PROPOSED RULE MAKING

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

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STATE OF WASHINGTON
FILED

DATE: August 13, 2026
TIME: 8:27 AM

WSR 26-17-059

Agency: Health Care Authority

☒ **Original Notice**

☐ **Supplemental Notice to WSR _____**

☐ **Continuance of WSR _____**

☒ **Preproposal Statement of Inquiry was filed as WSR 26-09-111 ; 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) The following sections in Chapter 182-55 Health Technology Assessment Program:

182-55-005, Authority and purpose
182-55-010, Definitions
182-55-025, Committee member requirements and committee member terms
182-55-026, Committee governance
182-55-030, Committee coverage determination process
182-55-035, Committee coverage determination
182-55-040, Heath care authority's implementation of final coverage
182-55-045, Advisory group
182-55-050, Health technology selection
182-55-055, Health technology assessment

Hearing location(s):

Date:	**Time:**	**Location:** (be specific)	**Comment:**
September 22, 2026	10:00 AM	The Health Care Authority holds public hearings virtually without a physical meeting place	Virtual public hearings are held via Microsoft Teams Webinar. To attend, you must register in advance: https://events.gcc.teams.microsoft.com/event/69803d74-295c-4581-a5b9-323091969802@11d0e217-264e-400a-8ba0-57dcc127d72d After registering, you will receive a confirmation email containing information about joining the public hearing. You will be able to join the public hearing through most standard internet browsers; you do not need to install Microsoft Teams.

Date of intended adoption: Not sooner than September 23, 2026 (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) August 20,2026, 8:00 AM
By (date and time) September 22, 2026 by 11:59 PM

Assistance for persons with disabilities:
Contact Jessica Nguyen
Phone 360-725-1174
Fax 360-586-9727
TTY Telecommunication Relay Service (TRS): 711
Email arc@hca.wa.gov
Other
By (date) September 4, 2026

Purpose of the proposal and its anticipated effects, including any changes in existing rules: The agency revised several sections within chapter 182-55 WAC to carry out the requirements in RCW 70.14.100 and RCW 70.14.110 (amended by SB5915, Chapter 70, Laws of 2026)..

Reasons supporting proposal: See purpose

Statutory authority for adoption: RCW 41.05.021, RCW 41.05.160

Statute being implemented: RCW 41.05.021, RCW 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: ☐ Private. ☐ Public. ☒ Governmental.

Name of agency personnel responsible for:

	Name	Office Location	Phone
Drafting	Blake O'Connor	628 8th Ave SE, Olympia, WA 98501	360-725-1344
Implementation	Val Hamann	628 8th Ave SE, Olympia, WA 98501	360-725-5126
Enforcement	Val Hamann	628 8th Ave SE, Olympia, WA 98501	360-725-5126

Is a school district fiscal impact statement required under RCW 28A.305.135? ☐ Yes ☒ No

If yes, insert statement here:

The public may obtain a copy of the school district fiscal impact statement by contacting:
Name
Address
Phone
Fax
TTY
Email
Other

Is a cost-benefit analysis required under RCW 34.05.328?

☐ Yes: A preliminary cost-benefit analysis may be obtained by contacting:
Name
Address
Phone
Fax
TTY
Email
Other

☒ 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):

☐ 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:

☐ 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.

☐ 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:

- ☐ RCW 34.05.310 (4)(b) (Internal government operations)
- ☐ RCW 34.05.310 (4)(c) (Incorporation by reference)
- ☐ RCW 34.05.310 (4)(d) (Correct or clarify language)
- ☒ RCW 34.05.310 (4)(e) (Dictated by statute)
- ☐ RCW 34.05.310 (4)(f) (Set or adjust fees)
- ☐ 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: Other than housekeeping revisions, the changes are explicitly and specifically dictated by statue in RCW 70.14.100 and RCW 70.14.110 (amended by SB5915, Chapter 70, Laws of 2026, 69th Leg)

