WSR 26-05-028
EXPEDITED RULES
HEALTH CARE AUTHORITY
[Filed February 11, 2026, 8:46 a.m.]

Title of Rule and Other Identifying Information: WAC 182-513-1405 Definitions, 182-513-1410 LTC partnership policy qualifications, and 182-513-1420 Eligibility for asset protection under a partnership policy.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: Amend health care authority (HCA) rules related to long-term care insurance policies by adding a reference to Washington state office of insurance commissioner (OIC) rules on the same subject matter.

Reasons Supporting Proposal: ESSB 5291 (chapter 380, Laws of 2025) was signed into law on May 20, 2025. The bill created a new chapter 48.212 RCW concerning supplemental long-term care insurance. Supplemental long-term care insurance is a new product designed to provide coverage once WA Cares benefits under chapter 50B.04 RCW have been exhausted. OIC added new chapter 284-212 WAC (WSR 26-05-001) to implement the new law and to ensure all affected parties understand their rights and obligations. HCA is amending its long-term care partnership rules to add a cross-reference to the new OIC rules.

Statutory Authority for Adoption: RCW 41.05.021 and 41.05.160.

Statute Being Implemented: RCW 41.05.021 and 41.05.160.

Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: HCA, governmental.

Name of Agency Personnel Responsible for Drafting: Brian Jensen, P.O. Box 42716, Olympia, WA 98504-2716, 360-725-0815; Implementation and Enforcement: Paige Lewis, P.O. Box 42722, Olympia, WA 98504-2722, 360-725-0757.

This notice meets the following criteria to use the expedited adoption process for these rules:

Adopts or incorporates by reference without material change federal statutes or regulations, Washington state statutes, rules of other Washington state agencies, shoreline master programs other than those programs governing shorelines of statewide significance, or, as referenced by Washington state law, national consensus codes that generally establish industry standards, if the material adopted or incorporated regulates the same subject matter and conduct as the adopting or incorporating rule.

Explanation of the Reason the Agency Believes the Expedited Rule-Making Process is Appropriate: Expedited rule making is appropriate because the rule amendments add an additional cross-reference to OIC rules.

NOTICE

THIS RULE IS BEING PROPOSED UNDER AN EXPEDITED RULE-MAKING PROCESS THAT WILL ELIMINATE THE NEED FOR THE AGENCY TO HOLD PUBLIC HEARINGS, PREPARE A SMALL BUSINESS ECONOMIC IMPACT STATEMENT, OR PROVIDE RESPONSES TO THE CRITERIA FOR A SIGNIFICANT LEGISLATIVE RULE. IF YOU OBJECT TO THIS USE OF THE EXPEDITED RULE-MAKING PROCESS, YOU MUST EXPRESS YOUR OBJECTIONS IN WRITING AND THEY MUST BE SENT TO Wendy Barcus, Rules Coordinator, HCA, P.O. Box 42716, Olympia, WA 98504-2716, phone 360-725-1306, fax 360-586-9727, email arc@hca.wa.gov, BEGINNING

February 12, 2026, 8:00 a.m., AND RECEIVED BY April 20, 2026, 11:59 p.m.

February 11, 2026
Wendy Barcus
Rules Coordinator

RDS-6999.1

AMENDATORY SECTION (Amending WSR 17-03-116, filed 1/17/17, effective 2/17/17)

WAC 182-513-1405 Definitions. For purposes of WAC 182-513-1400 through 182-513-1455, the following terms have the meanings stated. See chapter 182-500 WAC and WAC 182-513-1100 for additional definitions.

"Issuer" means any entity that delivers, issues for delivery, or provides coverage to, a resident of Washington, any policy that claims to provide asset protection under the Washington long-term care partnership act, chapter 48.85 RCW. As used in this chapter, issuer specifically includes insurance companies, fraternal benefit societies, health care service contractors, and health maintenance organizations.

"Long-term care (LTC) insurance" means a policy under chapter 284-83 or 284-212 WAC.

"Protected assets" means assets that are designated as excluded or not taken into account upon determination of long-term care medicaid eligibility under WAC 182-513-1315. The protected or excluded amount is up to the dollar amount of benefits that have been paid for long-term care services by the qualifying long-term care partnership policy on the medicaid applicant's or client's behalf. The assets are also protected or excluded for the purposes of estate recovery under chapter 182-527 WAC, up to the amount of benefits paid by the qualifying policy for medical and long-term care services.

"Qualified long-term care insurance partnership" means an agreement between the Centers for Medicare and Medicaid Services (CMS), and the health care authority (HCA) which allows for the disregard of any assets or resources in an amount equal to the insurance benefit payments that are made to or on behalf of a person who is a beneficiary under a long-term care insurance policy that has been determined by the Washington state insurance commission to meet the requirements of section 1917 (b)(1)(c)(iii) of the act. These policies are described in chapter 284-83 WAC.

"Reciprocity agreement" means an agreement between states approved under section 6021(b) of the Deficit Reduction Act of 2005, Public Law 109-171 (DRA) under which the states agree to provide the same asset protections for qualified partnership policies purchased by a person while residing in another state and that state has a reciprocity agreement with the state of Washington.

AMENDATORY SECTION (Amending WSR 17-03-116, filed 1/17/17, effective 2/17/17)

WAC 182-513-1410 LTC partnership policy qualifications. A LTC partnership policy is a LTC policy that has been approved by the office of insurance commissioner as a LTC partnership policy described in chapter 284-83 or 284-212 WAC.

AMENDATORY SECTION (Amending WSR 17-03-116, filed 1/17/17, effective 2/17/17)

WAC 182-513-1420 Eligibility for asset protection under a partnership policy. (1) The LTC partnership policy must meet all the requirements in chapter 284-83 or 284-212 WAC. For existing LTC policies which are converted to a LTC partnership policy via an exchange or through the addition of a policy rider or endorsement, the conversion must take place on or after December 1, 2011 unless the policy is paying out benefits at the time the policy is exchanged.

(2) You meet all applicable eligible requirements for LTC medicaid and:

(a) Your LTC partnership policy benefits have been exhausted and you are in need of LTC services.

(b) Your LTC partnership policy is not exhausted and is:

(i) Covering all costs in a medical institution and you are still in need for medicaid; or

(ii) Covering a portion of the LTC costs under your LTC partnership policy but does not meet all of your LTC needs.

(c) At the time of your LTC partnership policy has paid out more benefits than you have designated as protected. In this situation your estate can designate additional assets to be excluded from the estate recovery process up to the dollar amount the LTC partnership policy has paid out.

WSR 26-05-053
EXPEDITED RULES
DEPARTMENT OF HEALTH
[Filed February 13, 2026, 8:10 a.m.]

Title of Rule and Other Identifying Information: Technical amendments to improve clarity and accuracy in chapter 246-12 WAC, Administrative procedures and requirements for credentialed health care providers.

The department of health (department) is proposing amendments to chapter 246-12 WAC to clarify existing language; correct typographical errors; and make the rules consistent with modern standards, current law, and department procedures.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: The department is making some housekeeping updates to the chapter, including aligning with the following changes:

In 2019, in response to ESHB 1768 (chapter 444, Laws of 2019), the department adopted amendments to chapter 246-811 WAC, Substance use disorder professionals and substance use disorder professionals trainees, updating the term "chemical dependency" to "substance use disorder." The department is now making proposed amendments to chapter 246-12 WAC to align with this statutory change by updating the term "substance abuse" to "substance use disorder."

In 2020, in response to ESHB 1551 (chapter 76, Laws of 2020), the department repealed AIDS education and training requirements for professions and facilities under the secretary of health's authority. As part of that rule change, WAC 246-12-250 through 246-12-280 relating to AIDS prevention and information education requirements for all health care providers were repealed. However, those changes did not include updates to individual sections that reference AIDS education and training requirements. The proposed amendments will remove references to AIDS education and training to clarify that it is no longer a requirement for licensure.

In 2024, the department launched the first phase of a new licensing system called health enforcement and licensing management system (HELMS) for all health care professionals. HELMS will eventually replace the legacy licensing system. Prior to the launch of HELMS, all courtesy renewal notices were mailed to health care providers, as outlined in WAC 246-12-030. However, in contrast to the legacy licensing system, HELMS has the ability to email courtesy renewal notices to credential holders who have an email address on file, thus eliminating the need to mail a hard copy. The proposed amendments will clarify that the department will send courtesy renewal notices by mail or email to the provider's contact information on file.

Finally, the proposed amendments correct typographical errors, update formatting for uniformity, update gendered terms from "his or her" to "they or their," correct office names within the department, define the term "department," and ensure the chapter does not reference RCW and WAC that have been repealed.

Reasons Supporting Proposal: This chapter contains procedures that apply to health care professions and businesses credentialed by the department. Many sections have not been updated since the 1990s. The proposed amendments are needed to reflect current department procedures, ensure accuracy of RCW cited in the chapter, correct typographical errors, align the rules with statutory amendments in ESHB

1768 and ESHB 1551, and modernize words used in relation to gender terms.

Statutory Authority for Adoption: RCW 18.130.040, 18.130.050, 43.70.040, and 43.70.280.

Statute Being Implemented: RCW 18.130.040, 18.130.050, 43.70.040, 43.70.280, ESHB 1768, and ESHB 1551.

Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: Department of health, governmental.

Name of Agency Personnel Responsible for Drafting, Implementation, and Enforcement: Stacey Saunders, 111 Israel Road S.E., Tumwater, WA 98513, 360-236-2813.

