



# PREPROPOSAL STATEMENT OF INQUIRY

## CR-101 (August 2017) (Implements RCW 34.05.310)

Do **NOT** use for expedited rule making

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STATE OF WASHINGTON  
FILED

DATE: May 17, 2019

TIME: 9:01 AM

WSR 19-11-078

**Agency:** Health Care Authority

**Subject of possible rule making:** WAC 182-530-2000 Covered—Outpatient drugs, devices, and drug-related supplies; WAC 182-530-2001 Noncovered—Outpatient drugs and pharmaceutical supplies; other related rules as appropriate.

**Statutes authorizing the agency to adopt rules on this subject:** RCW 41.05.021, 41.05.160; Sec. 1927. [42 U.S.C. 1396r-8](d)(2)(D); Sec. 1927. [42 U.S.C. 1396r-8](d)(2)(G); Sec. 1927. [42 U.S.C. 1396r-8](d)(7)(A); Sec. 1927. [42 U.S.C. 1396r-8](k)(4).

**Reasons why rules on this subject may be needed and what they might accomplish:** The agency is removing language exceptions to prescription requirements for OTC products to promote smoking cessation. The agency is also updating language and adding products to comply with the Centers for Medicare & Medicaid Services (CMS) prescription requirements and the Apple Health Preferred Drug List (PDL). During the course of this review, the agency may identify additional changes that are required in order to improve clarity or update policy.

**Identify other federal and state agencies that regulate this subject and the process coordinating the rule with these agencies:** Centers for Medicare and Medicaid Services (CMS)

**Process for developing new rule (check all that apply):**

- Negotiated rule making
- Pilot rule making
- Agency study

Other (describe) The agency welcomes the public to take part in developing this rule. If interested, contact the person

identified below to receive an early rule draft to review. After the early review, the agency will send a notice of proposed rulemaking (CR-102) to everyone receiving this notice and anyone who requests a copy.

**Interested parties can participate in the decision to adopt the new rule and formulation of the proposed rule before publication by contacting:**

Name: Michael Williams  
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 Other:

(If necessary)

Name:  
 Address:  
 Phone:  
 Fax:  
 TTY:  
 Email:  
 Web site:  
 Other:

Additional comments:

**Date:** May 17, 2019

**Name:** Wendy Barcus

**Title:** HCA Rules Coordinator

**Signature:**