(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: August 13, 2026	**Signature:** 
Name: Wendy Barcus	
Title: HCA Rules Coordinator	

AMENDATORY SECTION (Amending WSR 16-18-023, filed 8/26/16, effective 9/26/16)

WAC 182-55-005 Authority and purpose. Under RCW 70.14.080 through 70.14.140, the director of the Washington state health care authority provides administrative support ((~~for,~~)) and adopts rules to govern the health technology clinical committee and a health technology assessment program within the health care authority. The health technology assessment program will:

(1) Contract with ((~~an~~)) evidence-based technology assessment centers to produce health technology assessments;

(2) Administratively support the independent health technology clinical committee; and

(3) Maintain a ((~~centralized, internet-based communication tool~~)) health technology assessment web page on the authority's website.

AMENDATORY SECTION (Amending WSR 16-18-023, filed 8/26/16, effective 9/26/16)

WAC 182-55-010 Definitions. When used in this chapter:

(1) "Advisory group" as defined in RCW 70.14.080 means a group established under RCW 70.14.110 (2)(c).

(2) ((~~"Centralized, internet-based communication tool" means the health care authority's health technology assessment program internet web pages established under RCW 70.14.130(1).~~

~~(3)~~)) "Committee" as defined in RCW 70.14.080 means the health technology clinical committee established under RCW 70.14.090.

((~~(4)~~)) (3) "Coverage determination" as defined in RCW 70.14.080 means a determination of the circumstances, if any, under which a health technology will be included as a covered benefit in a state purchased health care program.

((~~(5)~~)) (4) "Decisions made under the federal medicare program" means national coverage determinations issued by the Centers for Medicare and Medicaid Services stating whether and to what extent medicare covers specific services, procedures, or technologies.

((~~(6)~~)) (5) "Director" means the director of the Washington state health care authority under chapter 41.05 RCW.

((~~(7)~~)) (6) "Health technology" as defined in RCW 70.14.080 means medical and surgical devices and procedures, medical equipment, and diagnostic tests. Health technologies do not include prescription drugs governed by RCW 70.14.050.

((~~(8)~~)) (7) "Health technology assessment" means a report produced by a contracted, evidence-based, technology assessment center or other appropriate entity, as provided for in RCW 70.14.100(4), based on a systematic review of evidence of a technology's safety, efficacy, and cost-effectiveness.

((~~(9)~~)) (8) "Participating agency" as defined in RCW 70.14.080 means the department of social and health services, the state health care authority, and the department of labor and industries.

(9) "Petition for review" for the purposes of this chapter means a formal request for review or rereview of a health technology.

AMENDATORY SECTION (Amending WSR 16-18-023, filed 8/26/16, effective 9/26/16)

WAC 182-55-025 Committee member requirements and committee member terms. (1) As a continuing condition of appointment, committee members must:

(a) Not have a substantial financial conflict of interest((~~, such as an interest in a health technology company, including the holding of stock options, or the receipt of honoraria, or consultant moneys~~));

(b) Complete a conflict of interest disclosure form, update the form annually, and keep disclosure statements current;

(c) Abide by confidentiality requirements and keep all personal medical information and proprietary information confidential; and

(d) Not use information gained from committee membership outside of committee responsibilities, unless the information is publicly available.

(2) The director has the sole discretion to terminate a committee member's appointment if the director determines that the committee member has violated a condition of appointment.

(3) Committee members serve staggered three-year terms. To provide for staggered terms, committee members may be appointed initially for less than three years.

(4) A committee member may be appointed for a total of nine years of committee service, but an initial appointment of less than ((~~twenty-four~~)) 24 months is not included in the nine-year limitation.

(5) A committee member may serve until that member's successor is appointed, notwithstanding the limits on service in subsection (3) of this section.

