Agency: Health Care Authority

Effective date of rule:
- Permanent Rules
  - ☒ 31 days after filing.
  - ☑ Other (specify) February 1, 2022 (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?
- ☑ Yes  ☐ No  If Yes, explain:

Purpose: The agency amended this rule to add the HPV vaccine as a covered service under the Family planning only program.

Citation of rules affected by this order:
- New:
- Repealed:
- Amended: 182-532-530
- Suspended:

Statutory authority for adoption: RCW 41.05.021, 41.05.160

Other authority: N/A

PERMANENT RULE (Including Expedited Rule Making)
- Adopted under notice filed as WSR 21-22-062 on October 28, 2021 (date).
- Describe any changes other than editing from proposed to adopted version: None

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

Name:
Address:
Phone:
Fax:
TTY:
Email:
Web site:
Other:
Note: If any category is left blank, it will be calculated as zero.
No descriptive text.

Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.

The number of sections adopted in order to comply with:

<table>
<thead>
<tr>
<th>Category</th>
<th>New</th>
<th>Amended</th>
<th>Repealed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal statute</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal rules or standards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recently enacted state statutes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The number of sections adopted at the request of a nongovernmental entity:

<table>
<thead>
<tr>
<th></th>
<th>New</th>
<th>Amended</th>
<th>Repealed</th>
</tr>
</thead>
</table>

The number of sections adopted on the agency’s own initiative:

<table>
<thead>
<tr>
<th></th>
<th>New</th>
<th>Amended</th>
<th>Repealed</th>
</tr>
</thead>
</table>

The number of sections adopted in order to clarify, streamline, or reform agency procedures:

<table>
<thead>
<tr>
<th></th>
<th>New</th>
<th>Amended</th>
<th>Repealed</th>
</tr>
</thead>
</table>

The number of sections adopted using:

<table>
<thead>
<tr>
<th>Method</th>
<th>New</th>
<th>Amended</th>
<th>Repealed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negotiated rule making</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pilot rule making</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other alternative rule making</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date Adopted:** December 28, 2021

**Name:** Wendy Barcus

**Title:** HCA Rules Coordinator

**Signature:**

Wendy Barcus
AMENDATORY SECTION (Amending WSR 19-18-024, filed 8/28/19, effective 10/1/19)

WAC 182-532-530 Family planning only programs—Covered services.
The medicaid agency covers all of the following services:
(1) One comprehensive preventive family planning visit once every twelve months, based on nationally recognized clinical guidelines. This visit must have a primary focus and diagnosis of family planning and include counseling, education, risk reduction, and initiation or management of contraceptive methods;
(2) Assessment and management of family planning or contraceptive problems, when medically necessary;
(3) Contraception, including:
   (a) Food and Drug Administration (FDA)-approved contraceptive methods, as described under WAC 182-530-2000;
   (b) Education and supplies for Federal Drug Administration (FDA)-approved contraceptive, natural family planning, and abstinence; and
   (c) Sterilization procedures, as described under WAC 182-531-1550.
(4) The following services, when appropriate, during a visit focused on family planning:
   (a) Pregnancy testing;
   (b) Cervical cancer screening, according to nationally recognized clinical guidelines;
   (c) Gonorrhea and chlamydia screening and treatment for clients age thirteen through twenty-five, according to nationally recognized clinical guidelines;
   (d) Syphilis screening and treatment for clients who have an increased risk for syphilis, according to nationally recognized guidelines; and
   (e) Sexually transmitted infection (STI) screening, testing, and treatment, when medically indicated by symptoms or report of exposure, and medically necessary for the client's safe and effective use of their chosen contraceptive method.
(5) Human papillomavirus (HPV) vaccines.