited FSA.

(d) School employees who are not enrolled in a HDHP with a HSA and elect both a ((~~medical~~)) FSA and a limited purpose FSA will be enrolled in the ((~~medical~~)) FSA.

(3) **During a special open enrollment:** A school employee who is eligible to participate in the salary reduction plan may enroll or revoke their election and make a new election under the premium payment plan, ((~~medical~~)) FSA, limited purpose FSA, or DCAP outside of the annual open enrollment if a special open enrollment event occurs. The enrollment or change in election must be allowable under Internal Revenue Code (IRC) and Treasury regulations, and correspond to and be consistent with the event that creates the special open enrollment. To make a change or enroll, the school employee must submit the required form to their SEBB organization. The SEBB organization must receive the required form and evidence of the event that created the special open enrollment no later than 60 days after the event occurs.

For purposes of this section, an eligible dependent includes any person who qualifies as a dependent of the school employee for tax purposes under IRC 26 U.S.C. Sec. 152 without regard to the income limitations of that section. It does not include a state registered domestic partner unless the state registered domestic partner otherwise qualifies as a dependent for tax purposes under IRC 26 U.S.C. Sec. 152.

(a) **Premium payment plan.** A school employee may enroll or revoke their election and elect to opt out of the premium payment plan when any of the following special open enrollment events occur, if the requested change corresponds to and is consistent with the event. The enrollment or election to opt out will be effective the first day of the month following the later of the event date or the date the required form is received. If that day is the first of the month, the enrollment or change in election begins on that day. If the special open enrollment is due to the birth, adoption, or assumption of legal

obligation for total or partial support in anticipation of adoption of a child, the enrollment or change in election will begin the first of the month in which the event occurs.

(i) School employee acquires a new dependent due to:

- Marriage;
- Registering a state registered domestic partnership when the dependent is a tax dependent of the school employee;
- Birth, adoption, or when the school employee has assumed a legal obligation for total or partial support in anticipation of adoption; or
- A child becoming eligible as an extended dependent through legal custody or legal guardianship.

(ii) School employee's dependent no longer meets SEBB eligibility criteria because:

- School employee has a change in marital status;
- School employee's domestic partnership with a state registered domestic partner who is a tax dependent is dissolved or terminated;
- An eligible dependent child turns age 26 or otherwise does not meet dependent child eligibility criteria;
- An eligible dependent ceases to be eligible as an extended dependent or as a dependent with a disability; or
- An eligible dependent dies.

(iii) School employee or a school employee's dependent loses other coverage under a group health plan or through health insurance coverage, as defined by Health Insurance Portability and Accountability Act (HIPAA);

(iv) School employee has a change in employment status that affects the school employee's eligibility for their employer contribution toward their employer-based group health plan;

(v) The school employee's dependent has a change in their own employment status that affects their eligibility or their dependent's eligibility for the employer contribution toward their employer-based group health plan;

Exception: As used in (a)(v) of this subsection, "employer contribution" means contributions made by the dependent's current or former employer toward health coverage as described in Treasury Regulation 26 C.F.R. 54.9801-6.

(vi) School employee or a school employee's dependent has a change in enrollment under an employer-based group health plan during its annual open enrollment that does not align with the SEBB annual open enrollment;

(vii) School employee or a school employee's dependent has a change in residence that affects health plan availability. If the school employee has a change in residence and the school employee's current medical plan is no longer available, the school employee must select a new medical plan as described in WAC 182-30-085(3);

(viii) School employee's dependent has a change in residence from outside of the United States to within the United States, or from within the United States to outside of the United States, and that change in residence resulted in the dependent losing their health insurance;

(ix) A court order requires the school employee or any other individual to provide insurance coverage for an eligible dependent of the school employee (a former spouse or former state registered domestic partner is not an eligible dependent);

(x) School employee or a school employee's dependent enrolls in coverage under medicaid or a state children's health insurance program (CHIP), or the school employee or a school employee's dependent loses eligibility for coverage under medicaid or CHIP;

(xi) School employee or a school employee's dependent becomes eligible for state premium assistance subsidy for SEBB health plan coverage from medicaid or CHIP;

(xii) School employee or a school employee's dependent enrolls in coverage under medicare or the school employee or a school employee's dependent loses eligibility for coverage under medicare;

(xiii) School employee or a school employee's dependent's current medical plan becomes unavailable because the school employee or enrolled dependent is no longer eligible for a HSA. The HCA may require evidence that the school employee or a school employee's dependent is no longer eligible for a HSA;

(xiv) School employee or a school employee's dependent experiences a disruption of care for active and ongoing treatment, that could function as a reduction in benefits for the school employee or a school employee's dependent. The school employee may not change their health plan election if the school employee's or dependent's physician stops participation with the school employee's health plan unless the SEBB program determines that a continuity of care issue exists. The SEBB program will consider but not limit its consideration to the following:

- Active cancer treatment such as chemotherapy or radiation therapy;
- Treatment following a recent organ transplant;
- A scheduled surgery;
- Recent major surgery still within the postoperative period; or
- Treatment for a high-risk pregnancy.

(xv) School employee or school employee's dependent becomes eligible and enrolls in a TRICARE plan, or loses eligibility for a TRICARE plan.

~~(xvi) ((Subscriber has a change in employment from a SEBB organization to a public school district that results in the subscriber having different medical plans available, and the subscriber changes their election. The subscriber may change their election if the change in employment causes:~~

~~• The subscriber's current medical plan to no longer be available, in this case the subscriber may select from any available medical plan; or~~

~~• The subscriber has one or more new medical plans available, in this case the subscriber may select to enroll in a newly available plan.~~

~~• As used in this subsection the term "public school district" shall be interpreted to not include charter schools and educational service districts.) School employee has a change in employment location that affects medical plan availability.~~

~~If the school employee changes employment locations and their current medical plan is no longer available, the school employee must select a new medical plan as described in WAC 182-30-085(3).~~

~~If the school employee has one or more new medical plans available, the school employee may select to enroll in a newly available plan.~~

~~(xvii) The SEBB program determines that there has been a substantial decrease in the providers available under a SEBB medical plan.~~

~~If the school employee is having premiums taken from payroll on a pretax basis, a medical plan change will not be approved if it would conflict with provisions of the salary reduction plan authorized under RCW 41.05.300.~~

(b) ~~((Medical))~~ **FSA and limited purpose FSA.** A school employee may enroll or revoke their election and make a new election under the ~~((medical))~~ FSA or limited purpose FSA when any one of the following special open enrollment events occur, if the requested change corresponds to and is consistent with the event. The enrollment or new election will be effective the first day of the month following the later of the event date or the date the required form and evidence of the event that created the special open enrollment is received by the SEBB organization. If that day is the first of the month, the enrollment or change in election begins on that day. If the special open enrollment is due to the birth, adoption, or assumption of legal obligation for total or partial support in anticipation of adoption of a child, the enrollment or change in election will begin the first of the month in which the event occurs.

(i) School employee acquires a new dependent due to:

- Marriage;
- Registering a state registered domestic partnership when the dependent is a tax dependent of the school employee;
- Birth, adoption, or when the school employee has assumed a legal obligation for total or partial support in anticipation of adoption; or
- A child becoming eligible as an extended dependent through legal custody or legal guardianship.

(ii) School employee's dependent no longer meets SEBB eligibility criteria because:

- School employee has a change in marital status;
- School employee's domestic partnership with a state registered domestic partner who qualifies as a tax dependent is dissolved or terminated;
- An eligible dependent child turns age 26 or otherwise does not meet dependent child eligibility criteria;
- An eligible dependent ceases to be eligible as an extended dependent or as a dependent with a disability; or
- An eligible dependent dies.

(iii) School employee or a school employee's dependent loses other coverage under a group health plan or through health insurance coverage, as defined by HIPAA;

(iv) School employee or a school employee's dependent has a change in employment status that affects the school employee's or a dependent's eligibility for the ~~((medical))~~ FSA or limited purpose FSA;

(v) A court order requires the school employee or any other individual to provide insurance coverage for an eligible dependent of the school employee (a former spouse or former state registered domestic partner is not an eligible dependent);

(vi) School employee or a school employee's dependent enrolls in coverage under medicaid or CHIP, or the school employee or a school employee's dependent loses eligibility for coverage under medicaid or CHIP;

(vii) School employee or a school employee's dependent enrolls in coverage under medicare.

(c) **DCAP.** A school employee may enroll or revoke their election and make a new election under the DCAP when any one of the following special open enrollment events occur, if the requested change corresponds to and is consistent with the event. The enrollment or new election will be effective the first day of the month following the later of the event date or the date the required form and evidence of

the event that created the special open enrollment is received by the SEBB organization. If that day is the first of the month, the enrollment or change in election begins on that day. If the special open enrollment is due to the birth, adoption, or assumption of legal obligation for total or partial support in anticipation of adoption of a child, the enrollment or change in election will begin the first of the month in which the event occurs.

(i) School employee acquires a new dependent due to:

- Marriage;
- Registering a state registered domestic partnership if the state registered domestic partner qualifies as a tax dependent of the school employee;
- Birth, adoption, or when the school employee has assumed a legal obligation for total or partial support in anticipation of adoption; or
- A child becoming eligible as an extended dependent through legal custody or legal guardianship.

(ii) School employee or a school employee's dependent has a change in employment status that affects the school employee's or a dependent's eligibility for DCAP;

(iii) School employee or school employee's dependent has a change in enrollment under an employer-based DCAP during its annual open enrollment that does not align with the SEBB annual open enrollment;

(iv) School employee changes dependent care provider; the change to the DCAP election amount can reflect the cost of the new provider;

(v) School employee or school employee's spouse experiences a change in the number of qualifying individuals as defined in IRC 26 U.S.C. Sec. 21 (b) (1);

(vi) School employee's dependent care provider imposes a change in the cost of dependent care; school employee may make a change in the DCAP election amount to reflect the new cost if the dependent care provider is not a qualifying relative of the school employee as defined in IRC 26 U.S.C. Sec. 152.

WSR 24-15-118
PERMANENT RULES
DEPARTMENT OF
LABOR AND INDUSTRIES

[Filed July 23, 2024, 8:37 a.m., effective August 23, 2024]

Effective Date of Rule: Thirty-one days after filing.

Purpose: The purpose of this rule making is to amend sections in rule in accordance with recently passed legislation, ESSB 5793 and SB 5979. SB 5979 changes which workers in the construction industry must receive paid sick leave pay outs following separation. ESSB 5793 allows workers to use paid sick leave when their child's school or place of care is closed after the declaration of an emergency by a local or state government or agency or by the federal government and expands the definition of family member. The amendments align the rule sections with the current statutory requirements under RCW 49.46.210 and statutory requirements effective January 1, 2025, from ESSB 5793.

Citation of Rules Affected by this Order: Amending WAC 296-128-600, 296-128-765, and 296-128-99140.

Statutory Authority for Adoption: RCW 49.46.210.

Adopted under notice filed as WSR 24-11-021 on May 7, 2024.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 3, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 0, Repealed 0.

Date Adopted: July 23, 2024.

Joel Sacks
Director

OTS-5389.1

AMENDATORY SECTION (Amending WSR 23-24-044, filed 11/30/23, effective 1/1/24)

WAC 296-128-600 Definitions. (1) "Absences exceeding three days" means absences exceeding three consecutive days an employee is required to work. For example, assume an employee is required to work on Mondays, Wednesdays, and Fridays, and then the employee uses paid sick leave for any portion of those three work days in a row. If the employee uses paid sick leave again on the following Monday, the employee would have absences exceeding three days.

(2) "Commencement of his or her employment" as provided in RCW 49.46.210 (1)(d), means no later than the beginning of the first day on which the employee is authorized or required by the employer to be

on duty on the employer's premises or at a prescribed workplace. "Commencement of their employment" has the same meaning.