This notice meets the following criteria to use the expedited adoption process for these rules:

Relates only to internal governmental operations that are not subject to violation by a person.

Adopts or incorporates by reference without material change federal statutes or regulations, Washington state statutes, rules of other Washington state agencies, shoreline master programs other than those programs governing shorelines of statewide significance, or, as referenced by Washington state law, national consensus codes that generally establish industry standards, if the material adopted or incorporated regulates the same subject matter and conduct as the adopting or incorporating rule.

Corrects typographical errors, makes address or name changes, or clarifies language of a rule without changing its effect.

Explanation of the Reason the Agency Believes the Expedited Rule-Making Process is Appropriate: This expedited proposal is in accordance with RCW 34.05.353 (1)(a)-(c). The proposed amendments update department renewal procedures, incorporate changes to licensure requirements in accordance with ESSB 1551, remove repealed RCW and WAC, and correct typographical errors to department office names and references to renewal cycles.

NOTICE

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February 12, 2026
Kristin Peterson, JD
Chief of Policy
for Dennis E. Worsham
Secretary of Health

RDS-6851.4

AMENDATORY SECTION (Amending WSR 14-10-025, filed 4/28/14, effective 5/29/14)

WAC 246-12-010 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Business"((~~: A business is an adult family home provider owned by a corporation regulated under chapter 18.48 RCW;~~)) means a dental laboratory regulated under chapter 70.352 RCW, a pharmaceutical firm regulated under chapters 18.64, 18.64A, 69.38, 69.41, 69.43, 69.45, and 69.50 RCW((~~;~~)), or a nursing pool regulated under chapter 18.52C RCW((~~; or a health care assistant regulated under chapter 18.135 RCW~~)).

(2) "Credential"((~~: A credential is~~)) means a license, certification, or registration issued to a person to practice a regulated health care profession. Whether the credential is a license, certification or registration is determined by the law regulating the profession.

(3) "Declaration"((~~: A declaration is~~)) means a statement signed by the practitioner on a form provided by the department ((~~of health~~)) for verifying continuing education((~~, AIDS training,~~)) or other requirements. When required, declarations must be completed and signed to be effective verification to the department.

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

(5) "Disciplinary suspension"((~~:~~)) means the regulatory entity places the credential in disciplinary suspension status when there is a finding of unprofessional conduct. Refer to the Uniform Disciplinary Act (RCW 18.130.160).

((~~(5)~~)) (6) "Local organization for emergency services or management"((~~: Has the same meaning as that found~~)) means the same as in RCW 38.52.010.

((~~(6)~~)) (7) "Mandated suspension"((~~:~~)) means the department ((~~of health~~)) places the credential in mandated suspension status when a law requires suspension of a credential under certain circumstances. This suspension is nondiscretionary for the department ((~~of health~~)). Examples of mandated suspension are default on a student loan and failure to pay child support. The practitioner may not practice while on mandated suspension. The credential must be returned to active status before the practitioner may practice((~~. See Part 6 of this chapter~~)) as provided in WAC 246-12-160 and 246-12-165.

((~~(7)~~)) (8) "Practitioner"((~~: A practitioner is~~)) means an individual health care provider listed under the Uniform Disciplinary Act((~~,~~)) in RCW 18.130.040.

((~~(8)~~)) (9) "Regulatory ((~~entities": A "regulatory entity" is~~)) entity" means a board, commission, or the secretary of the department of health designated as the authority to regulate one or more professions or occupations in this state. Practitioner health care practice acts and the Uniform Disciplinary Act (UDA) designate whether it is a board, commission, or the secretary of the department of health which has the authority to adopt rules, discipline health care providers, and determine requirements for initial licensure and continuing education requirements.

The regulatory entity determines whether disciplinary action should be taken on a credential for unprofessional conduct. These actions may include revocation, suspension, practice limitations or conditions upon the practitioner.

((~~(9)~~)) (10) "Renewal"((~~: Every credential requires renewal. The renewal cycle is either one, two, or three years, depending on the profession~~)) means renewal of the practitioner's credential. To determine the renewal cycle, refer to the individual laws and rules pertaining to the credential.

((~~(10)~~)) (11) "Secretary"((~~: The secretary is~~)) means the secretary of the department of health or ((~~his or her~~)) their designee.

((~~(11)~~)) (12) "Status"((~~:~~)) means all credentials are subject to the Uniform Disciplinary Act (UDA) regardless of status. A credential status may be in any one of the following:

(a) ((~~Most credentials are in~~)) "Active" status((~~. These practitioners are~~)) means the practitioner is authorized to practice the profession((~~. These practitioners need to renew~~)) and renews the credential each renewal cycle((~~. See Part 2 of this chapter~~)) according to WAC 246-12-020 through 246-12-051.

(b) ((~~The department of health places the credential in~~)) "Expired" status ((~~if~~)) means the practitioner did not renew the credential ((~~is not renewed on time~~)) on or before the expiration date. While in expired status, the practitioner is not authorized to practice. ((~~Practice~~)) Practicing on an expired status is a violation of law and subject to disciplinary action. ((~~See Part 2 of this chapter~~)) To return to active status the practitioner complies with WAC 246-12-020 through 246-12-051.

(c) "Inactive" status means the practitioner is not practicing the profession. A practitioner may place the credential in ((~~"~~))inactive((~~"~~)) status if authorized by the regulatory entity. ((~~This means the practitioner is not practicing the profession. See Part 4 of this chapter~~)) as provided in WAC 246-12-090 through 246-12-110.

(d) "Inactive military-related" status means a practitioner is a spouse or registered domestic partner of a member of the United States Armed Forces or the United States Public Health Service Commissioned Corps and the service member is deployed or stationed in a location outside of Washington state. A practitioner may place the credential in ((~~"~~))inactive military-related((~~"~~)) status ((~~if he or she is a spouse or registered domestic partner of a member of the United States Armed Forces or the United States Public Health Service Commissioned Corps and the service member is deployed or stationed in a location outside of Washington state~~)) as provided in WAC 246-12-500 through 246-12-560.

(e) "Military" status means a practitioner is a member of the United States Armed Forces, the United States Public Health Service Commissioned Corps, or the Merchant Marine of the United States. A practitioner may place the credential in ((~~"~~))military((~~"~~)) status ((~~if he or she is a member of the United States Armed Forces, the United States Public Health Service Commissioned Corps, or the Merchant Marine of the United States~~)) as provided in WAC 246-12-500 through 246-12-560.

(f) "Retired active" status means the practitioner can practice only intermittently or in emergencies. A practitioner may place the credential in ((~~"~~))retired active((~~"~~)) status if authorized by the regulatory entity((~~. This means the practitioner can practice only intermittently or in emergencies. See Part 5 of this chapter~~)) as provided in WAC 246-12-120 through 246-12-140.

AMENDATORY SECTION (Amending WSR 98-05-060, filed 2/13/98, effective 3/16/98)

WAC 246-12-030 How to renew a credential. (1) The expiration date for all credentials is the practitioner's birthday, except for faculty or postgraduate education credentials authorized by law.

(2) ((~~A credential period may be one or two years.~~)) Every credential requires renewal. To determine the renewal cycle, refer to the individual laws and rules pertaining to ((~~your profession~~)) the credential.

(3) To renew a credential, the practitioner ((~~must~~)) shall:

(a) Pay the renewal fee;

(b) Pay the substance ((~~abuse~~)) use disorder monitoring surcharge, if required by the profession; and

(c) Provide written declarations or documentation, if required for the profession.

(4) Prior to the credential expiration date, courtesy renewal notices are ((~~mailed to the address~~)) sent by mail or email to the contact information on file. Practitioners should ((~~return the renewal notice when renewing their credential~~)) renew their credential online or return the renewal notice when renewing by mail. Failure to receive a courtesy renewal notice does not relieve or exempt the credential renewal requirement.

(5) Renewal fees are accepted by the department no sooner than ((~~ninety~~)) 90 days prior to the expiration date.

AMENDATORY SECTION (Amending WSR 03-19-136, filed 9/17/03, effective 10/18/03)

WAC 246-12-040 How to return to active status when a credential has expired. (1) The credential status is expired if the practitioner does not renew on or before the expiration date. The practitioner must not practice until the credential is returned to active status.

(2) Any renewal that is postmarked or presented to the department after midnight on the expiration date is late, and subject to a late renewal penalty fee. The late penalty fee will be waived if:

(a) The credential expires on a day the department is closed for business; and

(b) Payment is received at the department ((~~of health~~)), health ((~~professions~~)) systems quality assurance main office on the next business day.

(3) To return a credential ((~~is returned~~)) to active status ((~~by complying~~)) the practitioner must comply with the following:

(a) Expired for one renewal cycle or less:

(i) Pay the late renewal penalty fee;

(ii) Pay the current renewal fee;

(iii) Pay the current substance ((~~abuse~~)) use disorder monitoring surcharge, if required by the profession;

(iv) Provide written declarations or documentation, if required for the profession; and

(v) Comply with current continuing education or continuing competency requirements if required by the profession.

(b) Expired for more than one renewal cycle but less than three years:

(i) Complete an abbreviated application form;

(ii) Pay the late renewal penalty fee;

(iii) Pay the current renewal fee;

(iv) Pay the current substance ((~~abuse~~)) use disorder monitoring surcharge, if required by the profession;

(v) Pay the expired credential reissuance fee;

(vi) Provide a written declaration that no action has been taken by a state or federal jurisdiction or hospital which would prevent or restrict the practitioner's practice of the profession;

(vii) Provide a written declaration that ((~~he or she~~)) the practitioner has not voluntarily given up any credential or privilege or has not been restricted in the practice of the profession in lieu of or to avoid formal action;

(viii) Provide a written declaration that continuing education and competency requirements for the two most recent years have been met, if required for the profession to maintain an active credential; and

(ix) Provide other written declarations or documentation, if required for the profession.

