



December 6, 2023  
(updated date)\*

**Subject: Informative – Information on Agency Rulemaking for November 16-30, 2023\***

Greetings Tribal Leaders & Tribal Partners,

We are writing to provide information in **partnership with the Washington State Department of Health rulemaking process**. We are committed to honoring the government-to-government relationship with sovereign Tribal nations and tribal partners.

We prioritize Tribal involvement early in the process to better ensure we are incorporating Tribal expertise, perspectives, and transparency in agency rulemaking. As part of this commitment, and in appreciation of the governance structures, we welcome your expertise and partnership in these current and upcoming rulemaking activities.

To provide comments or requests for additional information, please contact:

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**We appreciate your time and consideration with the Washington State Department of Health rulemaking process.**

Respectfully,

A handwritten signature in blue ink, appearing to read 'Candice Wilson', with a stylized flourish at the end.

Candice Wilson – Quatz'tenaut  
Tribal Policy Director  
Office of Tribal Public Health & Relations

Cc: Umair A. Shah, MD, MPH, Secretary of Health, Department of Health  
Jessica Todorovich, Chief of Staff, Department of Health  
Kristin Peterson, Chief of Policy, Planning & Evaluation, Department of Health  
Elizabeth Perez, Chief of Public Affairs and Equity, Department of Health  
Tao Sheng Kwan-Gett, MD, MPH, Chief Science Officer, Department of Health  
Lacy Fehrenbach, Deputy Secretary, Prevention Safety & Health, Department of Health  
Michelle Davis, Executive Director, Washington State Board of Health

**Department of Health/State Board of Health  
Rule Report  
November 16-30, 2023**

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The following Department of Health and State Board of Health rules and documents were filed with the Washington State's Code Reviser Office between November 16-30, 2023.

More information on the following rules is available at: [DOH Rulemaking](#)

**Department of Health**

<b>Preproposal Statement of Inquiry (CR-101)</b>
None filed for this period.
<b>Proposed Rule Making (CR-102)</b>
<b>Commercial Shellfish Fees.</b> The Department of Health is proposing a fee increase and adding new fees in WAC 246-282-990 to cover the operational costs of the shellfish program. The proposal amends the existing fees for operator licenses, export certificates, biotoxin monitoring, paralytic shellfish poisoning testing, and creates new fees in other cost recovery mechanisms for the program. The proposal also adds a new or expired license fee, or a non-compliance driven virtual and on-site inspection fees. The department is also proposing changes to the fee categories and the fee schedule. Filed as <a href="#">WSR 23-23-186</a>

<b>Expedited Rules (CR105)</b>
<b>Pharmacy Rulemaking Non-Substantive Changes.</b> This proposal will remove citations to repealed WAC chapters, update citations to the current governing WAC chapter or specific rule(s) and make general grammatical corrections without making any material changes. Filed as <a href="#">WSR 23-23-153</a>
<b>Emergency Rules (CR-103E)</b>
<b>Mental Health Professional Definition Amendment and Creation of Certified Agency Affiliated Counselor and Licensed Agency Affiliated Counselor Credentials,</b> Amends chapter 246-341 WAC to address language that conflicts with 2SHB 1724, deleting an outdated definition of “Mental Health Professional” requirements and updating an incorrect cross-reference. Amends chapter 246-810 WAC to establish two new credentials, the certified agency affiliated counselor (C-AAC) and the licensed agency affiliated counselor (L-AAC). The amendments align rule language with statute and revise the registered AAC fees to apply to all AAC types. This emergency rule continues without changing the original emergency rule. The emergency rules will be continued while permanent rule making is in progress under WSR 23-16-044, filed on July 25, 2023. Filed as <a href="#">WSR 23-23-136</a>