(3) "Construction industry employer" means an employer in the industry described in North American industry classification system industry code 23, except for residential building construction code 2361.

~~(4) "Construction worker" ((is any nonexempt employee covered under the 2022 North American Industry Classification System (NAICS) industry code 23, except for those employees who perform only work described in NAICS 2361, residential building construction. This includes employees who work for an employer who performs construction-related work as described in NAICS 23, but are not directly engaged in the construction work itself, such as nonexempt administrative staff))~~ means a worker who performed service, maintenance, or construction work on a job site, in the field or in a fabrication shop using the tools of the worker's trade or craft.

~~((4))~~ (5) "Construction worker covered by a collective bargaining agreement" as provided in RCW 49.46.180, means a ((nonexempt employee)) worker who performed service, maintenance, or construction work on a job site, in the field or in a fabrication shop using the tools of the worker's trade or craft who is covered by a collective bargaining agreement((, provided that)). To meet this definition, the union signatory to the collective bargaining agreement ((is)) must be an approved referral union program authorized under RCW 50.20.010 and in compliance with WAC 192-210-110, the collective bargaining agreement ((establishes)) must establish equivalent sick leave provisions, as provided in RCW 49.46.180(2), and the ((requirements of RCW 49.46.200 through 49.46.830 are)) collective bargaining agreement or CBA addendum must expressly ((waived in the collective bargaining agreement)) waive the requirements of RCW 49.46.200 through 49.46.830 in clear and unambiguous terms or in an agreed addendum to an existing agreement ((including an agreement that is open for negotiation provided the sick leave portions were)) previously ratified ((by the membership. This does not include employees who are not directly engaged in construction work itself, such as nonexempt administrative staff)).

~~((5))~~ (6) "Department" means the department of labor and industries.

~~((6))~~ (7) "Director" means the director of the department of labor and industries, or the director's authorized representative.

~~((7))~~ (8) "Employee" has the same meaning as RCW 49.46.010(3). An employee includes a construction worker or construction worker covered by a collective bargaining agreement unless a more specific provision applies.

~~((8))~~ (9) "Employer" has the same meaning as RCW 49.46.010(4).

~~((9))~~ (10) "Frontloading" means providing an employee with paid sick leave before it has accrued at the rate required by RCW 49.46.210 (1) (a).

~~((10))~~ (11) "Health-related reason," as provided in RCW 49.46.210 (1) (b) (iii), means a serious public health concern that could result in bodily injury or exposure to an infectious agent, biological toxin, or hazardous material. Health-related reason does not include closures for inclement weather.

~~((11))~~ (12) "Hours worked" shall be interpreted in the same manner as WAC 296-126-002(8).

~~((12))~~ (13) "Normal hourly compensation" means the hourly rate that an employee would have earned for the time during which the employee used paid sick leave. For employees who use paid sick leave for

hours that would have been overtime hours if worked, employers are not required to apply overtime standards to an employee's normal hourly compensation. Normal hourly compensation does not include tips, gratuities, service charges, holiday pay, or other premium rates, unless the employer or a collective bargaining agreement allow for such considerations. However, where an employee's normal hourly compensation is a differential rate, meaning a different rate paid for the same work performed under differing conditions (e.g., a night shift), the differential rate is not a premium rate.

~~((13))~~ (14) "Regular and normal wage" has the same meaning as normal hourly compensation.

~~((14))~~ (15) "Separation" and "separates from employment" mean the end of the last day an employee is authorized or required by the employer to be on duty on the employer's premises or at a prescribed workplace.

~~((15))~~ (16) "Verification" means evidence that establishes or confirms that an employee's use of paid sick leave is for an authorized purpose under RCW 49.46.210 (1)(b) and (c).

~~((16))~~ (17) "Workweek" means a fixed and regularly recurring period of 168 hours, or seven consecutive 24 hour periods. It may begin on any day of the week and any hour of the day, and need not coincide with a calendar week.

AMENDATORY SECTION (Amending WSR 23-24-044, filed 11/30/23, effective 1/1/24)

WAC 296-128-765 Construction workers under RCW 49.46.210 (1)(1) (effective January 1, 2024). (1) Following separation, construction industry employers must pay the balance of accrued and unused paid sick leave to construction workers classified under NAICS code 23 who have not reached the 90th calendar day of employment, except for construction workers who perform work limited to work only under NAICS code 236100.

(2) When a construction worker is rehired within 12 months of separation, whether at the same or a different business location of the employer, any sick leave previously paid out following separation does not need to be reinstated.

(3) When a construction worker is rehired within 12 months of separation, whether at the same or a different business location of the construction industry employer, the previous period of employment must be counted for purposes of determining the date upon which the ~~(employee)~~ construction worker is entitled to use paid sick leave.

AMENDATORY SECTION (Amending WSR 22-24-034, filed 11/30/22, effective 1/1/23)

WAC 296-128-99140 Paid sick time usage. (1) A driver is entitled to use earned paid sick time for the following purposes authorized in RCW 49.46.210(5):

(a) An absence resulting from the driver's mental or physical illness, injury, or health condition; to accommodate the driver's need for medical diagnosis, care, or treatment of a mental or physical ill-

ness, injury, or health condition; or a driver's need for preventive medical care;

(b) To allow the driver to provide care for an authorized family member under RCW 49.46.210 with a mental or physical illness, injury, or health condition; care of a family member who needs medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition; or care for a family member who needs preventive medical care;

(c) When the driver's child's school or place of care has been closed by order of a public official for any health-related reason or, beginning January 1, 2025, after the declaration of an emergency by a local or state government or agency, or by the federal government;

(d) For absences for which an employee would be entitled to leave under RCW 49.76.030;

(e) During an account deactivation or other status that prevents the driver from performing network services on the transportation network company's platform, unless the deactivation or status is due to a verified allegation of sexual assault or physical assault perpetrated by the driver; and

(f) A transportation company may provide more generous paid sick time policies or permit use of paid sick time for additional purposes or family members.

(2) After three consecutive days of account deactivation, a driver may request paid sick time for any portion of the deactivation period, unless the deactivation or status is due to a verified allegation of sexual assault or physical assault perpetrated by the driver.

(3) A driver is entitled to use accrued earned paid sick time upon recording 90 hours of passenger platform time on the transportation network company's driver platform. Transportation network companies may allow drivers to use accrued, unused paid sick time prior to recording 90 hours of passenger platform time.

(4) Upon recording 90 hours of passenger platform time on the transportation network company's driver platform, a transportation network company must make earned accrued paid sick time available for use to the driver.

(5) A driver is entitled to use earned paid sick time if the driver has recorded passenger platform time as a driver within 90 calendar days preceding the driver's request to use earned paid sick time.

(6) Earned paid sick time must be made available for use within a communication system for drivers.

(7) A transportation network company must allow drivers to use paid sick time in four-hour increments, not to exceed eight hours within one day. A transportation network company may allow paid sick time usage in shorter increments.

(8) A transportation network company must allow drivers to claim earned paid sick time through a communication system within a time frame during which a driver was eligible to use their earned paid sick time and projected absences, so long as the absence is for an authorized purpose under RCW 49.46.210.

(9) A driver may choose to use earned paid sick time simultaneously for multiple transportation network companies during the same time period for a purpose authorized under RCW 49.46.210.

WSR 24-15-123
PERMANENT RULES
PROFESSIONAL EDUCATOR
STANDARDS BOARD

[Filed July 23, 2024, 9:26 a.m., effective August 23, 2024]

Effective Date of Rule: Thirty-one days after filing.

Purpose: Clarify rules that multistate compact licenses are valid for educational staff associate certification for school nurses, school occupational therapists, and school physical therapists.

Citation of Rules Affected by this Order: Amending WAC 181-79A-223, 181-79A-244, and 181-79A-231.

Statutory Authority for Adoption: Chapter 28A.410 RCW.

Adopted under notice filed as WSR 24-11-133 on July 18, 2024 [May 21, 2024].

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 3, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 0, Repealed 0.

Date Adopted: July 22, 2024.

Michael Nguyen
Rules Coordinator

OTS-5173.2

AMENDATORY SECTION (Amending WSR 21-15-085, filed 7/16/21, effective 8/16/21)

WAC 181-79A-223 Academic and experience requirements for certification—School nurse, school occupational therapist, school physical therapist, school speech-language pathologist or audiologist, school social worker, school behavior analyst, and school orientation and mobility specialist. Candidates for school nurse, school occupational therapist, school physical therapist and school speech-language pathologist or audiologist, school social worker, school behavior analyst, and school orientation and mobility specialist certification shall apply directly to the professional certification office. Such candidates shall complete the following requirements, in addition to those set forth in WAC 181-79A-150, except for a state-approved educator preparation program.

(1) **Degree.** Candidates who hold a master's degree or higher are not required to obtain a role-specific master's degree if the candidate provides satisfactory evidence to the superintendent of public

instruction that they have completed all course work requirements relevant to the role-specific master's degree.

(2) **Professional transitions to public schools.** Candidates for the initial certificate for the roles under this section must complete the professional transitions to public schools coursework under WAC 181-79A-224.

(3) **Experience.** Candidates for the professional certificate for the roles under this section must complete two years full-time equivalency (FTE) in the role in Washington with a school district, state-approved private school, state tribal compact school, state authorized charter school, or state agency that provides educational services for students.

(4) **School nurse.**

(a) **Initial.**

(i) The candidate shall hold a valid (~~department of health~~) license as a registered nurse (RN) (~~in Washington state~~) under chapter 18.79 or 18.80 RCW.

(ii) The candidate shall hold a baccalaureate degree or higher in nursing from a program accredited by the National League for Nursing Accrediting Commission or the Commission on Collegiate Nursing Education.

(b) **Professional.**

(i) The candidate shall have completed the requirements for the initial certificate as a school nurse and have completed (~~one hundred fifty~~) 150 continuing education credit hours related to education, nursing, or other health sciences since the first issuance of the initial certificate.

(ii) The candidate shall hold a valid (~~department of health~~) license as a registered nurse (RN) (~~in Washington state~~) under chapter 18.79 or 18.80 RCW.

(iii) The candidate shall have completed suicide prevention training under RCW 28A.410.226, 43.70.442, and as described in WAC 181-79A-244.

(5) **School occupational therapist.**

(a) **Initial.**

(i) The candidate shall hold a valid (~~department of health~~) license as an occupational therapist (~~in Washington state~~) under chapter 18.59 RCW.

(ii) The candidate shall hold a baccalaureate degree or higher from an American Occupational Therapy Association approved program in occupational therapy.

(b) **Professional.**

(i) The candidate shall have completed the requirements for the initial certificate as a school occupational therapist and have completed (~~one hundred fifty~~) 150 continuing education credit hours related to occupational therapy, other health sciences, or education since the first issuance of the initial certificate.

(ii) The candidate shall hold a valid (~~department of health~~) license as an occupational therapist (~~in Washington state~~) under chapter 18.59 RCW.

(6) **School physical therapist.**

(a) **Initial.**

(i) The candidate shall hold a valid (~~department of health~~) license as a physical therapist (~~in Washington state~~) under chapter 18.74 RCW.

(ii) The candidate shall hold a baccalaureate degree or higher from an American Physical Therapy Association accredited program in physical therapy.

(b) **Professional.** The candidate shall have completed the requirements for the initial certificate as a school physical therapist and have completed (~~one hundred fifty~~) 150 continuing education credit hours related to physical therapy, other health sciences, or education since the first issuance of the initial certificate.

(7) **School speech-language pathologist or audiologist.**

(a) **Initial.** The candidate shall have completed all course work (except special project or thesis) for a master's degree or higher from a college or university program accredited by the American Speech and Hearing Association (ASHA). If the degree program requires a written comprehensive exam relevant to the role, the candidate must successfully complete it. If the degree program does not require a written comprehensive exam relevant to the role, the candidate may present verification from ASHA of a passing score on a national exam in speech pathology or audiology, or a passing score on an exam approved by the professional educator standards board.

