STATE OF WASHINGTON

Washington State Board of Nursing
Meeting Agenda
September 7, 2023
9:00 AM- 5:00 PM

Spokane Convention Center, 334 West Spokane Falls Blvd, Spokane, WA 99201. Rooms 302 A/B.
Zoom registration: https://us02web.zoom.us/meeting/register/tZItcOuhrj0sGNOKO_r1TOk5DGjNdJhe_78V

Commission Members:	Yvonne Strader, RN, BSN, BSPA, MHA, Chair Helen Myrick, Public Member, Vice-Chair Adam Canary, LPN, Secretary/Treasurer Jonathan Alvarado ARNP, CRNA Quiana Daniels, BS, RN, LPN Ella B. Guilford, MSN, M.Ed., BSN, RN Judy Loveless-Morris, PhD, Public Member Ajay Mendoza, CNM Dawn Morrell, RN, BSN, CCRN MaiKia Moua, RN, BSN, MPH Sharon Ness, RN Emerisse Shen, FNP, ARNP Kimberly Tucker PhD, RN, CNE
Assistant Attorney General:	Sierra McWilliams, Assistant Attorney General
Staff:	Alison Bradywood, DNP, MPH, RN, NEA-BC, Executive Director Chris Archuleta, Director, Operations and Finance Gerianne Babbo, Ed.D, MN, RN, Director, Education Shad Bell, Assistant Director, Operations and Communications Amber Zawislak-Bielaski, MPH, Assistant Director, Licensing Debbie Carlson, MSN, RN, CPM, Director, Practice Mary Sue Gorski, PhD, RN, Director, Advanced Practice, Research and Policy Karl Hoehn, JD, FRE, Assistant Director, Discipline – Legal Grant Hulteen, Assistant Director, Discipline – Investigations and WHPS Bethany Mauden, Administrative Assistant Kathy Moisio, PhD, RN, Director, Nursing Assistant Programs Catherine Woodard, Director, Discipline and WHPS

Questions
Please contact us at 360-236-4703 if you:

- have questions about the agenda.
- want to attend for only a specific agenda item.
- need to make language or accessibility accommodations.

Language and Accessibility
If you plan to attend and need language or accessibility services, Washington State Board of Nursing (WABON) can arrange help. Please contact us at least one week before the meeting, (August 31, 2023)

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Deaf or hard of hearing customers:

- Call: 711 (Washington Relay)
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Meeting Minutes
We record our meetings to help write accurate minutes. Our minutes are then approved at the next WABON business meeting. WABON posts minutes on our website nursing.wa.gov.

All minutes and recordings are public record. They are available on request from DOH at doh.wa.gov/about-us/public-records.

If attending remotely, please mute your connection to minimize background noise during the meeting.

Smoking and vaping are prohibited at this meeting.

I. 9:00 AM Opening – Yvonne Strader, Chair – DISCUSSION/ACTION

II. Call to Order

A. Introductions
1. Name, length of time on commission, committee participation, area of residence

B. Order of the Agenda
C. Land Acknowledgement – Ajay Mendoza
D. Announcements

III. 9:10 AM Consent Agenda – DISCUSSION/ACTION

Consent Agenda items are considered routine and are approved with a single motion.

A. Approval of Minutes
1. WABON Business Meeting
   a. July 14, 2023
   b. August 7, 2023
2. WABON Workshop
   a. July 13, 2023
3. Advanced Practice Subcommittee
   a. June 21, 2023
4. Discipline Subcommittee
   a. June 20, 2023

III. Consent Agenda – Continued - DISCUSSION/ACTION

A. Approval of Minutes

5. Consistent Standards of Practice Subcommittee
   a. No minutes to approve
6. Licensing Subcommittee
   a. June 20, 2023
   b. July – No meeting
7. Research Subcommittee
   a. May 15, 2023
   b. June 2023 – No meeting
8. Education Subcommittee
   a. No minutes

B. Performance Measures and Discipline Trends

1. Case Management
2. Investigations
3. Legal
4. Washington Health Professional Services (WHPS)
5. Nursing Assistant Program Approval Panel (NAPAP)
6. Nursing Program Approval Panel (NPAP)

C. Licensing Report to the Governor's Office

D. Washington Center for Nursing/WABON monthly meetings

1. July 25, 2023

E. Out of state travel reports

1. **NCSBN Annual Meeting**
   a. Alison Bradywood
   b. Yvonne Strader
   c. Ella Guilford
   d. Judy Loveless-Morris
   e. Margaret Holm
   f. Shana Johnny
   g. Holly Palmer
   h. Kathy Moisio
   i. Gerianne Babbo
2. **National Tribal Opioid Summit**
   a. Shana Johnny

IV. 9:15 AM – 9:20 AM WABON Panel Decisions – DISCUSSION

The WABON delegates the authority as provided by law for certain decision to a panel of at least three members. A member of the WABON must chair panels. Pro tem members of WABON may serve as panel members. The following decisions are provided for information.