((~~(6) Mid-term vacancies on the committee are filled for the remainder of the unexpired three-year term.~~))

AMENDATORY SECTION (Amending WSR 16-18-023, filed 8/26/16, effective 9/26/16)

WAC 182-55-026 Committee governance. (1) The committee may establish bylaws, within applicable statutory and regulatory requirements, to govern the orderly resolution of the committee's purposes. Proposed bylaw amendments are published on the ((~~centralized, internet-based communication tool~~)) authority's website at least ((~~fourteen~~)) 14 calendar days before adoption by the committee. Before adoption, the committee gives an opportunity at an open public meeting for public comment on proposed bylaw amendments. Committee bylaws ((~~shall be~~)) are published on the ((~~centralized, internet-based communication tool~~)) authority's website.

(2) The director appoints a committee chair.

(3) The committee chair:

(a) Selects a vice chair from among the committee membership;

(b) Presents bylaws, or amendments to the bylaws, to the committee for review and ratification; and

(c) Operates the committee according to the bylaws and committee member agreements.

AMENDATORY SECTION (Amending WSR 16-18-023, filed 8/26/16, effective 9/26/16)

WAC 182-55-030 Committee coverage determination process. (1) In making a coverage determination, committee members ((~~shall~~)) will review and consider evidence regarding the safety, efficacy, and cost-effectiveness of the technology as set forth in the health technology assessment. The committee also considers other information it deems relevant, including other information provided by the director, reports or testimony from an advisory group, and submissions or comments from the public.

(2) The committee ((~~shall~~)) will give the greatest weight to the evidence determined, based on objective factors, to be the most valid and reliable, considering the nature and source of the evidence, the empirical characteristic of the studies or trials upon which the evidence is based, and the consistency of the outcome with comparable studies. The committee also considers additional evidentiary valuation factors such as recency, relevance, and bias.

(3) The committee also considers any unique impacts the health technology has on specific populations based on factors like sex, age, ethnicity, race, or disability, as identified in the health technology assessment.

(4) The committee provides an opportunity for public comment after the health technology assessment is published on the ((~~centralized, internet-based communication tool~~)) authority's website and before the committee's final coverage determination decision.

(5) After the committee makes a final coverage determination, the health technology assessment program publishes it on the ((~~centralized, internet-based communication tool~~)) authority's website and submits a notice in the *Washington State Register*.

AMENDATORY SECTION (Amending WSR 16-18-023, filed 8/26/16, effective 9/26/16)

WAC 182-55-035 Committee coverage determination. The committee ((~~shall~~)) will:

(1) Determine the conditions, if any, under which the health technology will be included as a covered benefit in health care programs of participating agencies by deciding that:

(a) Coverage is allowed without special conditions because the evidence is sufficient to conclude that the health technology is safe, efficacious, and cost-effective for all indicated conditions; or

(b) Coverage is allowed with special conditions because the evidence is sufficient to conclude that the health technology is safe, efficacious, and cost-effective in only certain situations; or

(c) Coverage is not allowed because either the evidence is insufficient to conclude that the health technology is safe, efficacious, and cost-effective or the evidence is sufficient to conclude that the health technology is unsafe, inefficacious, or not cost-effective.

(2) When making determinations for life-threatening or rare diseases, the committee evaluates applicable clinical trials and takes into account information submitted by clinical experts per RCW 70.14.100(5).

(3) Identify whether the coverage determination is consistent with decisions made under the federal medicare program and expert treatment guidelines.

((~~(3)~~)) (4) For decisions that are inconsistent with either decisions made under the federal medicare program or expert treatment guidelines, including those from specialty physician and patient advocacy organizations, specify the substantial evidence regarding the safety, efficacy, and cost-effectiveness of the technology that supports the contrary determination.

((~~(4)~~)) (5) For covered health technologies, specify criteria for participating agencies to use when deciding whether the health technology is medically necessary or proper and necessary treatment.