(b) **Professional.**

(i) The candidate shall hold a master's degree or higher.

(ii) The candidate shall have completed the requirements for the initial certificate as a speech language pathologist or audiologist and have completed (~~one hundred fifty~~) 150 continuing education credit hours related to speech language pathology, audiology, other health sciences, or education since the first issuance of the initial certificate.

(8) **School social worker.**

(a) **Initial.** The candidate shall hold a masters degree or higher in social work or social welfare from an accredited institution of higher learning.

(b) **Professional.**

(i) The candidate shall have completed the requirements for the initial certificate as a school social worker and have completed (~~one hundred fifty~~) 150 continuing education credit hours related to the role of the school social worker or education since the first issuance of the initial certificate.

(ii) The candidate shall have completed suicide prevention training under RCW 28A.410.226, 43.70.442, and as described in WAC 181-79A-244.

(9) **Behavior analyst.**

(a) **Initial.**

(i) Candidates must hold a valid board certified behavior analyst (BCBA) certificate from the behavior analyst certification board (BACB), or other national certificate as approved by the professional educator standards board.

(ii) Candidates must hold a master's degree or higher in any area.

(iii) Candidates must have achieved a passing score on the board certified behavior analyst (BCBA) exam from the behavior analyst certification board (BACB), or other assessment as approved by the professional educator standards board.

(b) **Professional.**

(i) Candidates must hold a valid board certified behavior analyst (BCBA) certificate from the behavior analyst certification board (BACB), or other national certificate as approved by the professional educator standards board.

(ii) The candidate shall have completed the requirements for the initial certificate as a behavior analyst and have completed (~~one hundred fifty~~) 150 continuing education credit hours related to the role of the school behavior analyst or education since the first issuance of the initial certificate.

(10) **Orientation and mobility specialist.**

(a) **Initial.**

(i) Candidates must hold a valid certified orientation and mobility specialist (COMS) certificate from the academy for certification of vision rehabilitation and education professionals (ACVREP), valid national orientation and mobility certification (NOMC) from the national blindness professional certification board (NBPCB), or other valid national certificate as approved by the professional educator standards board.

(ii) Candidates must hold a baccalaureate degree or higher in any area.

(b) **Professional.**

(i) Candidates must hold a valid certified orientation and mobility specialist (COMS) certificate from the academy for certification of vision rehabilitation and education professionals (ACVREP), valid national orientation and mobility certification (NOMC) from the national blindness professional certification board (NBPCB), or other valid national certificate as approved by the professional educator standards board.

(ii) The candidate shall have completed the requirements for the initial certificate as an orientation and mobility specialist and have completed (~~one hundred fifty~~) 150 continuing education credit hours related to the role or to education since the first issuance of the initial certificate.

AMENDATORY SECTION (Amending WSR 22-08-101, filed 4/5/22, effective 5/6/22)

WAC 181-79A-244 Certificate renewal requirements. Certificate renewal requirements include the following:

(1) **Equity-based school practices.** Applications for renewal dated July 1, 2023, and beyond, for the certificate types and roles as indicated in (a) and (b) of this subsection, must demonstrate completion of professional learning focused on equity based school practices aligned with the cultural competency, diversity, equity, and inclusion (CCDEI) standards under WAC 181-85-204.

(a) Completion of at least 15 continuing education credit hours of professional learning in equity-based school practices is required for renewal of residency, professional, initial, and continuing teacher and CTE teacher certificates.

(b) Completion of at least 10 continuing education credit hours of professional learning in equity-based school practices is required for renewal of residency, professional, initial, and continuing principal, program administrator, superintendent, and CTE director certificates.

(c) Individuals holding at least one valid, expiration dated administrator certificate under (b) of this subsection are only required to meet the equity-based school practices requirement for administrators when renewing or reinstating a teacher certificate under (a) of this subsection.

(d) Holders of a valid National Board Certificate issued by the National Board for Professional Teaching Standards (NBPTS) meet the equity-based school practices requirement by maintaining a valid National Board Certificate.

(e) A professional growth plan with at least one goal aligned to the standards in this subsection meets the equity-based school practices requirement.

(2) **National Professional Standards for Education Leaders.** Applications for renewal dated July 1, 2023, and beyond, for holders of residency, professional, initial, and continuing certificates in the role of principal, program administrator, superintendent and CTE director, must demonstrate completion of 10 continuing education credit hours of professional learning focused on the National Policy Board for Educational Administration (NPBEA) Professional Standards for Educational Leaders (PSEL). A professional growth plan with at least one goal aligned to the PSEL standards meets the certificate renewal requirement in this subsection.

(3) **Providers for professional learning in equity-based school practices and National Professional Standards for Education Leaders.** Professional learning under subsections (1) and (2) of this section must be provided by one or more of the following organizations. These organizations may only provide the professional learning for as long as they maintain status as a Washington state approved in-service education agency under chapter 181-85 WAC.

(a) Association of Washington school principals;

(b) Office of the superintendent of public instruction;

(c) Professional educator standards board-approved administrator or teacher preparation program providers;

(d) Washington education association;

(e) Washington state educational service districts; or

(f) Washington state school districts, tribal compact schools, approved charter schools, Washington school for the deaf, Washington school for the blind.

(4) **Government-to-government relationships with federally recognized tribes.**

(a) Applications for renewal dated July 1, 2023, and beyond, for holders of residency, professional, initial, and continuing certificates in the role of principal, program administrator, superintendent and CTE director, must demonstrate completion of five continuing education credit hours of professional learning focused on government-to-government relationships with federally recognized tribes.

(b) Professional learning related to government-to-government relationships with federally recognized tribes must be provided by one or more subject matter experts approved by the governor's office on Indian affairs in collaboration with the tribal leaders congress on education and the office of native education in the office of the superintendent of public instruction.

(c) Completion of a professional growth plan (PGP) may not be used to meet the requirement for professional learning in government-to-government relationships.

(5) **Science, technology, engineering, math (STEM) integration.** Applications for certificate renewal must demonstrate completion of at least 15 continuing education credit hours, or at least one goal from an annual professional growth plan, emphasizing the integration of science, technology, engineering, and/or mathematics instruction under RCW 28A.410.2212.

(a) This renewal requirement applies to teachers in the following areas: Elementary education; early childhood education; middle level mathematics and science; secondary mathematics; secondary science; the designated sciences; and career and technical education. Specific endorsements in these endorsement areas are as published by the professional educator standards board.

(b) Holders of a valid National Board Certificate issued by the National Board for Professional Teaching Standards (NBPTS) meet this requirement by maintaining a valid National Board Certificate.

(6) **Suicide prevention training requirement.** Renewal of certificates, and issuance of professional certificates, for school counselors, school psychologists, school nurses, and school social workers requires completion of suicide prevention training under RCW 28A.410.226, 43.70.442, and as described in this section.

Approved trainings meeting this suicide prevention training requirement will be as published by the professional educator standards board. The training program must be at least three hours in length. The professional educator standards board will consider these training programs as continuing education credit hours.

(7) **Washington state department of health licenses.**

(a) Holding a valid (~~department of health~~) license as a physical therapist (~~in Washington state~~) under chapter 18.74 RCW is a requirement for renewal of school physical therapist educational staff associate (ESA) certificate.

(b) Holding a valid (~~department of health~~) license as an occupational therapist (~~in Washington state~~) under chapter 18.59 RCW is required for renewal of school occupational therapist ESA certificates.

(c) Holding a valid (~~department of health~~) license as a registered nurse (RN) (~~in Washington state~~) under chapter 18.79 or 18.80 RCW is a requirement for renewal of school nurse ESA certificates.

(8) **National certificates related to educational staff associate roles.**

(a) Holding a valid Board Certified Behavior Analyst (BCBA) certificate from the Behavior Analyst Certification Board (BACB), or other national certificate as approved by the professional educator standards board, is a requirement for renewal of School Behavior Analyst ESA certificates.

(b) Holding a valid Certified Orientation and Mobility Specialist (COMS) Certificate from Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP), or, a valid National Orientation and Mobility Certification (NOMC) from the National Blindness Professional Certification Board (NBPCB), is a requirement for renewal of school Orientation and Mobility Specialist ESA Certificates.

(9) **Continuing education role requirements.** Except as otherwise required in Title 181 WAC, continuing education for the following roles must relate to the described areas.

(a) CTE teacher. Continuing education credit hours for renewal of CTE teacher certificates must relate to career and technical education methods, including those described in RCW 28A.700.010 and WAC 181-77A-165, or to the subject matter certified to teach.

(b) CTE director. Continuing education credit hours for renewal of CTE director certificates must relate to career and technical education, or supervisory or managerial subjects.

(c) School counselor. Continuing education credit hours for renewal must relate to:

- (i) American School Counseling Association (ASCA) Professional Standards and Competencies; or
- (ii) School Counselor Standards published by the National Board for Professional Teaching Standards (NBPTS).
- (d) School psychologist. Continuing education credit hours for renewal certificates must relate to the National Association of School Psychologists (NASP) Professional Practices.

OTS-5223.1

AMENDATORY SECTION (Amending WSR 22-20-090, filed 10/4/22, effective 11/4/22)

WAC 181-79A-231 Limited certificates. All applicants for limited certificates must meet the age, good moral character, and personal fitness requirements of WAC 181-79A-150 (1) and (2).

Nothing within chapter 181-79A WAC authorizes practice by an educational staff associate which is otherwise prohibited or restricted by any other law, including licensure statutes and rules and regulations adopted by the appropriate licensure board or agency.

(1) **Conditional certificate.**

(a) **Intent.** The intent of the conditional certificate is to assist school districts, approved private schools, and educational service districts in meeting the state's educational goals by giving them flexibility in hiring decisions based on shortages or the opportunity to secure the services of unusually talented individuals.

(b) **Roles.**

(i) Teacher roles. The conditional certificate may be issued to teachers in all endorsement areas. Specific minimum requirements defined in this section apply to the following:

- (A) Special education teachers;
- (B) Nonimmigrant exchange teachers;
- (C) Traffic safety education teachers.

(ii) Educational staff associate roles. The conditional certificate may be issued in the following education staff associate roles:

- (A) School counselor;
- (B) School nurse;
- (C) School psychologist;
- (D) School social worker;
- (E) School speech language pathologist or audiologist;
- (F) School behavior analyst;
- (G) School orientation and mobility specialist.

(iii) Administrator role. The conditional certificate may be issued in the following administrator role: Principal.

(c) **Request requirements.**

(i) When requesting the conditional certificate, the district, the educational service district, or the approved private school will verify that one or more of the following criteria have been met:

- (A) The individual has extensive experience, unusual distinction, or exceptional talent in the subject matter to be taught or in the certificate role; or
- (B) No person with regular certification in the area is available; or

(C) The individual holds a bachelor's degree or higher from an accredited college or university; or

(D) The individual is enrolled in an educator preparation program specific to the certificate role for which they are applying; or

(E) The individual will serve as a nonimmigrant exchange teacher and meets the specific minimum requirements defined in this section; or

(F) The individual will serve as a traffic safety education teacher and meets the specific minimum requirements defined in this section; or

(G) Circumstances warrant.

(ii) When requesting the conditional certificate, the district, the educational service district, or the approved private school will verify that all of the following criteria have been met:

(A) The district, educational service district, or approved private school has determined that the individual is competent for the assignment; and

(B) After specific inclusion on the agenda and a formal vote, the school board or educational service district board has authorized the conditional certificate; and

(C) The individual is being certificated for a specific assignment and responsibility in a specified activity/field; and

(D) The individual will be delegated primary responsibility for planning, conducting, and evaluating instructional activities; and

(E) The individual will not be serving in a paraeducator role; and

(F) The individual will be oriented and prepared for the assignment. In addition, prior to service, the individual will be apprised of any legal liability, the responsibilities of a professional educator, the lines of authority, and the duration of the assignment; and

(G) The individual will be assigned a mentor within 20 working days from the commencement of the assignment; and

(H) A written plan of support will be developed within 20 working days from the commencement of the assignment.