A. Nursing Program Approval Panel (NPAP)

1. July 20, 2023
2. August 3, 2023
3. August 17, 2023

B. Nursing Assistant Program Approval Panel (NAPAP)

1. July 10, 2023
2. August 14, 2023

V. 9:20 AM – 9:50 AM Chair Report – Yvonne Strader – DISCUSSION/ACTION

A. WABON Annual Survey

1. Updated survey to be reviewed.

B. Subcommittee membership

VI. 9:50 AM – 10:50 AM Executive Director Report – Dr. Alison Bradywood – DISCUSSION/ACTION

A. Budget Report – Adam Canary, Chris Archuleta

B. Rules Update – Jessilyn Dagum

1. **Initial Out-of-State Exam and Endorsement Licensing Rule**

Situation:

The draft proposed rule language is currently in emergency rule which was filed with the intention of moving the amendments to permanent rule. The Licensing subcommittee reviewed and approved the draft language on August 15.

Background:

The rules as currently written state that a nurse who has graduated from another state's approved nursing program or from a substantially equivalent program may be licensed in Washington state. The board recently became aware that certain nursing programs in Florida and elsewhere had programs that were fraudulently granting diplomas.

Assessment:

Emergency rules expire every 120 days. It is necessary to move these amendments to permanent rule to ensure that the rules cannot be read to mean that because an applicant's fraudulent nursing program was approved by another state, the board must accept it and license these individuals. As a preliminary step, the board has filed emergency rules to address these amendments. The draft proposed language amends licensing requirements for registered nurse (RN) and licensed practical nurse (LPN) applicants applying for initial licensure via an out-of-state traditional nursing education program approved by another U.S. nursing board or applying via interstate endorsement.

Requested Action:

Review the draft proposed language and decide whether to move these rules forward in the rulemaking process with the filing of a CR-1012.

2. **Multistate License Fee Recommendation to the Secretary**

Situation:

The multistate license fee scenarios were presented at interested party rule workshops on August 23, 28, and 29. The scenarios and feedback from the workshops are shared with the board for their review and consideration.

Background:

As a part of Phase 2 of the board's implementation plan, the Department of Health (department) in consultation with the board must update an existing licensing surcharge amount in rule to comply with the new surcharge amount in law. The department and the board are also considering rule making to create a fee for a new multistate license option for registered nurses (RNs) and licensed practical nurses (LPNs) residing in Washington State in keeping with Substitute Senate Bill (SSB) 5499 Multistate Nurse Licensure Compact (Chapter 123, Laws of 2023), effective July 23, 2023

Assessment:

Rulemaking is needed to bring the rule in compliance with the law as amended by SSB 5499, effective July 23, 2023, which changes an existing surcharge from $5 to $8 on all license types for RNs and LPNs. Advanced registered nurse practitioners are only required to pay the surcharge on their RN licenses. The surcharge provides grants to a central nursing resource center. Rulemaking is also necessary to enact provisions in SSB 5499 to include Washington State in a Nurse Licensure Compact with multiple states. The legislation created a new multistate license option for RNs and LPNs whose primary state of residence is Washington. The department and board will consider the fee to be charged for the new license type during the rule making process. The multistate license option will

allow RNs and LPNs who reside in Washington State to forgo their single-state license and practice in-person or via telehealth in other compact states.

Requested Action:

Consider what the recommendation from the board to the Secretary of Health will be regarding the new multistate license fee. Licensing fees are under the authority of the Secretary of Health. The board may recommend what the new multistate license fee should be based on fee scenarios and feedback from rule workshops.

C. Health Enforcement and Licensure Management System (HELMS) Update - Alison Bradywood

10:50 AM – 11:00 AM Break

VII. 11:00 AM – 11:30 AM Subcommittee Report – DISCUSSION/ACTION

A. Advanced Practice – Jonathan Alvarado, Chair
1. Update on Change from ARNP to APRN as protected title.

B. Consistent Standards of Practice – Sharon Ness, Chair
1. No report

C. Discipline – Adam Canary, Chair
1. No report

D. Licensing – Dawn Morrell, Chair
1. No report

E. Research – MaiKia Moua, Acting Chair
1. Nursing Assistant Program Survey
2. Discipline dashboard

F. Education – Kimberly Tucker, Chair
1. No report

VIII. 11:30 AM – 11:45 AM Public Comment

This time allows for members of the public to present comments to the NCQAC. If the public has issues regarding disciplinary cases, please call 360-236-4713.

