



# PREPROPOSAL STATEMENT OF INQUIRY

**CR-101 (June 2004)**  
(Implements RCW 34.05.310)  
Do **NOT** use for expedited rule making

**Agency:** Health Care Authority, Washington Apple Health

**Subject of possible rule making:**

WAC 182-544-0325 Vision care – covered eyeglass frames – Clients twenty years of age and younger  
WAC 182-544-0350 Vision care – covered eyeglass lenses – Clients twenty years of age and younger  
Other related rules as appropriate.

**Statutes authorizing the agency to adopt rules on this subject:** RCW 41.05.021, 41.05.160

**Reasons why rules on this subject may be needed and what they might accomplish:**

The agency is amending WAC 182-544-0325 to clarify the limitations for incidental repairs to eyeglass frames and replacement of lost or broken eyeglass frames. The agency is amending WAC 182-544-0350 to clarify the limitations for lost or broken eyeglass lenses and to add diagnosed medical conditions for coverage of polycarbonate lenses. During the course of this review, the agency may identify additional changes that are required in order to improve clarity or update policy.

**Identify other federal and state agencies that regulate this subject and the process coordinating the rule with these agencies:** NA

**Process for developing new rule (check all that apply):**

- Negotiated rule making
- Pilot rule making
- Agency study
- Other (describe)

The agency welcomes the public to take part in developing this rule. If interested, contact the person identified below to receive an early rule draft to review. After the early review, the agency will send a notice of proposed rulemaking (CR-102) to everyone receiving this notice and anyone who requests a copy.

**How interested parties can participate in the decision to adopt the new rule and formulation of the proposed rule before publication:**

Contact:  
Katie Pounds  
PO Box 42716, Olympia, WA 98504-2716  
Fax: (360) 586-9727 TTY: 1-800-848-5429  
E-mail: [katherine.pounds@hca.wa.gov](mailto:katherine.pounds@hca.wa.gov)

**DATE**  
September 21, 2016

**NAME (TYPE OR PRINT)**  
Wendy Barcus

**SIGNATURE**

**TITLE**  
HCA Rules Coordinator

**CODE REVISER USE ONLY**

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

**DATE: September 21, 2016**  
**TIME: 11:06 AM**  
**WSR 16-19-103**