<b>Adopted Rules (CR103P)</b>
<b>Health Equity Continuing Education for Licensed Practical Nurses (LPN) and Registered Nurses (RN).</b> The Washington State Board of Nursing (board) adopted health

equity continuing education requirements in WAC 246-840-220 and WAC 246-840-222 to comply with RCW 43.70.613. The board's adopted rule adds two hours of health equity education to be completed as part of the current continuing education requirements every year. This exceeds the two hours of health equity education to be completed every four years required in the Department of Health's model rules. The proposed rule requires two hours in health equity CE every year which can be counted under existing CE requirements for the profession. Filed as [WSR 23-23-166](#)

**Health Equity Continuing Education for Mental Health Counselors, Marriage and Family Therapists, and Social Workers.** The Department of Health adopted amendments to WAC 246-809-095, 246-809-110, 246-809-130, 246-809-210, 246-809-310, 246-809-320, 246-809-330, 246-809-610, 246-809-630, 246-809-632, 246-809-650, and 246-809-730 to establish two hours of health equity continuing education (CE) requirements every four years for substance use disorder professionals. The adopted rules do not change the total CE hours. The hours are counted under existing, unspecified CE requirements for the profession. Filed as [WSR 23-23-150](#)

**Health Equity Continuing Education for Orthotists and Prosthetists.** The Department of Health amended WAC 246-850-140 to adopt the health equity model rules, WAC 246-12-800 through 246-12-830, for orthotists and prosthetists to comply with RCW 43.70.613. WAC 246-850-140 was amended to include at minimum two hours of CE in health equity every four years for orthotists and prosthetists. The health equity CE requirement will be added to the existing number of CE hours required for orthotists and prosthetists without changing the existing total number of required CE hours. The health equity CE requirement is counted under existing, unspecified CE requirements for the profession. Filed as [WSR 23-23-137](#)

**Health Equity Continuing Education for Physician Assistants and Allopathic Physicians.** The Washington Medical Commission (commission) adopted health equity continuing education requirements in new sections, WAC 246-918-195 and WAC 246-919-445. The commission has adopted the Department of Health's health equity model rules, WAC 246-12-800 through 246-12-830, to adopt rules requiring a licensee to complete health equity CE training at least once every four years. The adopted rule does not change the total CE hours but requires two hours in health equity CE every four years which is absorbed into the existing number of CE hours required. The health equity CE requirement is counted under existing, unspecified CE requirements for the profession. Filed as [WSR 23-24-033](#)

**Health Equity Continuing Education for Sex Offender Treatment Providers (SOTP).** The Department of Health adopted amendments to WAC 246-930-410 to establish health equity continuing education (CE) requirements. The adopted rule does not change the total CE hours required for SOTPs. It requires two hours in health equity CE every four years, which is absorbed into the existing number of CE hours required. Additionally, because an individual must hold an SOTP credential in addition to a credential for their primary health profession, the adopted rule does not require an SOTP to take an additional health equity CE training if they have already completed the training for their primary credential. Filed as [WSR 23-24-032](#).

## Miscellaneous

**POLICY STATEMENT NOTICE OF ADOPTION** Applying for New Agency Affiliated Counselor Credentials |Policy Number: AAC-23-01. The Department of Health clarified their

position on implementation of new agency affiliated counselor credentials. Effective Date: July 23, 2023. Filed as [WSR 23-23-116](#)

## State Board of Health

### Preproposal Statement of Inquiry (CR-101)

**Newborn Screening for GAMT and ARG1-D.** The Washington State Board of Health (Board) is considering adding Guanidinoacetate methyltransferase deficiency (GAMT) and Arginase 1 deficiency (ARG1-D) to the list of mandatory conditions for newborn screening conducted by the Department of Health. GAMT deficiency and ARG1-D are rare inherited metabolic conditions that can result in severe disability and in some cases death if not detected and treated early. Filed as [WSR 23-24-016](#)

### Proposed Rule Making (CR-102)

None filed during this period.

### Expedited Rules (CR-105)

None filed during this period.

### Emergency Rules (CR-103E)

None filed during this period.

### Adopted Rules (CR-103P)

None filed during this period.

### Miscellaneous

None filed during this period.