11:45 AM – 1:00 PM Lunch

IX. 12:00 PM – 1:00 PM Education Session: Power of Providers (POP) Initiative – Tiffany Turner, Provider Experience Coordinator, Division of Prevention and Community Health, Washington State Department of Health

Tiffany Turner is currently a program manager for the POP Initiative with 20 years of experience with the Spokane Regional Health District in the Disease Prevention and Response Division. About Power of Providers Initiative | Washington State Department of Health
In 2021 the Washington State Department of Health established the POP Initiative to help combat the devastation of the COVID-19 pandemic. With thousands of health care providers represented, POP efforts have contributed to our state having one of the highest vaccination rates in the country. With more work to do, we look forward to having you join our initiative!

X. 1:00 PM – 1:15 PM Joint Administrative Rules Review Committee (JARRC) Findings and Hearing Process

On July 5, 2023, the JARRC found by majority vote that that by requiring a "graduate degree" to be a masters or doctoral degree and adopting exemptions to WAC 246-840-340 and WAC 246-840-342 by agency procedure, the board is using a policy in place of a rule that has not been adopted in accordance with all applicable provisions of law.

X. Joint Administrative Rules Review Committee (JARRC) Findings and Hearing Process - Continued

On July 14, 2023, the board received a letter of determination from the JARRC recommending that the board:

(1) define the term "graduate degree" in chapter 246-840 WAC and
(2) provide for the exemptions to education requirements for Advanced Registered Nurse Practitioner license applicants in board Procedures B35.01 and B9.06 by rule.

XI. 1:15 PM – 1:45 PM JAARC Hearing – DISCUSSION/ACTION

The board holds a public hearing to fully consider all written and oral submissions regarding the July 5, 2023, JARRC finding, the board will notify the JARRC of its intended actions in writing within seven days of the hearing based on its review of written and oral comment.

1:45 PM - 2:00 PM Break

XII. 2:00 PM – 3:30 PM Implementation Plan Progress

A. HB 1009: Military Spouse Employment – Amber Zawislak-Bielaski, Jessilyn Dagum

Situation:
2SHB 1009 requires WABON to issue a temporary license to military spouses within 90 days of application date and the temporary license must be issued for no less than 180 days. WABON must also identify a contact to assist with military spouse applicants and licensees, provide training to board members on the culture, experience, and related issues of a military spouse, and is encouraged to appoint a military spouse to serve on the board and conduct a review of licensing fees/applications.

Background:
The intent of this bill is to establish requirements for licensing authorities related to the professional licensing of military spouses and to reduce potential barriers on this population as they move to Washington state.

Assessment:
WABON currently issued temporary practice permits (TPPs) to all licensees for 180 days and is in the process of amending TPP rules. WABON has already incorporated the 180-day language into draft language for the pending TPP rules to remain in compliance with the legislation. WABON also currently expedites all military spouse applications and issues complete TPPs under seven days for those who provide all required documentation. WABON is in the process of developing resources for military personnel and military spouses on the website. These efforts are being coordinated with the Department of Health military liaison and the Washington State Department of Veterans Affairs.

Requested Action:
No action required at this time; implementation continues as noted below.

- Draft Nurse Licensure Military Pathways document currently in review with military partners (draft included in packet materials)
- Military resource webpages in development (general military spouse and personnel webpage and Nurse Licensure Compact specific webpage)
- Military Spouse Employment Training for board members scheduled for the November WABON business meeting.
- Recruitment for a military spouse to serve on board is ongoing.

B. HB 1255: Reducing stigma and incentivizing health care professionals to participate in a substance use disorder monitoring and treatment program. – Grant Hulteen

Situation:

SHB 1255 requires: 1) WABON to remove substance use disorder (SUD) disciplinary documents from the DOH credential look up website for graduates of the Washington Health Professional Services (WHPS) monitoring program, and 2) WABON to establish and administer a stipend program to support nurses with financial need to cover costs associated with the WHPS SUD monitoring program. The bill allocates $25,000 yearly from the general fund for fiscal years 2023-2025 to fund the stipend program.

