



RULE-MAKING ORDER PERMANENT RULE ONLY

**CR-103P (December 2017)
(Implements RCW 34.05.360)**

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: November 13, 2025

TIME: 11:12 AM

WSR 25-23-034

Agency: Health Care Authority

Effective date of rule:

Permanent Rules

- ☐ 31 days after filing.
☒ Other (specify) January 1, 2026 (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 is amending these rules to expand coverage for family planning-related services and supplies when related to a family planning visit. The agency is also amending these rules to provide clarification and to align with the [Washington Family Planning Only Demonstration Waiver](#) and other agency rules.

Citation of rules affected by this order:

New:

Repealed:

Amended: 182-532-001, 182-532-500, 182-532-520, 182-532-530, 182-532-550, 182-530-560, 182-532-570

Suspended:

Statutory authority for adoption: RCW 41.05.021, 41.05.160

Other authority: None

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 25-20-110 on October 1, 2025 (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: N/A

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:

Federal statute:	New	_____	Amended	_____	Repealed	_____
Federal rules or standards:	New	_____	Amended	_____	Repealed	_____
Recently enacted state statutes:	New	_____	Amended	_____	Repealed	_____

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

New	_____	Amended	_____	Repealed	_____
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The number of sections adopted on the agency's own initiative:

New	_____	Amended	_____	Repealed	_____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

New	_____	Amended	<u>7</u>	Repealed	_____
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The number of sections adopted using:

Negotiated rule making:	New	_____	Amended	_____	Repealed	_____
Pilot rule making:	New	_____	Amended	_____	Repealed	_____
Other alternative rule making:	New	_____	Amended	<u>7</u>	Repealed	_____

Date Adopted: November 13, 2025

Name: Wendy Barcus

Title: HCA Rules Coordinator

Signature:



WAC 182-532-001 Reproductive health services—Definitions. The following definitions and those found in chapter 182-500 WAC apply to this chapter.

340B dispensing fee - The medicaid agency's established fee paid to a registered and medicaid-participating 340B drug program provider under the public health service (PHS) act for expenses involved in acquiring, storing and dispensing prescription drugs or drug-containing devices (see WAC 182-530-7900). A dispensing fee is not paid for non-drug items, devices, or supplies (see WAC 182-530-7050).

"Complication" - A condition occurring subsequent to and directly arising from the family planning services received under the rules of this chapter.

"Comprehensive preventive family planning visit" - For the purposes of this program, a comprehensive, preventive, contraceptive visit that includes evaluation and management of an individual, such as: Age appropriate history, examination, counseling/anticipatory guidance, risk factor reduction interventions, and laboratory and diagnostic procedures that are covered under the client's respective agency program.

"Contraception" - Prevention of pregnancy through the use of contraceptive methods.

"Contraceptive" - Food and Drug Administration (FDA)-approved prescription and nonprescription methods, including devices, drugs, products, methods, or surgical interventions used to prevent pregnancy, as described in WAC 182-530-2000.

"Family planning only program" - The program that covers family planning only services for eligible clients for 12 months from the date the agency determines eligibility. This program was formerly referred to as TAKE CHARGE.

"Family planning-related services and supplies" - Services provided as part of, or as follow-up to, a family planning visit.

"Family planning services" - Medically safe and effective medical care, educational services, and contraceptives that enable individuals to plan and space the number of their children and avoid unintended pregnancies.

"Natural family planning" (also known as fertility awareness method) - Methods to identify the fertile days of the menstrual cycle and avoid unintended pregnancies, such as observing, recording, and interpreting the natural signs and symptoms associated with the menstrual cycle.

"Over-the-counter (OTC)" - Drugs, devices, and products that do not require a prescription to be sold or dispensed. (See WAC 182-530-1050)

"Reproductive health" - The prevention and treatment of illness, disease, and disability related to the function of reproductive systems during all stages of life and includes:

- (a) Related, appropriate, and medically necessary care;
- (b) Education of clients in medically safe and effective methods of family planning; and
- (c) Pregnancy and reproductive health care.

"Reproductive health care services" - Any medical services or treatments, including pharmaceutical and preventive care service or

treatments, directly involved in the reproductive system and its processes, functions, and organs involved in reproduction, in all stages of life. Reproductive health care services does not include infertility treatment.

"Reproductive system" - Includes, but is not limited to: Genitals, gonads, the uterus, ovaries, fallopian tubes, and breasts.

"Sexually transmitted infection (STI)" - A disease or infection acquired as a result of sexual contact.