(c) Expired for ((~~over~~)) three years or more:

(i) Complete an abbreviated application form;

(ii) Pay the late renewal penalty fee;

(iii) Pay the current renewal fee;

(iv) Pay the current substance ((~~abuse~~)) use disorder monitoring surcharge, if required by the profession;

(v) Pay the expired credential reissuance fee;

(vi) Satisfy other competency requirements of the regulatory entity, if required;

(vii) Provide a written declaration that no action has been taken by a state or federal jurisdiction or hospital which would prevent or restrict the practitioner's practice of the profession;

(viii) Provide a written declaration that ((~~he or she~~)) the practitioner has not voluntarily given up any credential or privilege or has not been restricted in the practice of the profession in lieu of or to avoid formal action;

(ix) Provide a written declaration that continuing education or competency requirements for the two most recent years have been met, if required for the profession to maintain an active credential; and

(x) Provide other written declarations or documentation, if required for the profession((~~; and~~

~~(xi) If not previously provided, provide proof of AIDS education as required for the profession and in Part 8 of this chapter~~)).

AMENDATORY SECTION (Amending WSR 13-09-061, filed 4/16/13, effective 5/17/13)

WAC 246-12-050 How to obtain a temporary practice permit—National background check. Fingerprint-based national background checks may cause a delay in licensing. Individuals who satisfy all other licensing requirements and qualifications may receive a temporary practice permit while the national background check is completed. This section applies to any profession listed in RCW 18.130.040 (2)(a) that does not currently issue a temporary practice permit under the profession's specific statute or rule, unless the profession prohibits temporary practice permits by statute or rule.

(1) A temporary practice permit may be issued to an applicant who:

(a) Holds an unrestricted, active license in another state that has substantially equivalent licensing standards for the same profession to those in Washington;

(b) Is not subject to denial of a license or issuance of a conditional or restricted license; and

(c) Does not have a criminal record in Washington.

(2) A temporary practice permit grants the individual the full scope of practice for the profession.

(3) A temporary practice permit will not be renewed, reissued, or extended. A temporary practice permit expires when any one of the following occurs:

(a) The license is granted;

(b) A notice of decision on the application is ((~~mailed~~)) sent by mail or email to the applicant, unless the notice of decision on the application specifically extends the duration of the temporary practice permit; or

(c) One hundred eighty days after the temporary practice permit is issued.

(4) To receive a temporary practice permit, the applicant must:

(a) Submit the necessary application, fee(s), and documentation for the license;

(b) Meet all requirements and qualifications for the license, except the results from a fingerprint-based national background check, if required;

(c) Provide verification of having an active unrestricted license in the same profession from another state that has substantially equivalent licensing standards for the profession in Washington; and

(d) Submit the fingerprint card and a written request for a temporary practice permit when the department notifies the applicant the national background check is required.

AMENDATORY SECTION (Amending WSR 24-17-109, filed 8/19/24, effective 9/19/24)

WAC 246-12-051 How to obtain a temporary practice permit—Military spouse. A military spouse or state registered domestic partner of a military person may receive a temporary practice permit while completing any specific additional requirements that are not related to training or practice standards for the profession. This section applies to any profession listed in RCW 18.130.040 (2)(a).

(1) A temporary practice permit may be issued to an applicant who is a military spouse or state registered domestic partner of a military person and:

(a) Is moving to Washington as a result of the military person's transfer to Washington;

(b) Holds an unrestricted, active license in another state that has substantially equivalent licensing standards for the same profession to those in Washington; and

(c) Is not subject to any pending investigation, charges, or disciplinary action by the regulatory body of the other state or states.

(2) A temporary practice permit grants the individual the full scope of practice for the profession.

(3) A temporary practice permit expires when any one of the following occurs:

(a) The license is granted;

(b) A notice of decision on the application is ((~~mailed~~)) sent by mail or email to the applicant, unless the notice of decision on the application specifically extends the duration of the temporary practice permit; or

(c) One hundred eighty days after the temporary practice permit is issued.

(4) To receive a temporary practice permit, the applicant must:

(a) Submit the necessary application, fee(s), fingerprint card if required, and documentation for the license;

(b) Meet all requirements and qualifications for the license that are specific to the training, education, and practice standards for the profession;

(c) Provide verification of having an active unrestricted license in the same profession from another state that has substantially equivalent licensing standards for the profession in Washington;

(d) Submit a copy of the military person's orders and a copy of:

(i) The military-issued identification card showing the military person's information and the applicant's relationship to the military person;

(ii) A marriage license; or

(iii) A state registered domestic partnership; and

(e) Submit a written request for a temporary practice permit.

(5) For the purposes of this section:

(a) "Military spouse" means ((~~the husband, wife, or~~)) any person married to or a registered domestic partner of a military person.

(b) "Military person" means a person serving in the United States armed forces, the United States public health service commissioned corps, or the merchant marine of the United States.

AMENDATORY SECTION (Amending WSR 14-10-025, filed 4/28/14, effective 5/29/14)

WAC 246-12-100 How to renew an inactive credential for nonmilitary practitioners. (1) The expiration for all credentials is the practitioner's birthday. Except as provided in ((~~Part 13 of this chapter~~)) WAC 246-12-500 through 246-12-560 for military and military-related status, to renew an inactive credential, the practitioner ((~~must~~)) shall:

(a) Pay the inactive credential renewal fee; and

(b) Pay the substance ((~~abuse~~)) use disorder monitoring surcharge, if required by the profession.

(2) To determine the renewal cycle, refer to the individual laws and rules pertaining to ((~~your~~)) the profession.

(3) Inactive credential renewal fees are accepted by the department no sooner than ((~~ninety~~)) 90 days prior to the expiration date.

(4) Prior to the inactive credential expiration date, courtesy renewal notices are ((~~mailed to the address~~)) sent by mail or email to the contact information on file. Practitioners should ((~~return the renewal notice when renewing their credential~~)) renew their credential online or return the renewal notice when renewing by mail. Failure to receive a courtesy renewal notice does not relieve or exempt the inactive credential renewal requirement.

AMENDATORY SECTION (Amending WSR 14-10-025, filed 4/28/14, effective 5/29/14)

WAC 246-12-110 How to return to active status from inactive status for nonmilitary practitioners. Except as provided in ((~~Part 13 of this chapter~~)) WAC 246-12-500 through 246-12-560 for military and military-related status, to change an inactive credential to an active credential status the practitioner ((~~must~~)) shall:

(1) Notify the department in writing of the change;

(2) Pay the appropriate current active renewal fee;

(3) Pay the current substance ((~~abuse~~)) use disorder monitoring surcharge, if required by the profession;

(4) Provide a written declaration that no action has been taken by a state or federal jurisdiction or hospital which would prevent or restrict the practitioner's practice of the profession;

(5) Provide a written declaration that ((~~he or she has~~)) they have not voluntarily given up any credential or privilege or ((~~has~~)) have not been restricted in the practice of the profession in lieu of or to avoid formal action;

(6) Provide a written declaration that continuing education and competency requirements for the two most recent years have been met, if required for the profession;

(7) Provide other written declarations or documentation, if required for the profession; and

(8) Satisfy other competency requirements of the regulatory entity((~~; if required; and~~

~~(9) If not previously provided, provide proof of AIDS education as required for the profession and in Part 8 of this chapter~~)).

AMENDATORY SECTION (Amending WSR 98-05-060, filed 2/13/98, effective 3/16/98)

WAC 246-12-130 How to renew a retired active credential. (1) The expiration for all credentials is the practitioner's birthday. To determine the renewal cycle, refer to the individual laws and rules pertaining to ((~~your profession~~)) the credential.

(2) To renew a retired active credential, the practitioner ((~~must~~)) shall:

(a) Pay the retired active credential renewal fee;

(b) Pay the substance ((~~abuse~~)) use disorder monitoring surcharge, if required by the profession;

(c) Provide a written declaration stating that ((~~he or she~~)) they practiced only intermittently or in an emergency during the previous renewal cycle;

(d) Provide a written declaration stating that continuing education or competency requirements have been met, if required for the profession; and

(e) Provide other written declarations or documentation, if required for the profession.

(3) Retired active credential renewal fees are accepted by the department no sooner than ((~~ninety~~)) 90 days prior to the expiration date.

(4) Prior to the retired active credential expiration date, courtesy renewal notices are ((~~mailed to the address~~)) sent by mail or email to the contact information on file. Practitioners should ((~~re-~~

~~turn the renewal notice when renewing their credential~~)) renew their credential online or return the renewal notice when renewing by mail. Failure to receive a courtesy renewal notice does not relieve or exempt the retired active credential renewal requirement.

AMENDATORY SECTION (Amending WSR 98-05-060, filed 2/13/98, effective 3/16/98)

WAC 246-12-140 How to return to active status from retired active status. To change a retired active credential to an active credential status the practitioner ((~~must~~)) shall:

(1) Notify the department in writing of the change;

(2) Pay the appropriate current active renewal fee;

(3) Pay the current substance ((~~abuse~~)) use disorder monitoring surcharge, if required by the profession.