(d) **Minimum requirements.**

(i) Individuals must complete 50 continuing education credit hours after the issuance of the certificate, and prior to the reissuance of the certificate. Holders of conditional certificates in the role of nonimmigrant exchange teacher are not required to complete 50 continuing education credit hours.

(ii) Special education teacher. The applicant for a conditional teaching certificate in special education shall hold a bachelor's degree or higher from an accredited college or university.

The issuance of a conditional certificate to a special education teacher is contingent upon the individual being enrolled in a state-approved teacher preparation program resulting in a teacher certificate endorsed in special education.

An individual with full certification and endorsed in special education shall be assigned as a mentor to the special education teacher serving on a conditional certificate for the duration of the conditional certificate.

(iii) Traffic safety education teacher. The applicant qualifies to instruct in the traffic safety program under WAC 392-153-021. Written plans of support and mentors are not required for holders of conditional certificates in the role of traffic safety education teacher.

(iv) Nonimmigrant exchange. A conditional certificate in the role of teacher may be issued to an individual admitted to the United States for the purpose of serving as an exchange teacher.

The individual must be eligible to serve as a teacher in the elementary or secondary schools in their country of nationality or last residence.

(v) School counselor. The applicant must hold a bachelor's degree or higher from an accredited college or university, and be enrolled in a state-approved preparation program for the role, in accordance with Washington requirements for certification.

(vi) School nurse. The applicant possesses a ~~((state of Washington))~~ valid license ((for)) as a registered nurse (RN) under chapter 18.79 or 18.80 RCW. Applicants who meet the requirements for the initial school nurse certificate will not be issued a conditional school nurse certificate.

(vii) School psychologist. The applicant must hold a bachelor's degree or higher from an accredited college or university, and be enrolled in a state-approved preparation program for school psychologists, in accordance with Washington requirements for certification.

In addition, the candidate shall have completed all course work for the required master's degree, and shall be participating in the required internship.

(viii) School social worker. The applicant must hold a bachelor's degree or higher from an accredited college or university. The applicant must be enrolled in a master's degree program in social work or social welfare.

(ix) School speech language pathologist or audiologist. The applicant has completed a bachelor's degree or higher from an accredited college or university.

(x) School behavior analyst. Applicants must meet one or more of the following:

(A) Hold a valid Washington state department of health license as an assistant behavior analyst. The district, educational service district, or approved private school must provide a supervisor who meets the department of health requirements for a supervisor of assistant behavior analysts; or

(B) Hold a valid board certified assistant behavior analyst (BCABA) certificate from the behavior analyst certification board (BACB). The district, educational service district, or approved private school must provide a supervisor who meets the behavior analyst certification board (BACB) requirements for a supervisor of board certified assistant behavior analyst (BCABA); or

(C) Hold a bachelor's degree, and, must be enrolled in or have completed the course work requirements for the board certified behavior analyst (BCBA) certificate from the behavior analyst certification board (BACB), as verified by the institution providing the behavior analysis course work.

(xi) School orientation and mobility specialist.

(A) Applicants must have completed all requirements for an approved national certificate with the exception of the internship and the assessment, as verified by the institution providing the course-work for the national certificate. The approved national certificates are the certified orientation and mobility specialist (COMS) certificate from the academy for certification of vision rehabilitation and education professionals (ACVREP), and the national orientation and mobility certification (NOMC) from the national blindness professional certification board (NBPCB).

(B) The school employer must ensure the candidate has access to a mentor who meets the requirements for an intern supervisor set by the academy for certification of vision rehabilitation and education professionals (ACVREP) or the national blindness professional certification board (NBPCB).

(xii) Principal. The applicant holds a bachelor's degree from an accredited college or university.

The candidate for conditional certification as a principal shall be enrolled in a program resulting in the issuance of a residency principal certificate, in accordance with Washington requirements for certification.

(e) **Validity.** The conditional certificate is valid for two years or less, and is only valid for the activity or role specified on the certificate.

The reissuance of the special education conditional certificate will have a validity period of three years or less.

(f) **Reissuance.**

(i) The conditional certificate may be reissued upon request by the employing local school district, approved private school, or educational service district, provided all conditions for the first issuance of the certificate are met.

(ii) The requesting school district, approved private school, or educational service district will verify that the 50 continuing education credit hours earned as a requirement for reissuance of the certificate are designed to support the individual's professional growth, and enhance the individual's knowledge or skills to better assist students in meeting state learning goals.

(iii) Nonimmigrant exchange. The conditional certificate in the role of teacher may be reissued while the individual is being sponsored by a school district in an exchange and visiting teacher program.

(iv) Special education teacher. Conditional certificates in special education may only be reissued once. The reissuance of the special education conditional certificate will have a validity period of three years or less. The special education conditional certificate may only be reissued upon verification by the preparation program provider that the individual is completing satisfactory progress in a state-approved teacher certificate program leading to a special education endorsement.

(v) School speech language pathologist or audiologist. Conditional certificates as a school speech language pathologist or audiologist may be reissued twice.

The conditional certification as a school speech language pathologist or audiologist may be reissued if the candidate is enrolled in a master's degree program resulting in issuance of an initial ESA certificate in accordance with Washington requirements for certification.

The school speech language pathologist or audiologist conditional certificate may be reissued a second time upon verification by the degree provider that the individual is completing satisfactory progress in a master's degree program resulting in issuance of an initial school speech language pathologist or audiologist certificate in accordance with Washington requirements for certification.

(vi) Conditional certificates as a school behavior analyst may be reissued twice.

(vii) Conditional certificates as a school orientation and mobility specialist may be reissued once.

(2) **Transitional certificate.**

(a) **Intent.** The transitional certificate provides flexibility for school districts in employing an individual according to this chapter.

(i) Individuals whose continuing certificate has lapsed or expired.

(ii) Individuals whose certificate has lapsed or expired by June 30, 2022, under WAC 181-79A-240.

(b) **Roles.** The transitional certificate may be issued in roles of teacher, education staff associate, and administrator for continuing certificates or other certificates subject to renewal under WAC 181-79A-240.

(c) **Request requirements.**

(i) The transitional certificate is issued upon request by a school district, approved private school, or educational service district for an individual whose continuing certificate has lapsed or expired according to this chapter.

(ii) The transitional certificate is issued upon request by a school district, approved private school, or educational service district for an individual whose certificate has expired according to this chapter.

(A) Districts may request a transitional certificate for all certificates other than continuing certificates under this section through December 31, 2023.

(B) Educators under this section must apply for the transitional certificate through the office of the superintendent of public instruction no later than June 30, 2024.

(iii) School districts, approved private schools, and educational service districts are strongly encouraged to develop with the holder of a transitional certificate a plan of support for the holder to complete the necessary certificate renewal requirements under this chapter.

(d) **Minimum requirements.**

(i) The holder of the transitional certificate must complete the requirements for certificate renewal within two years of the date the holder was issued the transitional certificate.

(ii) No individual whose certificate has been suspended, revoked, or surrendered shall be eligible to be employed under this section.

(e) **Validity.** The transitional certificate is valid until two years from the date the holder was issued the certificate. The transitional certificate expiration date shall not be calculated under professional educator standards board policy WAC 181-79A-117.

(f) **Reissuance.** The transitional certificate is not renewable and may not be reissued.

(3) **Emergency substitute certificate.**

(a) **Intent.** The intent of the emergency substitute certificate is to assist school districts, approved private schools, and educational service districts with flexibility in meeting educator workforce needs.

(b) **Roles.**

(i) The emergency substitute certificate may be issued in the role of teacher.

(ii) To ensure that related services personnel deliver special education services in their respective discipline or profession, the emergency substitute certificate may not be issued for individuals to serve in an educational staff associate role in accordance with 34 C.F.R. Part 300.156 (b) (2) (ii).

(iii) Holders of the emergency substitute certificate may serve in the local school district, approved private school, or educational service district which requested the certificate.

(iv) Holders of the emergency substitute certificate may serve as substitutes if the local school district, approved private school, or educational service district has exhausted or reasonably anticipates it will exhaust its list of qualified substitutes under WAC 181-79A-232.

(c) **Request requirements.**

(i) The emergency substitute certificate is issued upon request by a school district, approved private school, or educational service district.

(ii) If the local school district, approved private school, or educational service district has exhausted or reasonably anticipates it will exhaust its list of qualified substitutes who are willing to serve as substitutes, emergency substitute certificates may be issued to persons not fully qualified as substitutes under WAC 181-79A-232.

(d) **Validity.** Emergency substitute certificates shall be valid for two years or less.

(e) **Reissuance.** The emergency substitute certificate may be reissued upon request by the employing local school district, approved private school, or educational service district.

(4) **Intern substitute certificate.**

(a) **Intent.** The intent of the intern substitute certificate is to provide the intern the opportunity to serve as a substitute when the cooperating teacher is absent. This provides the intern with experience while allowing for consistency in instruction for the students.

(b) **Roles.** The intern substitute certificate may be issued to student teachers or intern teachers.

(c) **Request requirements.**

(i) School districts, educational service districts, and approved private schools may request intern substitute teacher certificates for individuals enrolled in student teaching and internships to serve as substitute teachers in the absence of the cooperating teacher.

(ii) The supervising preparation program provider must approve the candidate for the intern substitute teacher certificate.

(d) **Minimum requirements.** The holder of the intern substitute certificate may be called at the discretion of the school district, education service district, or approved private school to serve as a substitute teacher only in the classroom(s) to which the individual is assigned as a student teacher or intern.

(e) **Validity.** The intern substitute teacher certificate is valid for one year or less.

(f) **Reissuance.** The intern substitute certificate may be reissued upon request by the local school district, approved private school, or educational service district, and approved by the educator preparation program provider.

WSR 24-15-129

PERMANENT RULES

STATE BOARD OF HEALTH

[Filed July 23, 2024, 2:49 p.m., effective August 23, 2024]

Effective Date of Rule: Thirty-one days after filing.

Purpose: Chapter 246-500 WAC, Handling of human remains. The state board of health adopted changes to WAC 246-500-050, 246-500-053, and 246-500-055 to align with changes in statute. These rules establish the requirements for remains reduced through cremation, alkaline hydrolysis, and natural organic reduction. Under these sections, the local registrar or the department of health may issue a burial-transfer permit for the disposition of cremated remains, remains reduced through alkaline hydrolysis, or remains reduced through natural organic reduction which have been in the lawful possession of any person, firm, corporation, or association for a holding period established by statute. The holding period is established in RCW 68.50.230, which was recently amended from 90 days to 45 days. The amendment also added counties to the list of entities that may lawfully dispose of human remains after the holding period. The adopted changes align the rule with the changes in statute.

Citation of Rules Affected by this Order: Amending WAC 246-500-050, 246-500-053, and 246-500-055.

Statutory Authority for Adoption: RCW 43.20.050 (2)(f).

Adopted under notice filed as WSR 24-10-094 on April 30, 2024.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 3, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 3, Repealed 0.

Date Adopted: June 12, 2024.

Michelle A. Davis
Executive Director

OTS-5351.1

AMENDATORY SECTION (Amending WSR 21-01-039, filed 12/7/20, effective 1/7/21)

WAC 246-500-050 Human remains reduced through cremation. (1) Other than the provisions in this section and WAC 246-500-010, this chapter does not apply to human remains after cremation.

(2) A local registrar, in cooperation with the Washington state funeral and cemetery board, may issue a burial-transit permit for disposition of cremated human remains. The permit for the disposition of

cremated remains may be used in connection with the transportation of cremated remains by common carrier or other means.