Background:

Washington State Legislature passed this bill to reduce the stigma and employment difficulties associated with a history of a substance use disorder. Financial assistance for nurses in the WHPS program aims to mitigate barriers to participation related to costs, estimated to be between $9,000 to $37,000 per year.

Assessment:

The WABON has the authority and responsibility to have SUD disciplinary documents such as Orders and Statement to Informal Disposition (STID) removed from public display on websites, primarily DOH provider credential search, for nurses who successfully completed the WHPS monitoring program by July 14, 2023.

WABON, DOH IT, and DOH ALJ have developed a process to remove Orders and STIDs. Removal of the "yes" notation under the Action Taken column on the credential search page will require major reprograming to remove this identifier.

WABON has the authority and responsibility to develop and administer the stipend program. The stipend program is mandated to be implemented by July 1, 2024. WHPS staff are developing the stipend program, including an application, qualifications, and approval process, and updating procedures to address this program. This program aims to cover up to 80% of the WHPS participation costs.

Requested Action:

No action requested at this time; implementation continues as noted below.

- Work with DOH IT to remove the "yes" designation and disciplinary documents from the DOH credential site for future and past graduates.
- Develop procedures and best practices regarding the stipend program.
- Develop a tracking and reporting method as required for the 2024 legislative session.
- Improve stipend program cost estimates to potentially adjust future funding.

C. SB 5582: Reducing barriers and expanding educational opportunities to increase the supply of nurses in Washington. – Gerianne Babbo and Kathy Moisio

Situation:

SB 5582: Reducing barriers and expanding educational opportunities to increase the supply of nurses in Washington.

Background:

Section 4: calls for an apprenticeship program for home care aides and nursing assistants-certified to advance to licensed practical nursing.

Section 8: "The Commission shall adopt rules which allow for one hour of simulated learning to be counted as equivalent to two hours of clinical placement learning, with simulated learning accounting for up to 50% of the required clinical hours."

Section 12: calls for the development of at least two pilot projects between high school nursing assistant training programs and rural hospitals to address workforce shortages and promote nursing careers in rural hospitals.

Assessment:

Section 4: Work on the apprenticeship program continues to evolve. Workforce Training and Education Coordinating Board (WTB) serves as the lead agency, in collaboration with Labor and

Industries and the WABON. Students continue in pre-requisite coursework. The target launch date remains September 2024. The partnering college has submitted their proposal to the Nursing Program Approval Panel (NPAP) for review. The most recent development is that WTB has identified an apparent successful bidder for sponsorship of the program. Their focus in the coming months will be to develop and submit the apprenticeship application to the Washington State Apprenticeship and Trade Council (WSATC).
Section 8: Review of the nursing simulation research and best practices has been completed and outreach to experts in the field of simulation both in-state and nationally has occurred. Draft rules are being developed and workshop dates will be set very soon.
Section 12: The legislation provided for a Nurse Consultant and Health Services Consultant to lead the development of the high school-rural hospital pilots. The hiring process for these two positions is underway.

Assessment:

Section 4 of SSB 5582: Work on the apprenticeship program continues to evolve. Workforce Training and Education Coordinating Board (WTB) serves as the lead agency, in collaboration with Labor and Industries and the WABON. Students continue in pre-requisite coursework. The target launch date remains September 2024. The partnering college has submitted their proposal to the Nursing Program Approval Panel (NPAP) for review. The most recent development is that WTB has identified an apparent successful bidder for sponsorship of the program. Their focus in the coming months will be to develop and submit the apprenticeship application to the Washington State Apprenticeship and Trade Council (WSATC).
Section 8 of SSB 5582: Review of the nursing simulation research and best practices has been completed and outreach to experts in the field of simulation both in-state and nationally has occurred. Draft rules are being developed and workshop dates will be set very soon.
Section 12 of SSB 5582: The legislation provided for a Nurse Consultant and Health Services Consultant to lead the development of the high school-rural hospital pilots. The hiring process for these two positions is underway.

Requested Action:

None at this time.

D. SB 5499: Nurse Licensure Compact – Alison Bradywood

1. Interstate Commission of Nurse Licensure Compact Administrators

Situation:

The Interstate Commission of Nurse Licensure Compact Administrators (ICNLCA) oversees administration of the nurse licensure compact (NLC) in partnership with the local state board of nursing. The ICNLCA or Commission oversees rules and performance of party states to ensure standardization and communication across the compact.