(4) Provide a written declaration that no action has been taken by a state or federal jurisdiction or hospital which would prevent or restrict the practitioner's practice of the profession;

(5) Provide a written declaration that ((~~he or she has~~)) they have not voluntarily given up any credential or privilege or ((~~has~~)) have not been restricted in the practice of the profession in lieu of or to avoid formal action;

(6) Provide a written declaration that continuing education and competency requirements have been met, if required for the profession;

(7) Provide other written declarations or documentation, if required for the profession; and

(8) Satisfy other competency requirements of the regulatory entity, if required((~~; and~~

~~(9) If not previously provided, provide proof of AIDS education as required for the profession and in Part 8 of this chapter~~)).

AMENDATORY SECTION (Amending WSR 98-05-060, filed 2/13/98, effective 3/16/98)

WAC 246-12-160 How to return to active status following a mandated suspension. (1) The department ((~~of health~~)) places the credential in mandated suspension status when a law requires suspension of a credential under certain circumstances. This suspension is not discretionary for the department ((~~of health~~)). Examples of mandated suspension are default on a student loan and failure to pay child support. The practitioner may not practice while on mandated suspension. The credential must be returned to active status before the practitioner may practice.

(2) A credential is returned to active status ((~~by complying with the following~~)) when the practitioner has:

(a) ((~~Meet~~)) Met all the requirements outlined in the order mandating the suspension;

(b) ((~~Pay~~)) Paid the current renewal fee, if due;

(c) ((~~Pay~~)) Paid the substance ((~~abuse~~)) use disorder monitoring surcharge if required by the profession;

(d) ((~~Pay~~)) Paid a "return from mandated suspension fee" of ((~~two hundred forty-five~~)) $245 dollars. Standard renewal fees are not required during the period of the suspension;

(e) ((~~Provide~~)) Provided written declaration that all continuing education and competency requirements for the entire suspension period have been met, if required by the profession;

(f) ((~~Provide~~)) Provided other written declarations or documentation, if required for the profession; and

(g) If the mandated suspension was for more than three years ((~~the practitioner must~~)) has also ((~~comply~~)) complied with any specific requirements identified in rule by that profession's regulatory entity.

AMENDATORY SECTION (Amending WSR 98-05-060, filed 2/13/98, effective 3/16/98)

WAC 246-12-165 How to return to active status following a disciplinary suspension. (1) The regulatory entity may place a credential on disciplinary suspension when there is a finding of unprofessional conduct. The practitioner may not practice while on suspension unless the suspension is stayed. The credential must be returned to active status before the practitioner may practice.

(2) A credential is returned to active status ((~~by complying with the following~~)) when the practitioner has:

(a) ((~~Meet~~)) Met all the requirements outlined in the disciplinary order;

(b) ((~~Pay~~)) Paid the current renewal fee, if due. Standard renewal fees are not required during the period of the suspension unless the suspension is stayed;

(c) ((~~Pay~~)) Paid the substance ((~~abuse~~)) use disorder monitoring surcharge if required by the profession;

(d) ((~~Provide~~)) Provided written declaration that all continuing education and competency requirements for the entire suspension period have been met, if required by the profession; and

(e) ((~~Provide~~)) Provided other written declarations or documentation, if required for the profession.

AMENDATORY SECTION (Amending WSR 98-05-060, filed 2/13/98, effective 3/16/98)

WAC 246-12-300 Name changes. It is the responsibility of each practitioner to maintain ((~~his or her~~)) their correct name on file with the department. ((~~Requests~~)) The practitioner shall submit in writing to the department a request for a name change((~~s must be submitted in writing~~)) along with acceptable documentation. Acceptable documentation includes a copy of a marriage certificate, divorce decree or court order of legal name change.

AMENDATORY SECTION (Amending WSR 98-05-060, filed 2/13/98, effective 3/16/98)

WAC 246-12-310 Address changes. (1) It is the responsibility of each practitioner to maintain ((~~his or her~~)) a current address on file with the department. ((~~Requests for address changes may be made either~~

~~by telephone or in writing. The mailing address on file with the department will be used~~)) The department will use the current address on record for mailing ((~~of all~~)) official ((~~matters~~)) documents to the practitioner.

(2) A practitioner may also provide an email address that the department may use as another means of contact. It is the responsibility of the practitioner to maintain a current email address once they have provided one.

AMENDATORY SECTION (Amending WSR 98-05-060, filed 2/13/98, effective 3/16/98)

WAC 246-12-320 ((~~Other information~~)) Current address. ((~~Refer to~~)) The department adopts the current address rules in WAC ((~~246-01-100 and~~)) 246-11-060 for ((~~more information on~~)) maintaining a current address with the department.

AMENDATORY SECTION (Amending WSR 98-05-060, filed 2/13/98, effective 3/16/98)

WAC 246-12-350 Making payments. (1) The department accepts credit cards, debit cards, checks including electronic checks (automated clearing house (ACH)), cash, Washington state agency vouchers, and money orders. Make checks ((~~or~~)), money orders, or Washington state agency vouchers payable to the department of health.

(2) Practitioners ((~~should~~)) shall include their credential number on the ((~~check, draft or money order~~)) form of payment.

(3) Applicants ((~~should~~)) shall include the profession for which they are applying on the ((~~check, draft or money order~~)) form of payment.

(4) ((~~Send check, draft or money order~~)) An individual shall remit payment to the department by:

(a) Mailing payments. To send payment by mail, an individual shall address the envelope to:

Department of Health
P.O. Box 1099
Olympia, Washington 98507-1099

(b) In-person payments. To pay in person, an individual shall proceed to the designated payment location at the department of health building where all forms of payments listed in subsection (1) of this section are accepted.

(c) Online payment. Select services may be available to be paid online through the department's website. When online payment is available, the department may accept credit card, debit card, and ACH.

AMENDATORY SECTION (Amending WSR 07-21-133, filed 10/23/07, effective 12/1/07)

WAC 246-12-430 How to renew your retired volunteer medical worker license. (1) To renew a retired volunteer medical worker license, ((~~you must~~)) the licensee shall:

(a) Submit a written declaration stating ((~~you~~)) they have met the continuing competency requirements defined in WAC 246-12-440; and

(b) Submit proof of current registration as a volunteer with a local organization for emergency services or management.

(2) There is no renewal fee.

(3) A retired volunteer medical worker licensee shall renew their license ((~~must be renewed~~)) every three years.

(4) Prior to the expiration date, courtesy renewal notices are ((~~mailed to the address~~)) sent by mail or email to the contact information on file. ((~~Practitioners should return the renewal notice when renewing their license~~)) The licensee shall renew their license online or return the renewal notice when renewing by mail. Failure to receive a courtesy renewal notice does not relieve or exempt the retired volunteer medical worker license renewal requirement.

AMENDATORY SECTION (Amending WSR 14-10-025, filed 4/28/14, effective 5/29/14)

WAC 246-12-500 Who can obtain a military status or military-related status credential. (1) A practitioner who is a member of the United States Armed Forces, the United States Public Health Service Commissioned Corps, or the Merchant Marine of the United States may obtain a military status credential if ((~~his or her~~)) their credential is valid and in force and effect.

(2) A practitioner who is the spouse or registered domestic partner of member of the United States Armed Forces or the United States Public Health Service Commissioned Corps who is deployed or stationed in a location outside of Washington state may request that ((~~his or her~~)) their credential be placed in inactive military-related status if the credential is valid and in force and effect.

(3) A credential is valid and in force and effect if it is active and in good standing. "In good standing" means the credential is not currently subject to any sanction, terms, conditions or restrictions required by formal or informal discipline or an agreement to practice with conditions under chapter 18.130 RCW, the Uniform Disciplinary Act.

AMENDATORY SECTION (Amending WSR 14-10-025, filed 4/28/14, effective 5/29/14)

WAC 246-12-520 How to maintain a military status credential. (1) The expiration date for all credentials is the practitioner's birthday, except for faculty, postgraduate education, associate, or trainee credentials authorized by law.

(2) As long as a practitioner's military service continues, the practitioner is not required to renew ((~~his or her~~)) their credential, but should maintain the credential in military status. To maintain a

military status credential, the practitioner ((~~should~~)) shall submit to the department an official copy of service orders verifying that ((~~he or she is~~)) they are an active duty member of the United States Armed Forces, the United States Public Health Services Commissioned Corps, or the Merchant Marine of the United States.

(3) The department will mail or email courtesy maintenance notices to the practitioner's address on file using credential renewal cycles.

(4) A practitioner ((~~should~~)) shall return the courtesy maintenance notice to the department with an official copy of their service orders.

(5) Military status credential maintenance requests are accepted by the department no sooner than ((~~ninety~~)) 90 days prior to the date the credential would expire if not in military status.

(6) Continuing education is not required while the credential is in military status.

AMENDATORY SECTION (Amending WSR 14-10-025, filed 4/28/14, effective 5/29/14)

WAC 246-12-540 How to obtain an inactive military-related status credential. A person is military related if ((~~he or she is~~)) they are the spouse or registered domestic partner of a service member in the United States Armed Forces or United States Public Health Services Commissioned Corps.

(1) To obtain an inactive military-related status credential the practitioner ((~~must~~)) shall:

(a) Submit a written request that the department place ((~~his or her~~)) their credential in inactive military-related status;

(b) Hold an active Washington state credential that is valid and in force and effect;

(c) Submit to the department an official copy of service orders verifying that ((~~his or her~~)) their spouse or registered domestic partner is a member of the service described in WAC 246-12-500(2) and has been deployed or stationed in a location outside of Washington state;

(d) Submit a copy of ((~~his or her~~)) their marriage certificate or certificate of registered domestic partnership.