(3) The local registrar or the department of health may issue a burial-transit permit for the disposition of cremated human remains which have been in the lawful possession of any person, firm, corporation, county, or association for a period of (~~ninety~~) 45 days or more. This permit will specify that the disposition of cremated remains must be consistent with Washington state laws and rules.

AMENDATORY SECTION (Amending WSR 21-01-039, filed 12/7/20, effective 1/7/21)

WAC 246-500-053 Human remains reduced through alkaline hydrolysis. (1) Other than the provisions in this section and WAC 246-500-010, this chapter does not apply to human remains after alkaline hydrolysis.

(2) A hydrolysis facility must:

(a) Operate a high-temperature purpose built vessel, that reaches a minimum temperature of (~~two hundred fifty~~) 250 degrees Fahrenheit for a minimum of (~~thirty~~) 30 minutes during the reduction process; or

(b) Operate a purpose built vessel, for which third-party validation testing is provided demonstrating the reduction process destroys prions, and achieves sterilization in both the water and airspace, according to the manufacturer's specifications. The testing criteria must include a matrix-assisted laser desorption/ionization time of flight (MALDI-TOF) mass spectrometry peptide sizing analysis and a (~~6~~) six spore log reduction or greater in the level of *Bacillus* spores. An operator shall retain this documentation on-site and be able to provide it upon request to state or local health officials.

(3) A local registrar, in cooperation with the Washington state funeral and cemetery board, may issue a burial-transit permit for disposition of human remains reduced through alkaline hydrolysis. The permit for the disposition of remains reduced through alkaline hydrolysis may be used in connection with the transportation of remains reduced through alkaline hydrolysis by common carrier or other means.

(4) The local registrar or the department of health may issue a burial-transit permit for the disposition of human remains reduced through alkaline hydrolysis which have been in the lawful possession of any person, firm, corporation, county, or association for a period of (~~ninety~~) 45 days or more. This permit will specify that the disposition of remains reduced through alkaline hydrolysis must be consistent with Washington state laws and rules.

AMENDATORY SECTION (Amending WSR 23-09-027, filed 4/12/23, effective 5/13/23)

WAC 246-500-055 Human remains reduced through natural organic reduction. (1) Other than the provisions of this section and WAC 246-500-010, this chapter does not apply to human remains after natural organic reduction.

(2) A natural organic reduction facility operator shall:

(a) Collect material samples for analysis that are representative of each instance of natural organic reduction using a sampling method such as described in the U.S. Composting Council 2002 Test Methods for the Examination of Composting and Compost, Method 02.01-A through E;

(b) Analyze each instance of reduced human remains for physical contaminants. Reduced remains must have less than 0.01 mg/kg dry weight of physical contaminants which include, but are not limited to, intact bone, dental fillings, and medical implants;

(c) Analyze, using a third-party laboratory, the reduction facility's reduced human remains according to the following schedule:

(i) The reduction facility's initial 20 instances of reduced human remains for the parameters identified in Table 500-A, and any additional instances of human remains necessary to achieve 20 reductions meeting the limits identified in Table 500-A;

(ii) Following 20 reductions meeting limits outlined in Table 500-A, analyze, at minimum, 25 percent of a facility's monthly instances of reduced human remains for the parameters identified in Table 500-A until 80 total instances have met the requirements in Table 500-A;

(iii) The local health jurisdiction may require tests for additional parameters under (b) and (c) of this subsection;

(d) Not release any human remains that exceed the limits identified in Table 500-A;

(e) Prepare, maintain, and provide upon request by the local health jurisdiction, an annual report each calendar year. The annual report must detail the facility's activities during the previous calendar year and must include the following information:

(i) Name and address of the facility;

(ii) Calendar year covered by the report;

(iii) Annual quantity of reduced human remains;

(iv) Results of any laboratory analyses of reduced human remains;

and

(v) Any additional information required by the local health jurisdiction; and

(f) Test for arsenic, cadmium, lead, mercury, and selenium, and either fecal coliform or salmonella in reduced human remains to meet the testing parameters and limits identified in Table 500-A.

**Table 500-A
Testing Parameters**

Metals and other testing parameters	Limit (mg/kg dry weight), unless otherwise specified
Fecal coliform	< 1,000 Most probable number per gram of total solids (dry weight)
or	
Salmonella	< 3 Most probable number per 4 grams of total solids (dry weight)
and	
Arsenic	≤ 20 ppm
Cadmium	≤ 10 ppm
Lead	≤ 150 ppm
Mercury	≤ 8 ppm
Selenium	≤ 18 ppm

(3) A local registrar, in cooperation with the Washington state funeral and cemetery board, may issue a burial-transit permit for disposition of human remains reduced through natural organic reduction. The permit for the disposition of remains reduced through natural organic reduction may be used in connection with the transportation of remains reduced through natural organic reduction by common carrier or other means.

(4) The local registrar or the department of health may issue a burial-transit permit for the disposition of human remains reduced through natural organic reduction which have been in the lawful possession of any person, firm, corporation, county, or association for a period of ((90)) 45 days or more. This permit will specify that the disposition of remains reduced through natural organic reduction must be consistent with Washington state laws and rules.

WSR 24-15-130

PERMANENT RULES

DEPARTMENT OF HEALTH

[Filed July 23, 2024, 2:57 p.m., effective September 30, 2024]

Effective Date of Rule: September 30, 2024.

Purpose: Reporting emergency medical services (EMS) data to the Washington EMS information system (WEMSIS). The department of health (department) is adopting amendments to WAC 246-976-001, 246-976-430, and 246-976-910; and two new sections, WAC 246-976-445 and 246-976-455, to comply with SSB 5380 (chapter 314, Laws of 2019). The adopted rules establish requirements for submitting patient data using WEMSIS. The department is also adopting other housekeeping changes to implement these amendments.

Citation of Rules Affected by this Order: New WAC 246-976-445 and 246-976-455; and amending WAC 246-976-001, 246-976-430, and 246-976-910.

Statutory Authority for Adoption: RCW 43.70.040 and 70.168.090.

Adopted under notice filed as WSR 24-06-084 on March 5, 2024.

Changes Other than Editing from Proposed to Adopted Version: WAC 246-976-455 EMS data system—EMS service and provider responsibilities, in subsection (6) "where applicable" was added to clarify conditions of required reporting for various listed data elements. In addition, "Patient Email Address" was removed from required data elements list.

A final cost-benefit analysis is available by contacting Jim Jansen, P.O. Box 47853, Olympia, WA 98504-7853, phone 360-236-2821, fax 360-236-2830, TTY 711, email jim.jansen@doh.wa.gov.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 2, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 3, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 2, Amended 3, Repealed 0.

Date Adopted: July 23, 2024.

Kristin Peterson, JD
Chief of Policy
for Umair A. Shah, MD, MPH
Secretary

OTS-4616.1

AMENDATORY SECTION (Amending WSR 11-07-078, filed 3/22/11, effective 5/15/11)

WAC 246-976-001 Purpose. The purpose of these rules is to implement RCW 18.71.200 through 18.71.215, and chapters 18.73 and 70.168 RCW; and those sections of chapter 70.24 RCW relating to EMS personnel and services.

- (1) This chapter establishes criteria for:
 - (a) Training and certification of EMS providers;
 - (b) Licensure and inspection of ambulance services and aid services;
 - (c) Verification of prehospital trauma services;
 - (d) Development and operation of a statewide trauma registry;
 - (e) The designation process and operating requirements for designated trauma care services;
 - (f) A statewide emergency medical communication system;
 - (g) Administration of the statewide EMS/TC system;
 - (h) Development and operation of a statewide electronic EMS data system.

(2) This chapter does not contain detailed procedures to implement the state EMS/TC system. Requests for procedures, guidelines, or any publications referred to in this chapter must be obtained from the Office of Community Health Systems, Department of Health, Olympia, WA 98504-7853 or on the internet at www.doh.wa.gov.

AMENDATORY SECTION (Amending WSR 19-07-040, filed 3/14/19, effective 4/14/19)

WAC 246-976-430 Trauma registry—Provider responsibilities. (1) A trauma care provider shall protect the confidentiality of data in their possession and as it is transferred to the department.

- (2) A verified prehospital agency that transports trauma patients must:
 - (a) Provide an initial report of patient care to the receiving facility at the time the trauma patient is delivered as described in WAC ((~~246-976-330~~) 246-976-455).
 - (b) Within ((~~twenty-four~~) 24) hours after the trauma patient is delivered, send a complete patient care report to the receiving facility to include the data shown in Table A.

Table A:
Prehospital Patient Care Report Elements for the Washington Trauma Registry

Data Element	Prehospital-Transport:	Inter-Facility:
Incident Information		
Transporting emergency medical services (EMS) agency number	X	X
Unit en route date/time	X	
Patient care report number	X	X
First EMS agency on scene identification number	X	
Crew member level	X	X
Method of transport	X	X
Incident county	X	

Data Element	Prehospital-Transport:	Inter-Facility:
Incident zip code	X	
Incident location type	X	
Patient Information		
Name	X	X
Date of birth, or age	X	X
Sex	X	X
Cause of injury	X	
Use of safety equipment	X	
Extrication required	X	
Transportation		
Facility transported from (code)		X
Times		
Unit notified by dispatch date/time	X	X
Unit arrived on scene date/time	X	X
Unit left scene date/time	X	X
Vital Signs		
Date/time of first vital signs taken	X	
First systolic blood pressure	X	
First respiratory rate	X	
First pulse	X	
First oxygen saturation	X	
First Glasgow coma score (GCS) with individual component values (eye, verbal, motor, total, and qualifier)	X	
Treatment		
Procedure performed	X	

(3) A designated trauma service must:

(a) Have a person identified as responsible for trauma registry activities, and who has completed the department trauma registry training course within ((eighteen)) 18 months of hire. For level I-III trauma services the person identified must also complete the abbreviated injury scale (AIS) course within ((eighteen)) 18 months of hire;

(b) Report data elements for all patients defined in WAC 246-976-420;

(c) Report patients with a discharge date for each calendar quarter in a department-approved format by the end of the following quarter;

(d) Have procedures in place for internal monitoring of data validity, which may include methods to reabstract data for accuracy; and

(e) Correct and resubmit records that fail the department's validity tests as described in WAC 246-976-420(7) within three months of notification of errors.

(4) A designated trauma rehabilitation service must provide data, as identified in subsection (7) of this section, to the trauma registry in a format determined by the department upon request.