AMENDATORY SECTION (Amending WSR 16-18-023, filed 8/26/16, effective 9/26/16)

WAC 182-55-040 Health care authority's implementation of final coverage determinations. This section applies to all final coverage determinations made after August 1, 2016.

(1) The health care authority reviews the final coverage determination for conflicts identified in RCW 70.14.120 (1)(a) and (b).

(2) The ((~~health care~~)) authority reviews whether the health technology review process meets the requirements in this subsection before compliance by the ((~~health care~~)) authority's state-purchased health care programs. The review includes whether the:

(a) Notification of the health technology selected for review was made on the ((~~centralized, internet-based communication tool~~)) authority's website as required by RCW 70.14.130 (1)(a);

(b) Health technology assessment provided to the committee met the requirements in RCW 70.14.100(4) and WAC 182-55-055;

(c) Health technology assessment was published on the ((~~centralized, internet-based communication tool~~)) authority's website at least ((~~fourteen~~)) 14 calendar days before the committee's consideration of the health technology assessment;

(d) Health technology assessment was considered by the committee in an open and transparent process, as required by RCW 70.14.110 (2)(a);

(e) Committee provided an opportunity for public comment prior to the committee's final coverage determination decision;

(f) Committee acknowledged public comment timely received after publication of the committee's draft coverage determination and before the committee's final coverage determination decision;

(g) Committee's final coverage determination specifies the reason or reasons for a decision that is inconsistent with the identified decisions made under the federal medicare program and expert treatment guidelines, including those from specialty physician and patient advocacy organizations, for the reviewed health technology; and

(h) Committee meetings complied with the requirements of the Open Public Meetings Act as required by RCW 70.14.090(3).

(3) After the ((~~health care~~)) authority completes its reviews under subsections (1) and (2) of this section, it establishes an implementation date for each of the ((~~health care~~)) authority's state-purchased health care programs and publishes the implementation dates on the health care authority's website.

(4) The ((~~health care~~)) authority's implementation of a final coverage determination can be reviewed as other agency action under RCW 34.05.570(4). A petition for review must be filed in superior court and comply with all statutory requirements for judicial review of other agency action required in chapter 34.05 RCW.

AMENDATORY SECTION (Amending WSR 16-18-023, filed 8/26/16, effective 9/26/16)

WAC 182-55-045 Advisory group. (1) The committee chair, upon an affirmative vote of the committee members, may establish ad hoc temporary advisory groups under RCW 70.14.110 (2)(c). At the time an ad hoc temporary advisory group is formed, the committee must state the ad hoc temporary advisory group's objective and questions to address. Notice of the formation of an ad hoc temporary advisory group, and information about how to participate, ((~~shall~~)) will be posted on the ((~~centralized, internet-based communication tool~~)) authority's website.

(2) The committee chair, or designee, may appoint or remove an advisory group member. An ad hoc temporary advisory group must include at least three members. The advisory group will generally include at least one enrollee, client, or patient. The advisory group must have((~~: (a)~~)) two or more experts or specialists within the field relevant to the health technology, preferably with demonstrated experience in the use, evaluation, or research of the health technology((~~;~~

~~(b) At least one expert who is a proponent or advocate of the health technology; and~~

~~(c) At least one expert who is an opponent or critic of the health technology~~)).

(3) Each advisory group member must:

(a) Not have a substantial financial conflict of interest((~~, such as an interest in a health technology company, including the holding of stock options, or the receipt of honoraria, or consultant moneys~~));

(b) Complete an advisory group member agreement, including a conflict of interest disclosure form, and keep disclosure statements current;

(c) Abide by confidentiality requirements and keep all personal medical information and proprietary information confidential; and

(d) Not utilize information gained as a result of advisory group membership outside of advisory group responsibilities, unless such information is publicly available.

AMENDATORY SECTION (Amending WSR 16-18-023, filed 8/26/16, effective 9/26/16)

WAC 182-55-050 Health technology selection. (1) The director, in consultation with participating agencies and the committee, selects health technologies to be reviewed or rereviewed by the committee. The authority follows the criteria for technology selection in RCW 70.14.100(1).