(2) There is no fee due for placing a credential in inactive military-related status. Portions of the current renewal fee will not be prorated or refunded.

(3) The practitioner may not practice in the state of Washington when ((~~his or her~~)) their credential is in inactive military-related status.

AMENDATORY SECTION (Amending WSR 14-10-025, filed 4/28/14, effective 5/29/14)

WAC 246-12-550 How to maintain an inactive military-related status credential. The expiration date for all credentials is the practitioner's birthday, except for faculty, postgraduate education, associate, or trainee credentials authorized by law.

(1) The practitioner may maintain a credential in inactive military-related status for as long as ((~~his or her~~)) their spouse or registered domestic partner continues to be stationed or deployed in a location outside of the state of Washington and ((~~he or she remains~~)) they remain married to or in a registered domestic partnership with that person.

(2) To maintain an inactive military-related status credential, the practitioner ((~~should~~)) shall submit to the department an official copy of service orders verifying that ((~~his or her~~)) their spouse or registered domestic partner continues to be deployed or stationed in a location outside of Washington state.

(3) The department will mail or email courtesy maintenance notices to the practitioner's address on file using credential renewal cycles.

(4) Inactive military-related status credential maintenance requests are accepted by the department no sooner than ((~~ninety~~)) 90 days prior to the date the credential would expire if not in inactive military-related status.

(5) Continuing education is not required while the credential is in an inactive military-related status.

AMENDATORY SECTION (Amending WSR 25-08-093, filed 4/2/25, effective 5/3/25)

WAC 246-12-560 How to return to active status from inactive military-related status. (1) A practitioner in inactive military-related status can return their credential to active status at any time.

(2) To ((~~change a credential from an inactive military-related status~~)) return to active status the practitioner must:

(a) Pay the appropriate current active renewal fee;

(b) Pay the current substance ((~~abuse~~)) use disorder monitoring surcharge, if required by the profession as part of renewal;

(c) Submit documentation of the service member's current service or discharge status.

(3) If the practitioner requests a change to active status after their spouse or registered domestic partner is discharged, they ((~~must~~)) shall submit an official copy of the discharge papers (DD214) showing that their spouse or registered domestic partner has received a qualifying discharge within the previous six months.

(4) The credential must be changed from inactive military-related status to active status within six months of the military personnel's qualifying discharge by meeting the requirements of subsections (2) and (3) of this section.

(5) A practitioner who does not comply with subsection (3) of this section will be subject to late fees as required by WAC 246-12-040.

(6) After returning a credential to active status, applicable continuing education requirements will apply during the following renewal.

AMENDATORY SECTION (Amending WSR 16-14-048, filed 6/29/16, effective 6/30/16)

WAC 246-12-630 Training content. Minimum standards for suicide prevention training content for health care professionals:

(1) Training content must be based on current empirical research and known best practices.

(2) Training must reflect sensitivity and relevance to the cultures and backgrounds of the relevant client or patient populations.

(3) Content for six-hour trainings must include the following. These are minimum time requirements for each of these content areas. Additional time or content must be added to total at least six hours.

(a) A minimum of ((~~ninety~~)) 90 minutes on suicide assessment. Content must include:

(i) How to structure an interview to gather information from a client or patient on suicide risk and protective factors and warning signs, including substance ((~~abuse~~)) use disorder;

(ii) How to use the information referenced in (a)(i) of this subsection to understand the risk of suicide;

(iii) Appropriate actions and referrals for various levels of risk; and

(iv) How to appropriately document suicide risk assessment.

(b) A minimum of ((~~sixty~~)) 60 minutes on treatment and management of suicide risk. Content must include:

(i) Available evidence-based treatments for patients and clients at risk of suicide, including counseling and medical interventions such as psychiatric medication and substance ((~~abuse~~)) use disorder care;

(ii) Strategies for safety planning and monitoring use of the safety plan;

(iii) Engagement of supportive third parties in maintaining patient or client safety;

(iv) Reducing access to lethal means for clients or patients in crisis; and

(v) Continuity of care through care transitions such as discharge and referral.

(c) A minimum of ((~~thirty~~)) 30 minutes on veteran populations.

(i) Content must include population-specific data, risk and protective factors, and intervention strategies.

(ii) Training providers shall use the module developed by the department of veterans affairs or a resource with comparable content.

(d) A minimum of ((~~thirty~~)) 30 minutes on risk of imminent harm through self-injurious behaviors or lethal means.

(i) Content on self-injurious behaviors must include how to recognize nonsuicidal self-injury and other self-injurious behaviors and assess the intent of self-injury through suicide risk assessment.

(ii) Content on lethal means must include:

(A) Objects, substances and actions commonly used in suicide attempts and impulsivity and lethality of means;

(B) Communication strategies for talking with patients and their support people about lethal means; and

(C) How screening for and restricting access to lethal means effectively prevents suicide.

(4) Content for three-hour trainings must include the following. These are minimum time requirements for each of these topics. Additional time or content must be added to total three hours.

(a) A minimum of ((~~seventy~~)) 70 minutes on screening for suicide risk. Content must include:

(i) When and how to screen a client or patient for acute and chronic suicide risk and protective factors against suicide;

(ii) Appropriate screening tools, tailored for specific ages and populations if applicable; and

(iii) Strategies for screening and appropriate use of information gained through screening.

(b) A minimum of ((~~thirty~~)) 30 minutes on referral. Content shall include:

(i) How to identify and select an appropriate resource;

(ii) Best practices for connecting a client or patient to a referral; and

(iii) Continuity of care when making referrals.

(c) Three-hour trainings for pharmacists must include content related to the assessment of issues related to imminent harm by lethal means.

WSR 26-05-078
EXPEDITED RULES
DEPARTMENT OF HEALTH
(Pharmacy Quality Assurance Commission)
[Filed February 17, 2026, 4:20 p.m.]

Title of Rule and Other Identifying Information: Incorporation by reference of federal statutes or regulations and national consensus codes in pharmacy rules. The pharmacy quality assurance commission (commission) is proposing amendments to update references to regulations from other entities that have been incorporated into chapter 246-945 WAC that do not change the effect of the rule.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: The commission is proposing housekeeping changes to update cross references to federal regulations in the following rules:

- WAC 246-945-010 to incorporate the updated Title 21 C.F.R. Parts 1300 through 1399;
- WAC 246-945-030 to incorporate the updated United States Food and Drug Administration (FDA) "Orange Book," "Green Book," and "Purple Book";
- WAC 246-945-032 to incorporate the updated 16 C.F.R. § 1700.14;
- WAC 246-945-040 to incorporate the updated 21 C.F.R. § 1301.12;
- WAC 246-945-550 to incorporate the updated 21 C.F.R. Parts 210 and 211;
- WAC 246-945-565 to incorporate the updated United States Pharmacopeia - National Formulary; and
- WAC 246-945-600 to incorporate the updated 21 C.F.R. Parts 207, 210, and 211, Subpart K.

Reasons Supporting Proposal: The current rules, WAC 246-945-010, 246-945-030, 246-945-032, 246-945-040, 246-945-550, 246-945-565, and 246-945-600, do not reflect changes made to the federal laws and national standards incorporated by reference at their dates of incorporation. The proposed rule amendments reference these new federal requirements. The commission is ensuring that substances (drugs) are classified in the same manner as federal law.

Statutory Authority for Adoption: RCW 18.64.005, 69.41.075, and 69.50.201.

Statute Being Implemented: RCW 18.64.005.

Rule is necessary because of federal law, FDA (December 4, 2025). C.F.R. Title 21. https://www.ecfr.gov/current/title-21/chapter-II/part-1306?toc=1.

FDA (December 4, 2025). Approved Drug Products with Therapeutic Equivalence Evaluations "Orange Book." https://www.fda.gov/drugs/drug-approvals-and-databases/approved-drug-products-therapeutic-equivalence-evaluations-orange-book.

FDA (December 4, 2025). Approved Animal Drug Products "Green Book." https://www.fda.gov/animal-veterinary/products/approved-animal-drug-products-green-book.

FDA (December 4, 2025). 2024 List of Licensed Biological Products with Reference Product Exclusivity and Biosimilarity or Interchangeability Evaluations "Purple Book." https://www.fda.gov/drugs/therapeutic-biologics-applications-bla/purple-book-lists-licensed-biological-products-reference-product-exclusivity-and-biosimilarity-or.

Name of Proponent: Pharmacy quality assurance commission, governmental.

Name of Agency Personnel Responsible for Drafting and Implementation: Haleigh Mauldin, 111 Israel Road S.E., Tumwater, WA 98501, 360-890-0720; Enforcement: Marlee O'Neill, 111 Israel Road S.E., Tumwater, WA 98501, 360-480-4946.

This notice meets the following criteria to use the expedited adoption process for these rules:

Adopts or incorporates by reference without material change federal statutes or regulations, Washington state statutes, rules of other Washington state agencies, shoreline master programs other than those programs governing shorelines of statewide significance, or, as referenced by Washington state law, national consensus codes that generally establish industry standards, if the material adopted or incorporated regulates the same subject matter and conduct as the adopting or incorporating rule.

Explanation of the Reason the Agency Believes the Expedited Rule-Making Process is Appropriate: The proposed amendments incorporate by reference federal statutes and regulations without material change in WAC 246-945-010, 246-945-030, 246-945-032, 246-945-040, 246-945-550, 246-945-565, and 246-945-600.

