WSR 26-15-039
PERMANENT RULES
HEALTH CARE AUTHORITY
[Filed July 8, 2026, 8:59 a.m., effective August 8, 2026]

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

Purpose: This amendment allows licensed midwives to be paid for providing routine newborn services under apple health for the first two weeks of life.

Citation of Rules Affected by this Order: Amending WAC 182-533-0600.

Statutory Authority for Adoption: RCW 41.05.021 and 41.05.160.

Adopted under notice filed as WSR 26-12-027 on May 26, 2026.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 1, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 1, Repealed 0.

Date Adopted: July 8, 2026.

Wendy Barcus
Rules Coordinator

RDS-7178.1

AMENDATORY SECTION (Amending WSR 26-07-031, filed 3/11/26, effective 4/11/26)

WAC 182-533-0600 Planned home births and births in birthing centers. (1) **Client eligibility.** The medicaid agency covers planned home births and births in birthing centers for clients who choose to give birth at home or in an agency-approved birthing center and:

(a) Are eligible for the alternative benefit package under WAC 182-501-0060, categorically needy or medically needy scope of care under WAC 182-533-0400(2);

(b) Have an agency-approved medical provider who has accepted responsibility for the planned home birth or birth in birthing center under this section;

(c) Are expected to deliver the child vaginally and without complication (i.e., with a low risk of adverse birth outcome); and

(d) Pass the agency's risk screening criteria. The agency provides these risk-screening criteria to qualified medical services providers.

(2) **Qualified providers.** Only the following provider types may be reimbursed for planned home births and births in birthing centers:

(a) Physicians licensed under chapters 18.57 or 18.71 RCW;

(b) Nurse midwives licensed under chapter 18.79 RCW; and

(c) Midwives licensed under chapter 18.50 RCW.

(3) **Birthing center requirements.**

(a) Each participating birthing center must:

(i) Be licensed as a childbirth center by the department of health (DOH) under chapter 246-329 WAC;

(ii) Be specifically approved by the agency to provide birthing center services;

(iii) Have a valid core provider agreement with the agency; and

(iv) Maintain standards of care required by DOH for licensure.

(b) The agency suspends or terminates the core provider agreement of a birthing center if it fails to maintain DOH standards cited in (a) of this subsection.

(4) **Home birth or birthing center providers.** Home birth or birthing center providers must:

(a) Obtain from the client a signed consent form in advance of the birth;

(b) Follow the agency's risk screening criteria and consult with, or refer the client or newborn to, a physician or hospital when medically appropriate;

(c) Have current, written, and appropriate plans for consultation, emergency transfer and transport of a client or newborn to a hospital;

(d) Make appropriate referral of the newborn for pediatric care and medically necessary follow-up care;

(e) Inform parents of required prophylactic eye ointment and newborn screening tests for heritable or metabolic disorders, and congenital heart defects, and send the newborn's blood sample to the DOH for testing. Parents may refuse these services for religious reasons under RCW 70.83.020. The provider must obtain the signature from the parent(s) on:

(i) The reverse side of the screening card to document refusal of screenings for heritable or metabolic disorders; and

(ii) A waiver form to document refusal of prophylactic eye ointment or a screening for congenital heart defects;

(f) Inform parents of the benefits and risks of Vitamin K injections for newborns; and

(g) Have evidence of current cardiopulmonary resuscitation (CPR) training for:

(i) Adult CPR; and

(ii) Neonatal resuscitation.

(5) **Planned home birth providers.** Planned home birth providers must:

(a) Provide medically necessary equipment, supplies, and medications for each client;

(b) Have arrangements for 24 hour per day coverage;

(c) Have documentation of contact with local area emergency medical services to determine the level of response capability in the area; and

(d) Participate in a formal, state-sanctioned, quality assurance improvement program or professional liability review process.

(6) **Newborn services.** The agency pays for routine newborn services up to two weeks of age when the services are:

(a) Furnished by a qualified provider, as identified in subsection (2) of this section; and

(b) Within the provider's scope of practice.

(7) **Limitations.** The agency does not cover planned home births or births in birthing centers for ((~~women~~)) pregnant people identified with any of the following conditions:

(a) Previous cesarean section;
(b) Current alcohol or drug addiction or abuse;
(c) Significant hematological disorders or coagulopathies;
(d) History of deep venous thrombosis or pulmonary embolism;
(e) Cardiovascular disease causing functional impairment;
(f) Chronic hypertension;
(g) Significant endocrine disorders including preexisting diabetes (type I or type II);
(h) Hepatic disorders including uncontrolled intrahepatic cholestasis of pregnancy or abnormal liver function tests;
(i) Isoimmunization, including evidence of Rh sensitization or platelet sensitization;
(j) Neurologic disorders or active seizure disorders;
(k) Pulmonary disease;
(l) Renal disease;
(m) Collagen-vascular diseases;
(n) Current severe psychiatric illness;
(o) Cancer affecting the female reproductive system;
(p) Multiple gestation;
(q) Breech presentation in labor with delivery not imminent; or
(r) Other significant deviations from normal as assessed by the provider.

((~~(7)~~)) (8) **Clients age 20 and younger.** For clients age 20 and younger, see the early periodic screening, diagnosis, and treatment (EPSDT) program described in chapter 182-534 WAC.