(5) A designated trauma service must submit the following data elements for trauma patients:

(a) Record identification data elements must include:

(i) Identification (ID) of reporting facility;

(ii) Date and time of arrival at reporting facility;

- (iii) Unique patient identification number assigned to the patient by the reporting facility.
- (b) Patient identification data elements must include:
 - (i) Name;
 - (ii) Date of birth;
 - (iii) Sex;
 - (iv) Race;
 - (v) Ethnicity;
 - (vi) Last four digits of the patient's Social Security number;
 - (vii) Home zip code.
- (c) Prehospital data elements must include:
 - (i) Date and time of incident;
 - (ii) Incident zip code;
 - (iii) Mechanism/type of injury;
 - (iv) External cause codes;
 - (v) Injury location codes;
 - (vi) First EMS agency on-scene identification (ID) number;
 - (vii) Transporting agency ID and unit number;
 - (viii) Transporting agency patient care report number;
 - (ix) Cause of injury;
 - (x) Incident county code;
 - (xi) Work related;
 - (xii) Use of safety equipment;
 - (xiii) Procedures performed.
- (d) Prehospital vital signs data elements (from first EMS agency on scene) must include:
 - (i) Time;
 - (ii) First systolic blood pressure;
 - (iii) First respiratory rate;
 - (iv) First pulse rate;
 - (v) First oxygen saturation;
 - (vi) First GCS with individual component values (eye, verbal, motor, total, and qualifiers);
 - (vii) Intubated at time of first vital sign assessment;
 - (viii) Pharmacologically paralyzed at time of first vital sign assessment;
 - (ix) Extrication.
- (e) Transportation data elements must include:
 - (i) Date and time unit dispatched;
 - (ii) Time unit arrived at scene;
 - (iii) Time unit left scene;
 - (iv) Transportation mode;
 - (v) Transferred in from another facility;
 - (vi) Transferring facility ID number.
- (f) Emergency department (ED) data elements must include:
 - (i) Readmission;
 - (ii) Direct admit;
 - (iii) Time ED physician was called;
 - (iv) Time ED physician was available for patient care;
 - (v) Trauma team activated;
 - (vi) Level of trauma team activation;
 - (vii) Time of trauma team activation;
 - (viii) Time trauma surgeon was called;
 - (ix) Time trauma surgeon was available for patient care;
 - (x) Vital signs in ED, which must also include:
 - (A) First systolic blood pressure;
 - (B) First temperature;

- (C) First pulse rate;
- (D) First spontaneous respiration rate;
- (E) Controlled rate of respiration;
- (F) First oxygen saturation measurement;
- (G) Lowest systolic blood pressure (SBP);
- (H) GCS score with individual component values (eye, verbal, motor, total, and qualifiers);
- (I) Whether intubated at time of ED GCS;
- (J) Whether pharmacologically paralyzed at time of ED GCS;
- (K) Height;
- (L) Weight;
- (M) Whether mass casualty incident disaster plan implemented.
- (xi) Injury scores must include:
 - (A) Injury severity score;
 - (B) Revised trauma score on admission;
 - (C) Pediatric trauma score on admission;
 - (D) Trauma and injury severity score.
- (xii) ED procedures performed;
- (xiii) Blood and blood components administered;
- (xiv) Date and time of ED discharge;
- (xv) ED discharge disposition, including:
 - (A) If transferred, ID number of receiving hospital;
 - (B) Was patient admitted to hospital?
 - (C) If admitted, the admitting service;
 - (D) Reason for transfer (sending facility).
- (g) Diagnostic and consultative data elements must include:
 - (i) Whether the patient received aspirin in the four days prior to the injury;
 - (ii) Whether the patient received any oral antiplatelet medication in the four days prior to the injury, such as clopidogrel (Plavix), or other antiplatelet medication, and, if so, include:
 - (A) Whether the patient received any oral anticoagulation medication in the four days prior to the injury, such as warfarin (Coumadin), dabigatran (Pradaxa), rivaroxaban (Xarelto), or other anticoagulation medication, and, if so, include:
 - (B) The name of the anticoagulation medication.
 - (iii) Date and time of head computed tomography scan;
 - (iv) Date and time of first international normalized ratio (INR) performed at the reporting trauma service;
 - (v) Results of first INR (~~(performed [performed])~~) performed at the reporting trauma service;
 - (vi) Date and time of first partial thromboplastin time (PTT) performed at the reporting trauma service;
 - (vii) Results of first PTT performed at the reporting trauma service;
 - (viii) Whether any attempt was made to reverse anticoagulation at the reporting trauma service;
 - (ix) Whether any medication (other than Vitamin K) was first used to reverse anticoagulation at the reporting trauma service;
 - (x) Date and time of the first dose of anticoagulation reversal medication at the reporting trauma service;
 - (xi) Elapsed time from ED arrival;
 - (xii) Date of rehabilitation consult;
 - (xiii) Blood alcohol content;
 - (xiv) Toxicology results;
 - (xv) Whether a brief substance abuse assessment, intervention, and referral for treatment done at the reporting trauma service;

- (xvi) Comorbid factors/preexisting conditions;
- (xvii) Hospital events.
- (h) Procedural data elements:
 - (i) First operation information must include:
 - (A) Date and time operation started;
 - (B) Operating room (OR) procedure codes;
 - (C) OR disposition.
 - (ii) For later operations information must include:
 - (A) Date and time of operation;
 - (B) OR procedure codes;
 - (C) OR disposition.
 - (i) Admission data elements must include:
 - (i) Date and time of admission order;
 - (ii) Date and time of admission or readmission;
 - (iii) Date and time of admission for primary stay in critical care unit;
 - (iv) Date and time of discharge from primary stay in critical care unit;
 - (v) Length of readmission stay(s) in critical care unit;
 - (vi) Other in-house procedures performed (not in OR).
 - (j) Disposition data elements must include:
 - (i) Date and time of facility discharge;
 - (ii) Most recent ICD diagnosis codes/discharge codes, including nontrauma diagnosis codes;
 - (iii) Disability at discharge (feeding/locomotion/expression);
 - (iv) Total ventilator days;
 - (v) Discharge disposition location;
 - (vi) If transferred out, ID of facility the patient was transferred to;
 - (vii) If transferred to rehabilitation, facility ID;
 - (viii) Death in facility.
 - (A) Date and time of death;
 - (B) Location of death;
 - (C) Autopsy performed;
 - (D) Organ donation requested;
 - (E) Organs donated.
 - (ix) End-of-life care and documentation;
 - (A) Whether the patient had an end-of-life care document before injury;
 - (B) Whether there was any new end-of-life care decision documented during the inpatient stay at the reporting trauma service;
 - (C) Whether the patient receive a consult for comfort care, hospice care, or palliative care during the inpatient stay at the reporting trauma service;
 - (D) Whether the patient received any comfort care, in-house hospice care, or palliative care during the inpatient stay (i.e., was acute care withdrawn) at the reporting trauma service;
 - (k) Financial information must include:
 - (i) Total billed charges;
 - (ii) Payer sources (by category);
 - (iii) Reimbursement received (by payer category).
- (6) Designated trauma rehabilitation services must provide the following data upon request by the department for patients identified in WAC 246-976-420(3).
 - (a) Data submission elements will be based on the current inpatient rehabilitation facility patient assessment instrument (IRF-PAI).

All individual data elements included in the IRF-PAI categories below and defined in the data dictionary must be submitted upon request:

- (i) Identification information;
- (ii) Payer information;
- (iii) Medical information;
- (iv) Function modifiers (admission and discharge);
- (v) Functional measures (admission and discharge);
- (vi) Discharge information;
- (vii) Therapy information.

(b) In addition to IRF-PAI data elements each rehabilitation service must submit the following information to the department:

- (i) Admit from (facility ID);
- (ii) Payer source (primary and secondary);
- (iii) Total charges;
- (iv) Total remitted reimbursement.

AMENDATORY SECTION (Amending WSR 00-08-102, filed 4/5/00, effective 5/6/00)

WAC 246-976-910 Regional quality assurance and improvement program. (1) The department will:

- (a) Develop guidelines for a regional EMS/TC system quality assurance and improvement program including:
 - (i) Purpose and principles of the program;
 - (ii) Establishing and maintaining the program;
 - (iii) Process;
 - (iv) Membership of the quality assurance and improvement program committee;
 - (v) Authority and responsibilities of the quality assurance and improvement program committee;
- (b) Review and approve written regional quality assurance and improvement plans;
- (c) Provide trauma registry and EMS data to regional quality assurance and improvement programs in the following formats:
 - (i) Quarterly standard reports;
 - (ii) Ad hoc reports as requested according to department guidelines.

(2) Levels I, II, and III, and Level I, II and III pediatric trauma care services must:

- (a) Establish, coordinate and participate in regional EMS/TC systems quality assurance and improvement programs;
- (b) Ensure participation in the regional quality assurance and improvement program of:
 - (i) Their trauma service director or codirector; and
 - (ii) The RN who coordinates the trauma service;
- (c) Ensure maintenance and continuation of the regional quality assurance and improvement program.

(3) The regional quality assurance and improvement program committee must include:

- (a) At least one member of each designated facility's medical staff;
- (b) The RN coordinator of each designated trauma service;
- (c) An EMS provider.

(4) The regional quality assurance program must invite the MPD and all other health care providers and facilities providing trauma

care in the region, to participate in the regional trauma quality assurance program.

(5) The regional quality assurance and improvement program may invite:

(a) One or more regional EMS/TC council members;

(b) A trauma care provider who does not work or reside in the region.

(6) The regional quality assurance and improvement program must include a written plan for implementation including:

(a) Operational policies and procedures that detail committee actions and processes;

(b) Audit filters for adult and pediatric patients;

(c) Monitoring compliance with the requirements of chapter 70.168 RCW and this chapter;

(d) Policies and procedures for notifying the department and the regional EMS/TC council of identified regional or statewide trauma system issues, and any recommendations;

(e) Policies regarding confidentiality of:

(i) Information related to provider's and facility's clinical care, and patient outcomes, in accordance with chapter 70.168 RCW;

(ii) Quality assurance and improvement committee minutes, records, and reports in accordance with RCW 70.168.090(4), including a requirement that each attendee of a regional quality assurance and improvement committee meeting is informed in writing of the confidentiality requirement. Information identifying individual patients may not be publicly disclosed without the patient's consent.

OTS-4614.3

NEW SECTION

WAC 246-976-445 EMS data system—Department responsibilities.

(1) Purpose: The department maintains a statewide electronic emergency medical services data system, as required by RCW 70.168.090. The purpose of this data system is to:

(a) Provide data for EMS activity surveillance, analysis, and quality assurance programs;

(b) Monitor and evaluate the outcome of care provided by EMS services personnel, in support of statewide and regional quality assurance and system evaluation activities;

(c) Assess compliance with state standards for EMS care (chapters 18.71, 18.73, 70.168 RCW and this chapter);

(d) Provide information for resource planning, system design and management; and

(e) Provide a resource for research and education.

(2) Confidentiality: RCW 70.168.090 and chapter 42.56 RCW apply to EMS data, records, and reports developed pursuant to RCW 70.168.090. Data elements related to the identification of individual patient's, provider's, and facility's care outcomes shall be confidential, shall be exempt from chapter 42.56 RCW, and shall not be subject to discovery by subpoena or admissible as evidence. Patient care quality assurance proceedings, records, and reports developed pursuant to

RCW 70.168.090 are confidential, exempt from chapter 42.56 RCW, and are not subject to discovery by subpoena or admissible as evidence.

(a) The department may release confidential information from the electronic EMS data system in compliance with applicable laws and regulations. No other person may release confidential information from the data system without express written permission from the department.

(b) The department may approve requests for EMS data system data and reports consistent with applicable statutes and rules.

(c) The department has established criteria defining situations in which EMS data system information is confidential and situations in which data may be shared, in order to protect confidentiality for patients, providers, and facilities.

(d) Subsection (2)(a) through (c) of this section does not limit access to confidential data by approved regional quality assurance and improvement programs and medical program directors established under chapter 70.168 RCW and described in WAC 246-976-910 and 246-976-920.

(3) Data submission: The department establishes and maintains procedures and format for ambulance and aid services to submit data electronically. Reporting mechanisms will meet state requirements for data security, data interoperability, and national reporting standards. These will include a mechanism for the reporting agency to check data for validity and completeness before data is sent to WEMISIS.

(4) Data quality: The department establishes mechanisms to evaluate the quality of EMS data. These mechanisms will include:

(a) Detailed protocols for quality control, consistent with the department's most current data quality guidelines.

(b) Validity studies to assess the timeliness, completeness, and accuracy of case identification and data collection.

(5) Data reports and data sharing: The department may create, release, and provide access to data files and reports in accordance with RCW 70.168.090. The type of information contained in the file, including direct and indirect patient, provider and facility identifiers, determines the permitted release of, or access to, the data file or report.

(a) Annually, the department reports:

(i) Summary statistics and trends for demographic and related EMS care and activity information for the state and for each emergency medical service/trauma care (EMS/TC) region;

(ii) Benchmarking and performance measures, for system-wide evaluation and regional quality improvement programs;

(iii) Trends, patient care outcomes, and other data, for the state and each EMS/TC region, for the purpose of regional evaluation; and

(iv) Aggregate regional data upon request, excluding any confidential or identifying data.