NOTICE

THIS RULE IS BEING PROPOSED UNDER AN EXPEDITED RULE-MAKING PROCESS THAT WILL ELIMINATE THE NEED FOR THE AGENCY TO HOLD PUBLIC HEARINGS, PREPARE A SMALL BUSINESS ECONOMIC IMPACT STATEMENT, OR PROVIDE RESPONSES TO THE CRITERIA FOR A SIGNIFICANT LEGISLATIVE RULE. IF YOU OBJECT TO THIS USE OF THE EXPEDITED RULE-MAKING PROCESS, YOU MUST EXPRESS YOUR OBJECTIONS IN WRITING AND THEY MUST BE SENT TO Haleigh Mauldin, Department of Health, Pharmacy Quality Assurance Commission, P.O. Box 47852, Olympia, WA 98504-7852, phone 360-890-0720, fax 360-236-2901, email PharmacyRules@doh.wa.gov, web https://fortress.wa.gov/doh/policyreview, BEGINNING at the time and date of filing, AND RECEIVED BY April 20, 2026, 11:59 p.m.

February 17, 2026
Hawkins DeFrance, PharmD, Chair
Pharmacy Quality Assurance Commission

RDS-6886.2

AMENDATORY SECTION (Amending WSR 24-21-069, filed 10/11/24, effective 11/11/24)

WAC 246-945-010 Prescription and chart order—Minimum requirements. (1) For the purposes of this section, prescription does not include chart orders as defined in RCW 18.64.011(3).

(2) For the purposes of WAC 246-945-010 through 246-945-013, prescription includes written and electronic prescriptions.

(3) A prescription for a noncontrolled legend drug must include, but is not limited to, the following:

(a) Prescriber's name;

(b) Name of patient, authorized entity, or animal name and species;

(c) Date of issuance;

(d) Drug name, strength, and quantity;

(e) Directions for use;

(f) Number of refills (if any);

(g) Instruction on whether or not a therapeutically equivalent generic drug or interchangeable biological product may be substituted, unless substitution is permitted under a prior-consent authorization;

(h) Prescriber's manual or electronic signature, or prescriber's authorized agent signature if allowed by law; and

(i) If the prescription is written, it must be written on tamper-resistant prescription pad or paper approved by the commission pursuant to RCW 18.64.500;

(4) A prescription for a controlled substance must include all the information listed in subsection (3) of this section and the following:

(a) Patient's address;

(b) Dosage form;

(c) Prescriber's address;

(d) Prescriber's DEA registration number; and

(e) Any other requirements listed in 21 C.F.R. Secs. 1300 through 1399 in effect as of ((~~March 7, 2024~~)) January 1, 2026.

(5) A chart order must meet the requirements of RCW 18.64.550 and any other applicable requirements listed in 21 C.F.R. Secs. 1300 through 1399 in effect as of ((~~March 7, 2024~~)) January 1, 2026.

(6) A controlled substance listed in Schedule II can only be dispensed pursuant to a valid prescription in accordance with WAC 246-945-011 unless there is an "emergency."

(a) For the purposes of this subsection, an "emergency" exists when the immediate administration of the drug is necessary for proper treatment and no alternative treatment is available, and further, it is not possible for the practitioner to provide a written or electronic prescription for the drug at that time.

(b) If a Schedule II drug is dispensed in an emergency, the practitioner shall deliver a signed prescription to the dispenser within seven days after authorizing an emergency oral prescription or if delivered by mail it must be postmarked within the seven day period, and further the pharmacist shall note on the prescription that it was filled on an emergency basis.

(7) A controlled substance listed in Schedule III, IV, or V, can only be dispensed pursuant to a valid prescription in accordance with WAC 246-945-011, or an oral prescription. An oral prescription for a controlled substance listed in Schedule III, IV, or V must be promptly reduced to a written or electronic prescription that complies with WAC 246-945-011.

(8) A noncontrolled legend drug can only be dispensed pursuant to a valid prescription in accordance with WAC 246-945-011, or an oral prescription. An oral prescription for a noncontrolled legend drug must be promptly reduced to a written or electronic prescription that complies with WAC 246-945-011.

(9) Copies of the reference material listed in this section are available for public inspection at the commission's office at Department of Health, Town Center 2, 111 Israel Road S.E., Tumwater, WA 98501.

AMENDATORY SECTION (Amending WSR 24-21-069, filed 10/11/24, effective 11/11/24)

WAC 246-945-030 Identification of legend drugs for purposes of chapter 69.41 RCW. (1) Those drugs determined by the FDA to require a prescription under federal law should be classified as legend drugs under state law because their toxicity, potential for harmful effect, methods of use, or collateral measures necessary to their use indicate they are only safe for use under the supervision of a practitioner.

(2) The commission finds that under state law, legend drugs are those drugs designated as legend drugs under federal law, as of the date of adoption of this rule, and listed in at least one of the following publications in effect as of ((~~March 7, 2024~~)) January 1, 2026, unless the drug is identified as an over-the-counter drug by the commission in WAC 246-945-034:

(a) The ((~~44th~~)) 45th Edition, including supplements, of the *Approved Drug Products with Therapeutic Equivalence Evaluations "Orange Book"* (available at https://www.fda.gov/drugs/drug-approvals-and-databases/approved-drug-products-therapeutic-equivalence-evaluations-orange-book).

(b) The ((~~2024~~)) 2025 version, including monthly updates, of the *Approved Animal Drug Products "Green Book"* (available at https://www.fda.gov/animal-veterinary/products/approved-animal-drug-products-green-book).

(c) The ((~~2024~~)) 2025 Purple Book: Database of FDA-Licensed Biological Products (available at https://www.fda.gov/drugs/therapeutic-biologics-applications-bla/purple-book-lists-licensed-biological-products-reference-product-exclusivity-and-biosimilarity-or).

(3) Copies of the reference material listed in subsection (2) of this section are available for public inspection at the commission's office at Department of Health, Town Center 2, 111 Israel Road S.E., Tumwater, WA 98501.

(4) The commission also identifies those ephedrine products specified in WAC 246-945-031 as legend drugs under state law.

(5) There may be changes in the marketing status of drugs after the publication of the above references. Upon application of a manufacturer or distributor, the commission may grant authority for the over-the-counter distribution of certain drugs designated as legend drugs in these references. These determinations will be made after public hearing and will be published as an amendment to this chapter.

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

WAC 246-945-032 Child-resistant containers. (1) All legend drugs shall be dispensed in a child-resistant container as required by federal law or regulation, including 16 C.F.R., Part 1700 in effect as of January 1, 2026, unless:

(a) Authorization is received from the prescriber to dispense in a container that is not child-resistant.

(b) Authorization is obtained from the patient or a representative of the patient to dispense in a container that is not child-resistant.

(2) No pharmacist or pharmacy employee may designate themselves as the patient's agent.

AMENDATORY SECTION (Amending WSR 24-01-102, filed 12/18/23, effective 1/18/24)

WAC 246-945-040 Uniform Controlled Substance Act. (1) The commission adopts and incorporates Title 21 of the Code of Federal Regulations in effect as of ((~~March 2, 2023~~)) January 1, 2026, by reference. The following sections of 21 C.F.R. do not apply: Sec. 6.1 - 6.5, Sec. 58.1 - 58.15, Sec. 83 - 98, Sec. 100 - 199, Sec. 225 - 226, Sec. 291, Sec. 370 - 499, Sec. 501.1 - 501.110, Sec. 502.5 - 502.19, Sec. 505, Sec. 507.1 - 507.215, Sec. 508, Sec. 509.3 - 509.30, Sec. 536, 539, 540, 544, 546, 548, 555, and 564, Sec. 556.1 - 556.770, Sec. 558.3 - 558.665, Sec. 570, 571, and 573, Sec. 579.12 - 579.40, Sec. 584, Sec. 589, Sec. 590 - 599, Sec. 601 - 607, Sec. 620, Sec. 630.1 - 630.40, Sec. 640.1 - 640.130, Sec. 650, Sec. 700 - 799, Sec. 804 - 805, Sec. 813, Sec. 897, Sec. 900, Sec. 1000 - 1050, Sec. 1100 - 1150, Sec. 1210.1 - 1210.31, Sec. 1220, Sec. 1240.3 - 1240.95, Sec. 1250.3 - 1250.96, Sec. 1251 - 1269, Sec. 1270.1 - 1270.43, Sec. 1271.1 - 1271.440, Sec. 1272 - 1299, Sec. 1301.13, Sec. 1301.28, Sec. 1301.33, Sec. 1301.35 - 1301.46, Sec. 1308.41 - 1308.45, Sec. 1316.31 - 1316.67, and Sec. 1400 through 1499. Any inconsistencies between the material incorporated by reference in this subsection and the remainder of this chapter should be resolved in favor of this chapter. Nothing in this chapter applies to the production, processing, distribution, or possession of marijuana as authorized and regulated by the Washington state liquor and cannabis board.

(2) Copies of the reference material listed in subsection (1) of this section are available for public inspection at the commission's office at Department of Health, Town Center 2, 111 Israel Road S.E., Tumwater, WA 98501. Requestors may also access copies at https://www.ecfr.gov/current/title-21.

(3) Registration. A separate registration is required for each place of business, as defined in 21 C.F.R. Sec. 1301.12, where controlled substances are manufactured, distributed, or dispensed. Application for registration must be made on forms supplied by the commission, and all requested information must be supplied unless the information is not applicable, which must be indicated by the applicant. An applicant for registration must hold the appropriate license provided for in chapter 18.64 RCW.

