



PROPOSED RULE MAKING

CR-102 (June 2024)
(Implements RCW 34.05.320)
Do **NOT** use for expedited rule making

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: July 03, 2025

TIME: 9:33 AM

WSR 25-15-010

Agency: Health Care Authority

☒ Original Notice

☐ Supplemental Notice to WSR _____

☐ Continuance of WSR _____

☒ Preproposal Statement of Inquiry was filed as WSR 25-11-010 ; or

☐ Expedited Rule Making--Proposed notice was filed as WSR _____; or

☐ Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or

☐ Proposal is exempt under RCW _____.

Title of rule and other identifying information: (describe subject) 182-532-510, Family planning only program – Eligibility

Hearing location(s):

| Date: | Time: | Location: (be specific) | Comment: |
|-----------------|----------|--|---|
| August 26, 2025 | 10:00 AM | The Health Care Authority holds public hearings virtually without a physical meeting place | To attend the virtual public hearing, you must register in advance: https://us02web.zoom.us/webinar/register/WN_8Nt1PNm-Tf-leJnRVSYPg If the link above opens with an error message, please try using a different browser. After registering, you will receive a confirmation email containing information about joining the public hearing |

Date of intended adoption: Not sooner than August 27, 2025 (Note: This is **NOT** the **effective** date)

Submit written comments to:

Name HCA Rules Coordinator

Address PO Box 42716, Olympia WA 98504-2716

Email arc@hca.wa.gov

Fax 360-586-9727

Other

Beginning (date and time) July 4, 2025, 8:00 AM

By (date and time) August 26, 2025, by 11:59 PM

Assistance for persons with disabilities:

Contact HCA Rules Coordinator

Phone 360-725-1349

Fax 360-586-9727

TTY Telecommunication Relay Service (TRS): 711

Email arc@hca.wa.gov

Other

By (date) August 8, 2025

Purpose of the proposal and its anticipated effects, including any changes in existing rules: The agency is amending WAC 182-532-510 to expand eligibility for family planning only (FPO) coverage to people age 26 and younger who are confidentially seeking those services.

Reasons supporting proposal: See Purpose

Statutory authority for adoption: RCW 41.05.021, 41.05.160

Statute being implemented: RCW 41.05.021, 41.05.160

Is rule necessary because of a:

Federal Law?

☐ Yes ☒ No

Federal Court Decision?

☐ Yes ☒ No

State Court Decision?

☐ Yes ☒ No

If yes, CITATION:

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: None

| | | | |
|---|----------------|--------------------------------------|---|
| Name of proponent: (person or organization) Health Care Authority Type of proponent: <input type="checkbox"/> Private. <input type="checkbox"/> Public. <input checked="" type="checkbox"/> Governmental. | | | |
| Name of agency personnel responsible for: | | | |
| | Name | Office Location | Phone |
| Drafting | Brian Jensen | PO Box 42716, Olympia, WA 98504-2716 | 360-725-0815 |
| Implementation | Sheldon Prante | PO Box 42722, Olympia, WA 98504-2722 | 360-725-0752 |
| Enforcement | Sheldon Prante | PO Box 42722, Olympia, WA 98504-2722 | 360-725-0752 |
| Is a school district fiscal impact statement required under RCW 28A.305.135? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If yes, insert statement here: | | | |
| The public may obtain a copy of the school district fiscal impact statement by contacting: <div style="margin-left: 20px;"> Name Address Phone Fax TTY Email Other </div> | | | |
| Is a cost-benefit analysis required under RCW 34.05.328? | | | |
| <input type="checkbox"/> Yes: A preliminary cost-benefit analysis may be obtained by contacting: <div style="margin-left: 20px;"> Name Address Phone Fax TTY Email Other </div> | | | |
| <input checked="" type="checkbox"/> No: Please explain: RCW 34.05.328 does not apply to Health Care Authority rules unless requested by the Joint Administrative Rules Review Committee or applied voluntarily. | | | |
| Regulatory Fairness Act and Small Business Economic Impact Statement | | | |
| Note: The Governor's Office for Regulatory Innovation and Assistance (ORIA) provides support in completing this part. | | | |
| (1) Identification of exemptions: | | | |
| This rule proposal, or portions of the proposal, may be exempt from requirements of the Regulatory Fairness Act (see chapter 19.85 RCW). For additional information on exemptions, consult the exemption guide published by ORIA . Please check the box for any applicable exemption(s): | | | |
| <input type="checkbox"/> This rule proposal, or portions of the proposal, is exempt under RCW 19.85.061 because this rule making is being adopted solely to conform and/or comply with federal statute or regulations. Please cite the specific federal statute or regulation this rule is being adopted to conform or comply with, and describe the consequences to the state if the rule is not adopted. Citation and description: | | | |
| <input type="checkbox"/> This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by RCW 34.05.313 before filing the notice of this proposed rule. | | | |
| <input type="checkbox"/> This rule proposal, or portions of the proposal, is exempt under the provisions of RCW 15.65.570(2) because it was adopted by a referendum. | | | |