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

WAC 182-532-500 Family planning only programs—Purpose. The purpose of family planning only programs is to provide family planning services to all clients capable of reproducing, regardless of gender, to:

- (1) Improve access to family planning and family planning-related services; and
- (2) Reduce unintended pregnancies (~~(; and~~
- ~~(3) Promote healthy intervals between pregnancies and births)).~~

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

WAC 182-532-520 Family planning only programs—Provider requirements. To be paid by the medicaid agency for services provided to clients eligible for family planning only programs, providers must:

- (1) ~~((Meet))~~ Comply with the requirements under this chapter and chapters 182-501 and 182-502 WAC;
- (2) Provide only those services that are within the scope of their licenses;
- (3) Bill the agency according to the agency's published billing guides;
- (4) Educate clients on Food and Drug Administration (FDA)-approved contraceptive methods and over-the-counter (OTC) contraceptive drugs, devices, and products, as well as related medical services;
- (5) Provide medical services related to FDA-approved contraceptive methods and OTC contraceptive drugs, devices, and products as medically necessary;
- (6) Supply or prescribe FDA-approved contraceptive methods and OTC contraceptive drugs, devices, and products as medically appropriate and in compliance with WAC 182-530-2000 (1)(b); and
- (7) Refer the client to available and affordable nonfamily planning primary care services, as needed.

AMENDATORY SECTION (Amending WSR 22-02-025, filed 12/28/21, effective 2/1/22)

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))~~ 12 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))~~ clinically appropriate. For purposes of this section, "clinically appropriate" means the type, frequency, extent, site, and duration of medical services must reasonably correlate to the client's needs;

(3) Family planning-related services and supplies;

(4) Contraception, including:

(a) Food and Drug Administration (FDA)-approved contraceptive methods, as described under WAC 182-530-2000 (1)(b);

(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))~~ (5) The following services, when ~~((appropriate, during a visit focused on family planning))~~ clinically appropriate or according to nationally recognized guidelines:

(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))~~;

(f) HIV testing, including rapid tests; and

(g) Viral hepatitis B and C testing;

(6) Hepatitis B and hepatitis A/B combination vaccines; and

(7) Human papillomavirus (HPV) vaccines.

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

WAC 182-532-550 Family planning only programs—Payment limitations. (1) The medicaid agency limits payment under the family planning only programs to services that:

(a) Have a primary focus and diagnosis of family planning as determined by a qualified licensed medical practitioner; ~~((and))~~

(b) Are medically necessary for the client to safely and effectively use, or continue to use, the client's chosen contraceptive method; and

(c) Include family planning-related services and supplies listed in WAC 182-532-530.

(2) The agency pays:

(a) Providers for covered family planning services using the agency's published fee schedules;

(b) For family planning pharmacy services, family planning laboratory services, and sterilization services using the agency's published fee schedules; and

(c) A dispensing fee only for contraceptive drugs purchased through the 340B program of the Public Health Service Act. (See chapter 182-530 WAC)

(3) The agency does not pay for inpatient services under the family planning only programs, except for complications arising from covered family planning services.

(4) The agency requires providers to:

(a) Meet the timely billing requirements of WAC 182-502-0150; and

(b) Seek timely reimbursement from a third party when a client has available third-party resources, as described under WAC 182-501-0200. Exceptions to this requirement are described under WAC 182-501-0200 ~~((2) and (3))~~ and 182-532-570.

~~((5) Services provided to family planning clients by federally qualified health centers (FQHCs), rural health centers (RHCs), and Indian health care providers (IHCP) do not qualify for encounter or enhanced rates.))~~

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

WAC 182-532-560 Family planning only programs—Documentation requirements. In addition to the requirements in WAC 182-502-0020, providers must document the following in the client's medical record:

(1) Primary focus and diagnosis of the visit is family planning or family planning-related;

(2) Contraceptive methods discussed;

(3) Plan for use of a contraceptive method, or the reason and plan for no contraceptive method;

(4) Education, counseling, and risk reduction with sufficient detail that allows for follow-up;

(5) Referrals to, or from, other providers; and

(6) If applicable, a copy of the completed consent form for sterilization. (See WAC 182-531-1550)

WAC 182-532-570 Family planning only programs—Good cause exemption from billing third-party insurance. (1) For the purposes of this section, "good cause" means that the use of the third-party coverage would violate a client's confidentiality because the third party:

(a) Routinely sends written, verbal, or electronic communications, as defined in RCW 48.43.505, to the third-party subscriber and that subscriber is someone other than the client; or

(b) Requires the client to use a primary care provider who is likely to report the client's request for family planning services to the subscriber.

(2) Clients eligible for family planning only programs may request an exemption from the requirement to bill third-party insurance due to "good cause" if they are:

(a) (~~Eighteen~~) Twenty-six years of age or younger and seeking services in confidence; or

(b) Domestic violence victims and seeking services in confidence.