(b) The department will provide reports to EMS services, approved regional quality assurance and improvement programs and medical program directors upon request, according to the confidentiality provisions in subsection (2) of this section and all applicable laws and regulations.

(c) In order to comply with WAC 246-976-920, the department may provide aggregate reports and directly identifiable patient record access to medical program directors for EMS services within their jurisdiction.

(d) In order to comply with RCW 70.168.090, the department will provide reports, patient data and record access related to suspected

drug overdoses to government agencies, including local public health agencies, tribal authorities, and other organizations at the discretion of the department, for the purposes of including, but not limited to, identifying individuals to engage substance use disorder peer professionals, patient navigators, outreach workers, and other professionals as appropriate to prevent further overdoses and to induct into treatment and provide other needed supports as may be available. Data for this purpose will be provided upon request and according to the confidentiality provisions in subsection (2) of this section and all applicable laws and regulations.

(e) The department may share confidential data files containing one or more direct patient identifiers with researchers with approval from the Washington state institutional review board (IRB) and a signed confidentiality agreement. The department may also require researchers to enter into a data sharing agreement.

(f) The department may provide a hospital with access to the complete electronic patient care report for activations in which the patient was delivered to their facility.

(g) The department may provide data and reports to other parties not listed in (c) through (f) of this subsection upon request, according to the confidentiality provisions in subsection (2) of this section and all applicable laws and regulations.

(h) When fulfilling a request for data, the department may provide the fewest data elements and patient records necessary for the stated purpose of a requestor's project.

NEW SECTION

WAC 246-976-455 EMS data system—EMS service and provider responsibilities. (1) Licensed EMS services and certified EMS providers shall protect the confidentiality of data in their possession and as it is transferred to the receiving facility or the department.

(2) The certified EMS provider in charge of patient care shall provide the following information to the receiving facility staff:

(a) At the time of arrival at the receiving facility, a minimum of a brief written or electronic patient report including agency name, EMS personnel, and:

(i) Date and time of the medical emergency;

(ii) Time of onset of symptoms;

(iii) Patient vital signs including serial vital signs where applicable;

(iv) Patient assessment findings;

(v) Procedures and therapies provided by EMS personnel;

(vi) Any changes in patient condition while in the care of the EMS personnel;

(vii) Mechanism of injury or type of illness.

(b) Within 24 hours of arrival, a complete written or electronic patient care report that includes at a minimum:

(i) Names and certification levels of all personnel providing patient care;

(ii) Date and time of medical emergency;

(iii) Age of patient;

(iv) Applicable components of system response time;

- (v) Patient vital signs, including serial vital signs if applicable;
- (vi) Patient assessment findings;
- (vii) Procedures performed and therapies provided to the patient; this includes the times each procedure or therapy was provided;
- (viii) Patient response to procedures and therapies while in the care of the EMS provider;
- (ix) Mechanism of injury or type of illness;
- (x) Patient destination.
- (c) For trauma patients, all other data points identified in WAC 246-976-430 for inclusion in the trauma registry must be submitted to the receiving facility within 10 days of transporting the patient to the trauma center.
- (3) A licensed EMS service must:
- (a) Within 48 hours after the initial dispatch, send a complete electronic patient care report to the department for all activations that meet inclusion criteria in subsection (4) of this section. The electronic patient care reports must:
- (i) Be sent in a secure format determined by the department; and
- (ii) Include all data elements specified in subsection (5) of this section.
- (b) Submit any and all updates or modifications to previously submitted electronic patient care reports to the department within 48 hours of the update.
- (c) EMS services who are unable to submit or update electronic patient care reports within 48 hours should notify the department within 30 days from when the delay began. The service must work with the department to submit a modified submission plan in a format determined by the department.
- (d) Identify one or more EMS service WEMSIS administrator(s) responsible for EMS data activities. An EMS service WEMSIS administrator must:
- (i) Complete the department EMS data system training course within 18 months of being assigned to this role;
- (ii) Adhere to WEMSIS data confidentiality restrictions determined by the department; and
- (iii) Act as the primary contact for the department regarding WEMSIS related communications including those pertaining to data submission, data validity, data quality, account access, and reporting;
- (iv) Adhere to processes and protocols for WEMSIS data use and access as determined by the department.
- (e) Notify the department within 30 days of any change or addition of EMS service WEMSIS administrators or a change to an administrator's contact information. Changes submitted must be made on forms provided by the department.
- (f) Have procedures in place for internal monitoring of data validity, which may include methods to reabstract data for accuracy.
- (g) Correct and resubmit patient care records that fail the department's validity tests as described in WAC 246-976-445 within 30 days of notification of errors.
- (h) Make all patient care records available for inspection and review upon request of the county MPD or the department. Records provided shall be in electronic format where capabilities allow and will be provided in the most secure method available.
- (i) By January 31st each year, submit or update EMS service demographic information for the previous calendar year in a format determined by the department. Demographic information should include:

- (i) EMS dispatch volume;
- (ii) EMS patient transport volume;
- (iii) EMS patient contact volume;
- (iv) EMS interfacility transport volume;
- (v) EMS interfacility transport volume by ALS;
- (vi) EMS interfacility transport volume by ILS;
- (vii) EMS interfacility transport volume by BLS;
- (viii) EMS interfacility transport volume by first response;
- (ix) EMS interfacility transport volume by second response;
- (x) EMS ground transport volume;
- (xi) EMS air transport volume;
- (xii) EMS critical care transport volume.

(4) Inclusion criteria: Ambulance and aid services must submit electronic patient care reports for all activations to which they are dispatched. Criteria includes 911 and interfacility activations where treatment or transport occurred, patient refusal of treatment or transport, and canceled activations. All activations which cross Washington borders and involve a Washington licensed ambulance or aid service must be included if the service is dispatched to a location in Washington state or if a patient is transported to a facility in Washington state.

(5) A licensed ambulance or aid service must submit data elements in adherence with the National Emergency Medical Services Information System (NEMSIS) national EMS data standards and requirements except where they differ from the reporting requirements specified in subsection (6) of this section.

(6) In addition to adhering to the NEMSIS EMS data standards, all licensed ambulance or aid services must submit the following data elements for all records where applicable:

- Patient last name;
- Patient first name;
- Middle initial or name;
- Patient Social Security number;
- Gender;
- Race;
- Age;
- Age units;
- Patient date of birth;
- Patient driver's license;
- Patient home address;
- Alternate home residence;
- Patient phone number;
- Recent exposure to infectious disease;
- Recent travel;
- Recent local travel;
- Recent international travel;
- Recent state travel;
- Recent city travel;
- Temperature;
- Respiratory effort;
- Chest/lungs assessment;
- Ending travel date;
- Beginning travel date;
- Personal protective equipment used;
- Airway device placement confirmed method;
- Cardiac arrest during EMS event;
- Cardiac arrest etiology;

Cardiac arrest, resuscitation attempted by EMS;
 Cardiac arrest, witnessed by;
 Cardiac arrest, who first initiated CPR;
 Patient evaluation/care;
 Crew disposition;
 Transport disposition;
 Reason for refusal/release;
 Destination/transferred to, name;
 Destination/transferred to, code;
 Destination street address;
 Destination zip code;
 EMS transport method;
 Final patient acuity;
 Type of destination;
 Destination team prearrival activation;
 Mental status assessment;
 Medication allergies;
 Medical/surgical history;
 Trauma triage criteria;
 Cause of injury code;
 Use of safety equipment;
 Extrication required;
 Hospital disposition;
 Procedure performed date/time;
 Procedure performed prior to EMS care;
 Procedure performed;
 Procedure number of attempts;
 Procedure successful;
 Symptom onset date/time;
 Symptom, primary;
 Symptoms, other associated;
 Provider's primary impression;
 Provider's secondary impression;
 Last known well date/time;
 PSAP call date/time;
 Dispatch notified date/time;
 Unit arrived on scene date/time;
 Unit arrived at patient date/time;
 Unit left scene date/time;
 Patient arrived at destination date/time;
 Destination patient transfer of care date/time.

Vital signs:

Date/time of first vital signs taken;
 First systolic blood pressure;
 First respiratory rate;
 First pulse;
 First oxygen saturation;
 First Glasgow coma score (GCS) with individual component values
 (eye, verbal, motor, total, and qualifier);
 Vital sign, taken date/time;
 Vital sign, obtained prior to EMS care;
 Vital sign, cardiac rhythm/ECG;
 Vital sign, ECG type;
 Vital sign, blood glucose level;
 Vital sign, stroke scale score;
 Vital sign, stroke scale type;
 Vital sign, stroke scale value/severity score - LAMS;

Type of scene delay;
First EMS unit on scene;
Incident zip code;
Incident county;
Scene GPS location;
Incident location type;
Facility transported from (code);
Other EMS or public safety agencies at scene;
Type of other service at scene;
Medication administered;
Medication administered route;
Date/time medication administered;
Medication administered prior to this unit's EMS care;
Medication response;
Role/type of person administering medication;
Alcohol/drug use indicators;
Respiratory rate;
Total Glasgow coma score;
Eye assessment;
ACS risk score.

Incident information:

Emergency medical services (EMS) agency number;
Unit enroute date/time;
Patient care report number;
First EMS agency on scene identification number;
Crew member level;
Method of transport;
Incident location type;
Patient information.

Outcome (if known):

Emergency department disposition;
Hospital disposition;
External report ID/number type;
External report ID/number;
Emergency department diagnosis;
Hospital diagnosis.

WSR 24-15-143
PERMANENT RULES
DEPARTMENT OF

SOCIAL AND HEALTH SERVICES

(Economic Services Administration)

(Division of Child Support)

[Filed July 23, 2024, 7:16 p.m., effective August 23, 2024]

Effective Date of Rule: Thirty-one days after filing.

Purpose: The division of child support (DCS) is amending five sections in chapter 388-14A WAC to reflect changes in law, policy, and procedures over time so that DCS is better aligned with the department of children, youth, and families (DCYF) with respect to child support cases for children in residential care, i.e., foster care. The sections amended are: WAC 388-14A-1025, 388-14A-2105, 388-14A-4111, 388-14A-8110, and 388-14A-8120. These amendments are necessary to provide current and correct information to the public.

The amendments:

1. Make technical updates to WAC 388-14A-1025, 388-14A-4111, 388-14A-8110, and 388-14A-8120 to reflect that DCYF now administers the foster care program for Washington, not the department of social and health services (DSHS).

2. Make additional amendments to WAC 388-14A-1025 and 388-14A-8120 to align with DCYF's WAC chapters and policy regarding when DCS provides child support services for a child in residential care. As currently written, both sections say DCS provides child support services whenever a child is in residential care. That is inaccurate. Based on clarification provided to states by the Federal Administration for Children and Families Children's Bureau and Office of Child Support Services, the agency administering the state's foster care program has the authority to determine when it is appropriate to send a referral for a child in residential care to the state's child support program. DCYF changed their criteria and sends far fewer referrals than they previously did to DSHS. Amendment is more appropriate than repeal because DCS must maintain the legal framework to provide child support services when requested by DCYF.

3. Amend WAC 388-14A-2105 to strike subsection (11) because it is obsolete. Both DCS and the community services division refer parents' requests for the whereabouts of a child receiving foster care services to the economic services administration public disclosure unit. Subsection (11) is no longer accurate.

4. Make other technical edits in line with the office of the code reviser's drafting guidelines.

Citation of Rules Affected by this Order: Amending WAC 388-14A-1025, 388-14A-2105, 388-14A-4111, 388-14A-8110, and 388-14A-8120.

Statutory Authority for Adoption: RCW 26.09.105, 26.18.170, 26.23.050, 26.23.110, 26.23.120, 34.05.020, 34.05.060, 74.08.090, 74.20.040, 74.20A.055, and 74.20A.056.

Adopted under notice filed as WSR 24-12-088 on June 5, 2024.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 4, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 5, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 5, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 5, Repealed 0.

Date Adopted: July 23, 2024.