(2) Petition for review. The director or committee may ((~~also~~)) consider petitions ((~~requesting initial~~)) for review of a health technology from interested parties. To suggest a topic for ((~~initial~~)) review, interested parties must use the petition ((~~form~~)) for review made available on the ((~~centralized, internet-based communication tool. The health technology assessment program will provide copies of the petition to the director, committee members, and participating agencies~~)) authority's website. Petitions for review of an existing topic include evidence that has since become available that could change the previous coverage determination.

(a) Petitions for review are considered by the director, in consultation with participating agencies and the committee.

(b) Only after the director has declined to grant the petition for review can a petition for review be considered for selection by the committee, as described in RCW 70.14.100(3).

(c) The authority publishes receipt of petitions for review on the authority's website within 30 days of receipt.

(d) The committee reviews, completes its determination, and communicates its decision for petitions for review to the submitting party within 180 days of the initial date of submission.

(e) If a health technology is selected by the committee, the health technology is referred to the director for assignment to the next available contract for a health technology assessment review as described in RCW 70.14.100(4).

((~~(3) Interested parties may submit a petition for the rereview of a health technology. Interested parties must use the petition form available on the centralized, internet-based communication tool and may submit to the health technology assessment program evidence that has since become available that could change the previous coverage determination. The health technology assessment program will provide copies of the petition to the director, committee members, and participating agencies.~~

~~(a) Petitions are considered by the director, in consultation with participating agencies and the committee.~~

~~(b) Only after the director has declined to grant the petition can a petition be reviewed by the committee, as described in RCW 70.14.100(3).~~)) (f) If a health technology is not selected by the committee, the committee provides the submitting party with a written substantive explanation of the rationale for the determination within 180 days of the initial date of submission.

AMENDATORY SECTION (Amending WSR 16-18-023, filed 8/26/16, effective 9/26/16)

WAC 182-55-055 Health technology assessment. (1) Upon providing notice on the ((~~centralized, internet-based communication tool~~)) authority's website required by RCW 70.14.100 (1)(b) that the health technology has been selected for review, the director ((~~shall~~)) will post an invitation for interested parties to submit information relevant to the health technology for consideration by the evidence-based technology assessment center. The information must be submitted to the director or designee within ((~~thirty~~)) 30 calendar days from the date of the notice.

(2) Upon notice of the health technology selected for review, the director or designee ((~~shall~~)) will request participating agencies to provide information relevant to the health technology, including data on safety, health outcome, and cost. The relevant information must be submitted to the director or designee within ((~~thirty~~)) 30 calendar days from the date of the notice.

(3) Upon notice of the health technology selected for review, the director or designee ((~~shall~~)) will identify relevant decisions made under the federal medicare program and expert treatment guidelines, including those from specialty physician and patient advocacy organizations, and any referenced information used as the basis for such determinations or guidelines.

(4) The director ((~~shall~~)) will provide all information gathered under subsections (1), (2), and (3) of this section to the evidence-based technology assessment center and ((~~shall~~)) will post such information, along with the key questions for review, on the ((~~centralized, internet-based communication tool~~)) authority's website.

(5) Upon completion of the health technology assessment by the evidence-based technology assessment center, the director ((~~shall~~)) will publish a copy of the health technology assessment on the ((~~centralized, internet-based communication tool~~)) authority's website and ((~~provide~~)) notify the committee ((~~with~~)) of the:

(a) ((~~A copy of the~~)) Health technology assessment;

(b) ((~~A copy of~~)) Decisions made under the federal medicare program related to the health technology being reviewed and accompanying information describing the basis for the decision; and

(c) Information as to whether expert treatment guidelines exist, including those from specialty physician organizations and patient advocacy organizations, and describing the basis for the guidelines.