(4) Recordkeeping and inventory. Every registrant shall keep and maintain inventory records required by 21 C.F.R. Sec. 1304.04. Registrants are also required to keep a record of receipt and distribution of controlled substances. Records shall include:

(a) Invoices, orders, receipts, or any other document regardless of how titled, establishing the date, supplier, and quantity of drug received, and the name of the drug;

(b) Distribution records, including invoices, or any other document regardless of how titled from wholesalers, manufacturers, or any other entity to which the substances were distributed and prescriptions records for dispensers;

(c) In the event of a significant loss or theft, two copies of DEA 106 (report of theft or loss of controlled substances) must be transmitted to the federal authorities and a copy must be sent to the commission;

(d) For transfers of controlled substances from one dispenser to another, a record of the transfer must be made at the time of transfer indicating the drug, quantity, date of transfer, who it was transferred to, and from whom. Records must be retained by both the transferee

and the transferor. These transfers can only be made in emergencies pursuant to 21 C.F.R. Sec. 1307.11.

(5) Credential holders and pharmaceutical firms shall maintain records for Schedule II drugs separately from all other records.

(6) Credential holders and pharmaceutical firms may maintain records for Schedule III, IV, and V drugs either separately or in a form that is readily retrievable from the business records of the registrant.

(7) A federal order form is required for each distribution of a Schedule I or II controlled substance. Credential holders and pharmaceutical firms must keep and make readily available these forms and other records to the commission or its designee.

AMENDATORY SECTION (Amending WSR 24-21-069, filed 10/11/24, effective 11/11/24)

WAC 246-945-550 Manufacturers—Minimum standards. (1) Manufacturers shall comply with the applicable requirements in 21 C.F.R., Sec. 210, "Current Good Manufacturing Practice in Manufacturing, Processing, Packing, or Holding of Drugs"; and 21 C.F.R., Sec. 211, "Current Good Manufacturing Practice for Finished Pharmaceuticals; General" in effect as of ((~~March 7, 2024~~)) January 1, 2026.

(2) Manufacturers required to register with the FDA as an outsourcing facility as defined in 21 U.S.C. Sec. 353b (d)(4)(A) in effect as of ((~~March 7, 2024~~)) January 1, 2026, shall also comply with FDA guidance document.

(3) Virtual manufacturers shall ensure its own drugs are manufactured in compliance with this section.

(4) Copies of the reference material listed in this section are available for public inspection at the commission's office at Department of Health, Town Center 2, 111 Israel Road S.E., Tumwater, WA 98501.

AMENDATORY SECTION (Amending WSR 24-21-069, filed 10/11/24, effective 11/11/24)

WAC 246-945-565 Wholesaler—Drug storage. (1) Drugs must be stored at temperatures and under conditions required by the labeling of the drugs, if any, or by the requirements of the 43rd edition of USP and 38th edition of the National Formulary (USP/NF) in effect as of ((~~March 7, 2024~~)) January 1, 2026, to preserve product identity, strength, quality, and purity. The USP/NF is available for public inspection at the commission's office at Department of Health, Town Center 2, 111 Israel Road S.E., Tumwater, WA 98501. Requestors may also contact USP directly to obtain copies.

(2) If no storage requirements are established for a drug, the drug may be held at "controlled" room temperature, as defined in an official compendium, to help ensure that its identity, strength, quality, and purity are not adversely affected.

(3) Temperature and humidity recording equipment, devices, logs, or a combination thereof shall be used to document proper storage of drugs.

(4) Controlled substance drugs should be isolated from noncontrolled substance drugs and stored in a secured area.

(5) Drugs that are outdated, damaged, deteriorated, misbranded, or adulterated must be physically separated from other drugs in a designated quarantine area until destroyed or returned to the original manufacturer or third party returns processor.

(6) Used drugs and those whose immediate or sealed outer or sealed secondary containers have been opened are adulterated and must be quarantined.

(7) Drugs must be quarantined under any condition that causes doubt as to a drug's safety, identity, strength, quality, or purity unless under examination, testing, or other investigation the drug is proven to meet required standards.

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

WAC 246-945-600 Salvaging and reprocessing. Wholesalers shall be subject to the provisions of any applicable federal, state, or local laws or rules that relate to prescription drug salvaging or reprocessing, including Chapter 21, Parts 207, 210, and 211k of the Code of Federal Regulations in effect as of January 1, 2026.

WSR 26-05-086
EXPEDITED RULES
DEPARTMENT OF HEALTH
(Board of Nursing)
[Filed February 18, 2026, 10:58 a.m.]

Title of Rule and Other Identifying Information: Washington health professional services (WHPS) program name change. The Washington state board of nursing (board) is proposing technical amendments to WAC 246-840-750 through 246-840-790 to remove outdated references to WHPS and replace them with the neutral term for the board's "approved substance use disorder monitoring program."

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: The purpose of this expedited rule making is to update WAC 246-840-750 through 246-840-790 by removing outdated references to WHPS following the board's September 12, 2025, decision to rename the program for better visibility and transparency to compassion, accountability, recovery, empowerment, and safety (CARES). This decision was part of a rebranding effort by the board.

The proposed amendments add the "approved substance use disorder monitoring program" or "approved monitoring program" to definitions and removes the WHPS definition, updating all references of WHPS to the new definition.

The proposal makes technical, nonsubstantive edits to update program references without altering the meaning, requirements, or effect of the rules.

Reasons Supporting Proposal: These amendments are needed to ensure consistency and accuracy in rule language and to prevent confusion among applicants, licensees, and employers during the transition from WHPS to CARES. The changes qualify for expedited rule making under RCW 34.05.353 (1)(c) as name changes and clarifying edits that do not change the effect of the rules.

Statutory Authority for Adoption: RCW 18.79.010, 18.79.110, and 18.130.175.

Statute Being Implemented: RCW 18.79.110.

Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: Washington state board of nursing, governmental.

Name of Agency Personnel Responsible for Drafting: Jessilyn Dagum, 111 Israel Road S.E., Tumwater, WA 98501, 360-236-3538; Implementation and Enforcement: Catherine Woodard, 111 Israel Road S.E., Tumwater, WA 98501, 360-236-4757.

This notice meets the following criteria to use the expedited adoption process for these rules:

Corrects typographical errors, makes address or name changes, or clarifies language of a rule without changing its effect.

Explanation of the Reason the Agency Believes the Expedited Rule-Making Process is Appropriate: The amendments correct outdated program name references and clarify rule language without modifying requirements or changing the effect of the rules. The changes are limited to technical name updates and are appropriate for the expedited process to implement RCW 34.05.353 (1)(c).

NOTICE

THIS RULE IS BEING PROPOSED UNDER AN EXPEDITED RULE-MAKING PROCESS THAT WILL ELIMINATE THE NEED FOR THE AGENCY TO HOLD PUBLIC HEAR-

INGS, PREPARE A SMALL BUSINESS ECONOMIC IMPACT STATEMENT, OR PROVIDE RESPONSES TO THE CRITERIA FOR A SIGNIFICANT LEGISLATIVE RULE. IF YOU OBJECT TO THIS USE OF THE EXPEDITED RULE-MAKING PROCESS, YOU MUST EXPRESS YOUR OBJECTIONS IN WRITING AND THEY MUST BE SENT TO Jessilyn Dagum, Department of Health, Washington State Board of Nursing, P.O. Box 47864, Olympia, WA 98504-7864, phone 360-236-3538, fax 360-236-4738, email WABONRules@doh.wa.gov, BEGINNING the date and time of this filing, AND RECEIVED BY April 20, 2026, at 11:59 p.m.

February 18, 2026
Alison Bradywood DNP, MN/MPH, RN, NEA-BC
Executive Director
Washington State Board of Nursing

RDS-6850.5

AMENDATORY SECTION (Amending WSR 24-12-066, filed 6/3/24, effective 7/1/24)

WAC 246-840-750 Philosophy governing the voluntary approved substance use disorder monitoring program((s)). The Washington state board of nursing (board) recognizes the need to establish a means of providing early recognition and treatment options for licensed practical nurses or registered nurses whose competency may be impaired due to the use of drugs or alcohol. The board intends that such nurses be treated, and their treatment monitored so that they can return to or continue to practice their profession in a manner, that safeguards the public. ((~~The Washington health professional services (WHPS) program is the board's approved substance use monitoring program under RCW 18.130.175.~~)) The board may refer licensed practical nurses or registered nurses to ((~~WHPS~~)) the board's approved substance use disorder monitoring program under RCW 18.130.175 as either an alternative to or in connection with disciplinary actions ((~~under RCW 18.130.160~~)).

AMENDATORY SECTION (Amending WSR 24-12-066, filed 6/3/24, effective 7/1/24)

WAC 246-840-760 Definitions of terms used in WAC 246-840-750 through 246-840-790. The definitions in this section apply throughout WAC 246-840-750 through 246-840-790 unless the text clearly requires otherwise.

(1) "Approved substance use disorder monitoring program" means the compassion, accountability, recovery, empowerment, and safety (CARES) program that the board has determined meets the criteria in WAC 246-840-770 and RCW 18.130.175. The approved substance use disorder monitoring program does not provide evaluation or treatment services.

(2) "Continuing care" means the phase of treatment following acute treatment. Common elements of continuing care include relapse prevention and self-help group participation.