Katherine I. Vasquez
Rules Coordinator

SHS-5036.2

AMENDATORY SECTION (Amending WSR 13-01-075, filed 12/18/12, effective 1/18/13)

WAC 388-14A-1025 What are the responsibilities of the division of child support?

(1) The division of child support (DCS) provides support enforcement services when:

- (a) The department of social and health services pays public assistance ~~((or provides foster care services))~~;
- (b) A former recipient of public assistance is eligible for services, as provided in WAC 388-14A-2000 (2)(c);
- (c) The department of children, youth, and families:
 - (i) Provides residential care (foster care) for a dependent child; and
 - (ii) Refers a noncustodial parent (NCP) or parents (NCPs) to DCS for DCS to provide support enforcement services for the child in residential care;
- (d) A custodial parent (CP) or ~~((noncustodial parent (-)))~~ NCP ~~((+))~~ requests nonassistance support enforcement services under RCW 74.20.040 and WAC 388-14A-2000;
- ~~((+d))~~ (e) A support order or wage assignment order under chapter 26.18 RCW directs the NCP to make support payments through the Washington state support registry (WSSR);
- ~~((+e))~~ (f) A support order under which there is a current support obligation for dependent children is submitted to the WSSR;
- ~~((+f))~~ (g) A former ~~((custodial parent (-)))~~ CP ~~((+))~~ requests services to collect a support debt accrued under a court or administrative support order while the ~~((child(-ren)))~~ child or children resided with the CP;
- ~~((+g))~~ (h) A child support enforcement agency in another state or foreign country requests support enforcement services; or
- ~~((+h))~~ (i) A child support agency of an Indian tribe requests support enforcement services.

(2) DCS takes action under chapters 26.09, 26.18, 26.19, 26.21A, 26.23, 26.26A, 26.26B, 74.20, and 74.20A RCW to establish, enforce, and collect child support obligations.

(a) DCS refers cases to the county prosecuting attorney or attorney general's office when judicial action is required.

(b) If DCS has referred a case to the county prosecuting attorney or attorney general's office and the CP has been granted good cause

level A, DCS does not share funding under Title IV-D for any actions taken by the prosecutor or attorney general's office once DCS advises them of the good cause finding.

(3) DCS does not take action on cases where the community services office (CSO) has granted the CP good cause not to cooperate under WAC 388-422-0020, when the CSO grants "level A good cause." If the CSO grants "level B good cause," DCS proceeds to establish and ~~((/or))~~ enforce support obligations but does not require the CP to cooperate with DCS. WAC 388-14A-2065 and 388-14A-2070 describe the way DCS handles cases with good cause issues.

(4) DCS establishes, maintains, retains, and disposes of case records in accordance with the department's records management and retention policies and procedures adopted under chapter 40.14 RCW.

(5) DCS establishes, maintains, and monitors support payment records.

(6) DCS receives, accounts for, and distributes child support payments required under court or administrative orders for support.

(7) DCS charges and collects fees as required by federal and state law regarding the Title IV-D child support enforcement program.

(8) DCS files a satisfaction of judgment when we determine that a support obligation is either paid in full or no longer legally enforceable. WAC 388-14A-2099 describes the procedures for filing a satisfaction of judgment. WAC 388-14A-2099(4) describes how DCS determines a support obligation is satisfied or no longer legally enforceable.

(9) Based on changes in federal statutes and regulations, DCS establishes or changes the rules regarding its responsibilities when acting as either the initiating agency or responding agency in an intergovernmental child support case.

AMENDATORY SECTION (Amending WSR 07-08-055, filed 3/29/07, effective 4/29/07)

WAC 388-14A-2105 Basic confidentiality rules for the division of child support. (1) Under RCW 26.23.120, all information and records, concerning persons who owe a support obligation or for whom the division of child support (DCS) provides support enforcement services, are private and confidential.

(2) DCS discloses information and records only to a person or entity listed in this section or in RCW 26.23.120, and only for a specific purpose allowed by state or federal law. See WAC 388-14A-7500 regarding disclosure of personal information in the context of referrals under the Uniform Interstate Family Support Act (UIFSA).

(3) DCS may disclose information to:

(a) The person who is the subject of the information or records ~~((/r))~~ unless the information or records are exempt under RCW ~~((42.17.310))~~ 42.56.210;

(b) Local, state, and federal government agencies for support enforcement and related purposes;

(c) A party to a judicial proceeding or a hearing under chapter 34.05 RCW, if the superior court judge or administrative law judge (ALJ) enters an order to disclose. The judge or presiding officer must base the order on a written finding that the need for the information outweighs any reason for maintaining privacy and confidentiality;

(d) A party under contract with DCS, including a federally recognized Indian tribe, if disclosure is for support enforcement and related purposes;

(e) A person or entity, including a federally recognized Indian tribe, when disclosure is necessary to the administration of the child support program or the performance of DCS functions and duties under state and federal law;

(f) A person, representative, or entity if the person who is the subject of the information and records consents, in writing, to disclosure;

(g) The office of administrative hearings or the office of appeals for administration of the hearing process under chapter 34.05 RCW. The ALJ or review judge must:

(i) Not include the address of either party in an administrative order, or disclose a party's address to the other party;

(ii) State in support orders that the address is known by the Washington state support registry; and

(iii) Inform the parties they may obtain the address by submitting a request for disclosure to DCS under WAC 388-14A-2110(2).

(4) DCS may publish information about a noncustodial parent (NCP) for locate and enforcement purposes.

(5) WAC 388-14A-2114(1) sets out the rules for disclosure of address, employment, or other information regarding the custodial parent (CP) or the children in response to a public disclosure request.

(6) WAC 388-14A-2114(2) sets out the rules for disclosure of address, employment, or other information regarding the NCP in response to a public disclosure request.

(7) DCS may disclose the Social Security number of a dependent child to the ~~((noncustodial parent-))~~ NCP ~~((+))~~ to enable the NCP to claim the dependency exemption as authorized by the Internal Revenue Service.

(8) DCS may disclose financial records of an individual obtained from a financial institution only for the purpose of, and to the extent necessary, to establish, modify, or enforce a child support obligation of that individual.

(9) Except as provided elsewhere in chapter 388-14A WAC, chapter 388-01 WAC governs the process of requesting and disclosing information and records.

(10) DCS must take timely action on requests for disclosure. DCS must respond in writing within five working days of receipt of the request.

~~((If a child is receiving foster care services, the parent(s) must contact their local community services office for disclosure of the child's address information.~~

~~((12))~~) The rules of confidentiality and penalties for misuse of information and reports that apply to a IV-D agency employee, also apply to a person who receives information under this section.

~~((13))~~) (12) Nothing in these rules:

(a) Prevents DCS from disclosing information and records when such disclosure is necessary to the performance of its duties and functions as provided by state and federal law;

(b) Requires DCS to disclose information and records obtained from a confidential source.

~~((14))~~) (13) DCS cannot provide copies of the confidential information form contained in court orders. You must go to court to get access to the confidential information form. DCS may disclose information contained within the confidential information form if disclosure

is authorized under RCW 26.23.120, chapter 388-01 ((WAC)), or ((chapter)) 388-14A WAC.

((15)) (14) DCS may provide a Support Order Summary to the parties to an administrative support order under WAC 388-14A-2116.

AMENDATORY SECTION (Amending WSR 19-02-017, filed 12/21/18, effective 1/21/19)

WAC 388-14A-4111 When may DCS decline a request to enforce a medical support obligation? The division of child support (DCS) may decline to enforce a medical support obligation using the remedies available under RCW 26.09.105, 26.18.170, and 26.23.110 if one or more of the following apply:

(1) The medical support obligation is imposed by a child support order that was not entered in a court or administrative forum of the state of Washington;

(2) The department of social and health services is not paying public assistance ((or providing foster care services));

(3) The department of children, youth, and families is not providing services for a child in residential care (foster care);

(4) The party requesting enforcement of the medical support obligation does not have an open IV-D case with DCS for the child;

((4)) (5) The party requesting enforcement of the medical support obligation is not a parent of the child for whom the medical support obligation was established;

((5)) (6) The party is requesting reimbursement of the obligated parent's proportionate share of medical premium costs, and the obligated parent is currently providing accessible health care coverage for the child;

((6)) (7) The party requesting enforcement of the medical support obligation is not a former recipient of public assistance as described in WAC 388-14A-2000 (2) (d);

((7)) (8) DCS has not received a request for services from a child support agency in another state or a child support agency of an Indian tribe or foreign country;

((8)) (9) The party requesting enforcement of the medical support obligation has not applied for full support enforcement services;

((9)) (10) The party requesting enforcement of the medical support obligation does not qualify as a party who can receive child support enforcement services from DCS under WAC 388-14A-2000;

((10)) (11) The case does not meet the requirements for provision of support enforcement services from DCS under WAC 388-14A-2010;

((11)) (12) DCS denies the application under WAC 388-14A-2020;

((12)) (13) The party requesting enforcement of the medical support obligation does not provide proof of payment, any required forms, ((and/)) or the declaration under penalty of perjury required under WAC 388-14A-3312;

((13)) (14) The case meets one or more of the reasons set out in WAC 388-14A-4112(2) that DCS does not enforce a custodial parent's obligation to provide medical support.

AMENDATORY SECTION (Amending WSR 01-03-089, filed 1/17/01, effective 2/17/01)

WAC 388-14A-8110 What happens to the money if current support is higher than the cost of care? (1) When the division of child support (DCS) collects child support (~~((from the parent(s) of a child in))~~) on a foster care case, DCS sends the amounts collected to the (~~((division of child and family services (DCFS))~~) department of children, youth, and families (DCYF), which administers foster care funds.

(2) (~~((DCFS and its office of accounting services (OAS) apply))~~) DCYF applies child support payments collected by DCS (~~((-~~

~~(3) DCFS and/or OAS))~~ and deposits in a trust account for the child any child support payments which (~~((they don't))~~) it doesn't use to reimburse foster care expenses.

AMENDATORY SECTION (Amending WSR 01-03-089, filed 1/17/01, effective 2/17/01)

WAC 388-14A-8120 Are there special rules for collection in foster care cases? (1) (~~((Whenever the department provides residential care ("foster care") for a dependent child or children, the))~~) The non-custodial parent (NCP) or parents (NCPs) satisfy their obligation to support the child or children by paying to the ((department)) division of child support (DCS) the amount specified in a court order or administrative order, if a support order exists (~~((-~~), when:

(a) The department of children, youth, and families (DCYF) provides residential care (foster care) for a dependent child; and

(b) DCYF refers the NCP or NCPs to DCS for DCS to take action.

(2) (~~((The division of child support (-))~~) DCS (~~((+))~~) takes action under the provisions of chapters 74.20 and 74.20A RCW and this chapter to enforce and collect support obligations owed for children receiving foster care services.

(3) If, during a month when a child is in foster care, the NCP is the "head of household" with other dependent children in the home, DCS does not collect and retain a support payment if:

(a) The household's income is below the need standard for temporary assistance for needy families (TANF) (~~((+see))~~) WAC 388-478-0015(~~((+))~~); or

(b) Collection of support would reduce the household's income below the need standard.

(4) The NCP's support obligation for the child or children in foster care continues to accrue during any month DCS is prevented from collecting and retaining support payments under this section.

(5) If (~~((the department))~~) DCS has collected support payments from the head of household during the months which qualify under (~~((section (3-))~~) subsection (3) of this section, the NCP may request a conference board in accordance with WAC 388-14A-6400.

(6) The NCP must prove at the conference board that the income of the household was below or was reduced below the need standard during the months DCS collected payments.

(7) If the conference board determines that DCS has collected support payments from the head of household that the department or DCYF is not entitled to retain according to this section, DCS must promptly refund, without interest, any support payments, or the por-

tion of a payment which reduced the income of the household below the need standard.

(8) This section does not apply to payments collected prior to August 23, 1983.