



RULE-MAKING ORDER

CR-103P (May 2009)
(Implements RCW 34.05.360)

Agency: Health Care Authority, Washington Apple Health

Permanent Rule Only

Effective date of rule:

Permanent Rules

- 31 days after filing.
- Other (specify) _____ (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:

This rule reflects state requirements that hospitals and health care providers attending births inform parents of required newborn screening tests and prophylactic eye ointment. The rule requires that these providers inform parents of the risks and benefits of vitamin K injection, and appropriately document parent refusal of services. Language is also revised to improve readability and replace outdated references to "MAA."

Citation of existing rules affected by this order:

Repealed:
 Amended: 182-533-0600
 Suspended:

Statutory authority for adoption: RCW 41.05.021, 41.05.160

Other authority: RCW 70.83.020; SHB 1285, Chapter 37, Laws of 2015, 64th Legislature 2015; WAC 246-100-202

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 15-16-002 on July 23, 2015.
 Describe any changes other than editing from proposed to adopted version:

In response to written comments received, the agency added a provision that parents may refuse services under RCW 70.83.020, and a requirement that providers appropriately document parent refusal.

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

Name: _____ phone () _____
 Address: _____ fax () _____
 e-mail _____

Date adopted: September 21, 2015

NAME
Wendy Barcus

SIGNATURE

TITLE
HCA Rules Coordinator

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: September 21, 2015
TIME: 9:59 AM
WSR 15-19-122

**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Federal statute:	New	_____	Amended	_____	Repealed	_____
Federal rules or standards:	New	_____	Amended	_____	Repealed	_____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	<u>1</u>	Repealed	_____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 in 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>1</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>1</u>	Repealed	_____

WAC 182-533-0600 Planned home births and births in birthing centers. (1) ~~((MAA))~~ **Client eligibility.** The medicaid agency covers planned home births and births in birthing centers for ~~((its))~~ clients ~~((when the client and the maternity care provider))~~ who choose to ~~((have a home birth or to))~~ give birth at home or in an ((MAA)) agency-approved birthing center and ((the client)):

(a) ~~((Is))~~ Are eligible for ((CN or MN)) the alternative benefit package under WAC 182-501-0060, categorically needy or medically needy scope of care ((see WAC 388-533-400(2))) under WAC 182-533-0400(2);

(b) ~~((Has a MAA approved))~~ Have an agency-approved medical provider who has accepted responsibility for the planned home birth or birth in birthing center ((as provided in)) under this section;

(c) ~~((Is))~~ Are expected to deliver the child vaginally and without complication (i.e., with a low risk of adverse birth outcome); and

(d) ~~((Passes MAA's))~~ Pass the agency's risk screening criteria. ((MAA)) The agency provides these risk-screening criteria to qualified medical services providers.

(2) ~~((MAA approves))~~ **Qualified providers.** Only the following provider types ~~((to provide MAA covered))~~ may be reimbursed for planned home births and births in birthing centers:

(a) Physicians licensed under chapters 18.57 or 18.71 RCW;

(b) Nurse midwives licensed under chapter 18.79 RCW; and

(c) Midwives licensed under chapter 18.50 RCW.

(3) **Birthing center requirements.**

(a) Each participating birthing center must:

~~((a))~~ (i) Be licensed as a childbirth center by the department of health (DOH) under chapter 246-349 WAC;

~~((b))~~ (ii) Be specifically approved by ((MAA)) the agency to provide birthing center services;

~~((c))~~ (iii) Have a valid core provider agreement with ((MAA)) the agency; and

~~((d))~~ (iv) Maintain standards of care required by DOH for licensure.

~~((4) MAA))~~ (b) The agency suspends or terminates the core provider agreement of a birthing center if it fails to maintain DOH standards cited in ~~((subsection (3)))~~ (a) of this ~~((section))~~ subsection.

~~((5))~~ (4) **Home birth or birthing center providers.** Home birth or birthing center providers must:

(a) Obtain from the client a signed consent form in advance of the birth;

(b) Follow ~~((MAA's))~~ the agency's risk screening criteria and consult with ~~((and/))~~ or refer the client or newborn to a physician or hospital when medically appropriate;

(c) Have current, written, and appropriate plans for consultation, emergency transfer and transport of a client ~~((and/))~~ or newborn to a hospital;

(d) Make appropriate referral of the newborn for pediatric care and medically necessary follow-up care;

(e) Inform parents of ~~((the benefits of a))~~ required prophylactic eye ointment and newborn screening tests ((and offer to)) for heritable or metabolic disorders, and congenital heart defects, and send the

newborn's blood sample to the (~~department of health~~) DOH for testing(~~;~~ and

~~(f)~~). Parents may refuse these services for religious reasons under RCW 70.83.020. The provider must obtain the signature from the parent(s) on:

(i) The reverse side of the screening card to document refusal of screenings for heritable or metabolic disorders; and

(ii) A waiver form to document refusal of prophylactic eye ointment or a screening for congenital heart defects;

(f) Inform parents of the benefits and risks of Vitamin K injections for newborns; and

(g) Have evidence of current cardiopulmonary resuscitation (CPR) training for:

(i) Adult CPR; and

(ii) Neonatal resuscitation.

~~((6))~~ (5) Planned home birth providers. Planned home birth providers must:

(a) Provide medically necessary equipment, supplies, and medications for each client;

(b) Have arrangements for twenty-four hour per day coverage;

(c) Have documentation of contact with local area emergency medical services to determine the level of response capability in the area; and

(d) Participate in a formal, state-sanctioned, quality assurance(~~(/)~~) improvement program or professional liability review process (~~((e.g., Joint Underwriting Association (JUA), Midwives Association of Washington State (MAWS), etc.))~~).

~~((7) MAA))~~ (6) Limitations. The agency does not cover planned home births or births in birthing centers for women identified with any of the following conditions:

(a) Previous cesarean section;

(b) Current alcohol (~~and~~) or drug addiction or abuse;

(c) Significant hematological disorders(~~(/)~~) or coagulopathies;

(d) History of deep venous (~~thromboses~~) thrombosis or pulmonary embolism;

(e) Cardiovascular disease causing functional impairment;

(f) Chronic hypertension;

(g) Significant endocrine disorders including preexisting diabetes (type I or type II);

(h) Hepatic disorders including uncontrolled intrahepatic cholestasis of pregnancy (~~and~~) or abnormal liver function tests;

(i) Isoimmunization, including evidence of Rh sensitization(~~(/)~~) or platelet sensitization;

(j) Neurologic disorders or active seizure disorders;

(k) Pulmonary disease;

(l) Renal disease;

(m) Collagen-vascular diseases;

(n) Current severe psychiatric illness;

(o) Cancer affecting (~~site of delivery~~) the female reproductive system;

(p) (~~Known~~) Multiple gestation;

(q) (~~Known~~) Breech presentation in labor with delivery not imminent; or

(r) Other significant deviations from normal as assessed by the provider.