((~~(2)~~)) (3) "Defray" means the board may pay up to 80 percent of out-of-pocket expenses related to ((~~WHPS~~)) the approved substance use disorder monitoring program participation that includes substance use disorder (SUD) evaluations, SUD treatment and other ancillary services including drug testing, participation, professional peer support groups, and any other expenses deemed appropriate by the board.

((~~(3)~~)) (4) "Financial assistance" means board approval to use funds to pay for a participant's out-of-pocket costs associated with participation in the ((~~WHPS~~)) approved substance use disorder monitoring program.

((~~(4)~~)) (5) "Financial need" means a demonstrated need by ((~~a WHPS~~)) the approved substance use disorder monitoring program participant when they need help to pay for costs related to participation in the ((~~WHPS~~)) approved substance use disorder monitoring program.

((~~(5)~~)) (6) "Monitoring contract" is a comprehensive, structured agreement between the recovering nurse and ((~~WHPS~~)) the approved substance use disorder monitoring program defining the requirements of the nurse's program participation.

((~~(6)~~)) (7) "Peer support group" is a professionally facilitated support group designed to support recovery and re-entry into practice.

((~~(7)~~)) (8) "Random drug screens" means laboratory tests to detect the presence of drugs in body fluids and other biologic specimens that are performed at irregular intervals not known in advance by the person to be tested.

((~~(8)~~)) (9) "Referral contract" is a formal agreement between the board and the nurse to comply with the requirements of the ((~~WHPS~~)) approved substance use disorder monitoring program in lieu of discipline.

((~~(9)~~)) (10) "Self-help groups" means groups or fellowships providing support for people with substance use disorder to support their sobriety and recovery.

((~~(10)~~)) (11) "Stipend program" means the board program to defray the out-of-pocket expenses for participants who have applied for and been approved to receive financial assistance in connection with participation in ((~~WHPS~~)) the approved substance use disorder monitoring program. The purpose is to assist nurses who would otherwise be unable to participate in the program because of personal financial limitations.

((~~(11)~~)) (12) "Stipend program application" means a board form that the participant uses to request stipend assistance that provides information to determine eligibility for stipend funds.

((~~(12)~~)) (13) "Substance use disorder" (SUD) means a chronic progressive illness that involves the use of alcohol or other drugs to a degree that it interferes with the functional life of the registrant/licensee, as manifested by health, family, job (professional services), legal, financial, or emotional problems.

((~~(13) "Washington health professional services (WHPS)" is the approved substance use monitoring program as described in RCW 18.130.175 that meets criteria established by the board. WHPS does not provide evaluation or treatment services.~~))

AMENDATORY SECTION (Amending WSR 24-12-066, filed 6/3/24, effective 7/1/24)

WAC 246-840-770 ((~~Approval~~)) Requirements of the approved substance use disorder monitoring program((s)). ((~~The board uses WHPS as the approved monitoring program.~~))

(1) ((~~WHPS will~~)) The approved substance use disorder monitoring program must:

(a) Employ staff with the qualifications and knowledge of both substance use and the practice of nursing as defined in this chapter to be able to evaluate:

(i) Clinical laboratories;

(ii) Laboratory results;

(iii) Providers of substance use treatment, both individuals and facilities;

(iv) Peer support groups;

(v) The nursing work environment; and

(vi) The ability of the nurse to practice with reasonable skill and safety.

(b) Enter into a monitoring contract with the nurse to oversee the nurse's required recovery activities. Exceptions may be made to individual components of the contract as needed.

(c) Determine, on an individual basis, whether a nurse will be prohibited from engaging in the practice of nursing for a period of time and restrictions, if any, on the nurse's access to controlled substances in the workplace.

(d) Maintain case records on participating nurses.

(e) Report to the board any nurse who fails to comply with the requirements of the approved substance use disorder monitoring program as defined by the board.

(f) Provide the board with an annual statistical report.

(2) The board approves ((~~WHPS's~~)) the approved substance use disorder monitoring program's procedures on treatment, monitoring, and limitations on the practice of nursing for those participating in the program.

AMENDATORY SECTION (Amending WSR 24-12-066, filed 6/3/24, effective 7/1/24)

WAC 246-840-780 Conditions for participants entering the approved substance use disorder monitoring program. (1) Any nurse participating in the approved substance use disorder monitoring program must:

(a) Undergo a complete substance use disorder evaluation. This evaluation will be performed by health care professional(s) with expertise in chemical dependency.

(b) Enter into a monitoring contract with ((~~WHPS~~)) the approved substance use disorder monitoring program which includes, but is not limited to, the following terms, which require the nurse to:

(i) Undergo any recommended level of treatment by a board-designated licensed treatment provider, including continuing care;

(ii) Abstain from all mind-altering substances including alcohol and cannabis except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101;

(iii) Cause the treatment counselor(s) to provide reports to the approved substance use disorder monitoring program at specified intervals;

(iv) Attend peer support group, or self-help group meetings, or both as specified by ((~~WHPS~~)) the approved substance use disorder monitoring program;

(v) Complete random or for-cause drug screening as specified by ((~~WHPS~~)) the approved substance use disorder monitoring program;

(vi) Comply with specified employment conditions and restrictions as defined by the monitoring contract;

(vii) Agree in writing to allow ((~~WHPS~~)) the approved substance use disorder monitoring program to release information to the board if the nurse does not comply with any contract requirements or is unable to practice with reasonable skill and safety;

(viii) Pay the costs of any required evaluations, substance use treatment, peer support group, random drug screens, and other personal expenses incurred in relation to the approved substance use disorder monitoring program;

(ix) Sign any requested release of information authorizations.

(2) When referred to ((~~WHPS~~)) the approved substance use disorder monitoring program in lieu of discipline, the nurse must enter into a referral contract with the board. The board may take disciplinary action against the nurse's license under RCW 18.130.160 based on any violation by the nurse of the referral contract.

(3) A nurse may voluntarily participate in ((~~WHPS~~)) the approved substance use disorder monitoring program in accordance with RCW 18.130.175(2) without first being referred to ((~~WHPS~~)) the approved substance use disorder monitoring program by the board.

AMENDATORY SECTION (Amending WSR 24-12-066, filed 6/3/24, effective 7/1/24)

WAC 246-840-790 Stipend program of the approved substance use disorder monitoring ((~~stipend~~)) program. (1) Applicants ((~~must~~)) shall meet the requirements in RCW 18.79.440 to be eligible for the stipend program of the approved substance use disorder monitoring ((~~stipend~~)) program ((~~(stipend program)~~)). All disbursements of stipend program funds are subject to availability of budgeted funds.

(2) To be eligible for the stipend program, a person ((~~must~~)) shall:

(a) Hold an active, inactive, or suspended license issued pursuant to this chapter;

(b) Submit an application on forms provided by the board;

(c) Be actively participating in the ((~~board's~~)) approved substance use disorder monitoring program ((~~(WHPS program)~~)) or have completed the ((~~WHPS~~)) approved substance use disorder monitoring program within six months of submission of an application for the stipend program; and

(d) Have a demonstrated need for financial assistance with the expenses incurred in connection with participation in the ((~~WHPS~~)) approved substance use disorder monitoring program.

(3) A person is not eligible for the stipend program if they have previously applied for and participated in the stipend program and had benefits paid on their behalf from the stipend program.

(4) The board may defray up to 80 percent of each out-of-pocket expense deemed eligible for defrayment under this section. The board will not pay stipend program funds directly to any person participating in the stipend program. The board will pay out-of-pocket expenses directly to entities providing services to the person participating in the stipend program.

(5) Out-of-pocket expenses eligible for defrayment under this section include the costs of substance use evaluation, treatment, other ancillary services, including drug testing, participation in professional peer support groups, and any other expenses deemed appropriate by the board.

(6) A person participating in the stipend program established in this section shall document and submit their out-of-pocket expenses in a manner specified by the board.

(7) Eligibility:

(a) A person may participate in the stipend program by having the stipend program defray authorized out-of-pocket expenses for one monitoring contract period only, including extensions of the contract monitoring period directed by ((~~WHPS~~)) the approved substance use disorder monitoring program.

(b) An applicant who was approved for the stipend program for a monitoring contract period without having benefits paid from the stipend program on their behalf, and later reenters the ((~~WHPS~~)) approved substance use disorder monitoring program, may be approved to participate in the stipend program.

(c) Stipend program applications are approved for a 12-month period. Persons participating in the stipend program shall submit an application every 12 months to renew their participation in the stipend program.

(d) A person may participate in the stipend program for a maximum of five years from the approval date of the initial stipend program application. Eligibility for the stipend program terminates upon successful completion of or discharge from the ((~~WHPS~~)) approved substance use disorder monitoring program.

(e) An applicant who previously applied for the stipend program but whose application was denied is eligible to reapply if the applicant's financial circumstances have changed.

(8) To establish financial need for the stipend program, a person shall provide documentary proof that total household income is less than 400 percent of the federal poverty level as determined under 42 U.S.C. 9902(2) and published annually by the U.S. Department of Health and Human Services.

(9) Application forms and documentary proof provided to the board under this section by applicants will be submitted under penalty of perjury and, if shown to be false, could subject the applicant to criminal penalties or other adverse action including, but not limited to, adverse action for moral turpitude, misrepresentation, or fraud.

(10) The stipend program may defray the cost of eligible out-of-pocket expenses incurred by a stipend program participant up to six months prior to application submission.

(11) The board may adopt, publish, and use procedures, forms, guidelines, and other documents necessary for implementation of this rule. Such procedures, forms, guidelines, and documents may be revised, amended, or discontinued as necessary in the sole discretion of the board.