- ☐ This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025\(3\)](#). Check all that apply:
- | | |
|---|---|
| <input type="checkbox"/> RCW 34.05.310 (4)(b) (Internal government operations) | <input type="checkbox"/> RCW 34.05.310 (4)(e) (Dictated by statute) |
| <input type="checkbox"/> RCW 34.05.310 (4)(c) (Incorporation by reference) | <input type="checkbox"/> RCW 34.05.310 (4)(f) (Set or adjust fees) |
| <input type="checkbox"/> RCW 34.05.310 (4)(d) (Correct or clarify language) | <input type="checkbox"/> RCW 34.05.310 (4)(g) (i) Relating to agency hearings; or (ii) process requirements for applying to an agency for a license or permit) |

☒ This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025\(4\)](#). (Does not affect small businesses).

☐ This rule proposal, or portions of the proposal, is exempt under RCW _____.

Explanation of how the above exemption(s) applies to the proposed rule: The proposed rules pertain to client program eligibility and do not impose costs on businesses.

(2) Scope of exemptions: *Check one.*

- ☒ The rule proposal: Is fully exempt. (*Skip section 3.*) Exemptions identified above apply to all portions of the rule proposal.
- ☐ The rule proposal: Is partially exempt. (*Complete section 3.*) The exemptions identified above apply to portions of the rule proposal, but less than the entire rule proposal. Provide details here (consider using [this template from ORIA](#)):
- ☐ The rule proposal: Is not exempt. (*Complete section 3.*) No exemptions were identified above.

(3) Small business economic impact statement: *Complete this section if any portion is not exempt.*

If any portion of the proposed rule is **not exempt**, does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?

- ☐ No Briefly summarize the agency's minor cost analysis and how the agency determined the proposed rule did not impose more-than-minor costs. _____
- ☐ Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses and a small business economic impact statement is required. Insert the required small business economic impact statement here:

The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:

Name
Address
Phone
Fax
TTY
Email
Other

Date: July 3, 2025

Name: Wendy Barcus

Title: HCA Rules Coordinator

Signature:



WAC 182-532-510 Family planning only program—Eligibility. For the purposes of this section, "full-scope coverage" means coverage under either the categorically needy (CN) program, the broadest, most comprehensive scope of health care services covered or the alternative benefits plan (ABP), the same scope of care as CN, applicable to the apple health for adults program.

(1) To be eligible for family planning only services, as defined in WAC 182-532-001, a client must:

(a) Provide a valid Social Security number (SSN) or proof of application to receive an SSN, be exempt from the requirement to provide an SSN as provided in WAC 182-503-0515, or meet good cause criteria listed in WAC 182-503-0515(2);

(b) Be a Washington state resident, as described under WAC 182-503-0520;

(c) Have an income at or below 260 percent of the federal poverty level, as described under WAC 182-505-0100;

(d) Need family planning services; and

(e) Have been denied apple health coverage within the last 30 days, unless the applicant:

(i) Has made an informed choice to not apply for full-scope coverage as described in WAC 182-500-0035 and 182-501-0060, including family planning;

(ii) Is age ~~((18))~~ 26 or younger and seeking services in confidence;

(iii) Is a domestic violence victim who is seeking services in confidence; or

(iv) Has an income of 150 percent to 260 percent of the federal poverty level, as described in WAC 182-505-0100.

(2) A client is not eligible for family planning only medical if the client is:

(a) Pregnant;

(b) Sterilized;

(c) Covered under another apple health program that includes family planning services; or

(d) Covered by concurrent creditable coverage, as defined in RCW 48.66.020, unless they meet criteria in subsection (1)(e) (ii) or (iii) of this section.

(3) The agency does not limit the number of times a client may reapply for coverage.