Background:

Washington State joined the NLC on July 24, 2023. SB 5499 defined the NLC in Washington, including a name change to WABON to differentiate the Board from the ICNLCA. The role of the

Assessment:

The ICNLCA has oversight for alignment and enforcement of the NLC across all compacted states. This includes rulemaking, operations, and communication across states particularly as related to licensing and discipline. Active participation of all party states is necessary to ensure timely reciprocity in these functions. ICNLCA retains the power to resolve disputes and ensure accountability to compact standards (beginning in 2024 with the compliance audit). For Washington State, the Executive Director of the Board of Nursing is the ICNLCA voting member. Rulemaking is open to public comment and is communicated via the NCSBN and WABON websites.

The WABON retains the ability to develop rules to specifically address Washington public safety. These include oversight of the nurse practice act, requirements to obtain or retain licensure, methods and grounds for nurse discipline, and state-specific employer requirements. State labor laws also cannot be adjusted by the ICNLCA.

Requested Action:
Continue to evaluate where state-level and compact rules may be necessary to best protect the public's safety. Participate in ICNLCA discussions and rulemaking to continue to improve compact administration.

3:30 PM Closing. Meeting will be continued on September 8, 8:30 AM.

Washington State's Board of Nursing
NCQAC
Nursing Care Quality Assurance Commission

Nursing Care Quality Assurance Commission (NCQAC)
Meeting Minutes
July 14, 2023
8:30 AM- 5:00 PM

This meeting was held in person at South Puget Sound Community College – Lacey Campus, Room 188/194 at 4220 6th Ave SE, Lacey, WA 98503 and via zoom. If you would like to request a copy of this recording, please visit the DOH Public Records Portal at https://doh.wa.gov/about-us/public-records.

Commission Members:
Yvonne Strader, RN, BSN, BSPA, MHA, Chair
Helen Myrick, Public Member, Vice-Chair
Adam Canary, LPN, Secretary/Treasurer
Quiana Daniels, BS, RN, LPN
Judy Loveless-Morris, Ph.D., Public Member
Ajay Mendoza, CNM
Dawn Morrell, RN, BSN, CCRN
MaiKia Moua, RN, BSN, MPH
Sharon Ness, RN
Emerisse Shen, FNP, ARNP
Kimberly Tucker, Ph.D., RN, CNE

Excused:
Jonathan Alvarado ARNP, CRNA
Ella B. Guilford, MSN, M.Ed., BSN, RN

Assistant Attorney General:
Sierra McWilliams, Assistant Attorney General

Staff:
Alison Bradywood, DNP, MPH, RN, NEA-BC, Executive Director
Chris Archuleta, Director, Operations and Finance
Gerianne Babbo, Ed.D, MN, RN, Director, Education
Shad Bell, Assistant Director, Operations and Communications
Amber Bielaski, MPH, Assistant Director, Licensing
Debbie Carlson, MSN, RN, CPM, Director, Practice
Mary Sue Gorski, Ph.D., RN, Director, Advanced Practice, Research, and Policy
Karl Hoehn, JD, FRE, Assistant Director, Discipline – Legal
Grant Hulteen, Assistant Director, Discipline – Investigations and WHPS
Bethany Mauden, Administrative Assistant
Kathy Moisio, Ph.D., RN, Director, Nursing Assistant Programs
Catherine Woodard, Director, Discipline and WHPS

I. 8:30 AM Opening – Yvonne Strader, Chair – DISCUSSION/ACTION

II. Call to Order

A. Introductions
B. New officers take their seats.
1. Yvonne Strader, Chair
2. Helen Myrick, Vice Chair
3. Adam Canary, Secretary/Treasurer

C. Order of the Agenda
D. Land Acknowledgement – Maikia Moua
E. Announcements

III. 8:40 AM Consent Agenda – DISCUSSION/ACTION

Consent Agenda items are considered routine and are approved with one single motion.

ACTION: Dr. Tucker moved, with a second from Mr. Mendoza, to approve the consent agenda. Motion passed.

A. Approval of Minutes
1. NCQAC Business Meeting
   a. May 12, 2023
2. Advanced Practice Subcommittee
   a. April 19, 2023
   b. May 17, 2023
3. Discipline Subcommittee
   a. April 18, 2023
4. Consistent Standards of Practice Subcommittee
   a. April 21, 2023
5. Licensing Subcommittee
   a. April 18, 2023
   b. May – No Meeting
6. Research Subcommittee
   a. April 17, 2023
7. Education Subcommittee
   a. June 5, 2023

B. Letter from NCSBN President Jay Douglas
C. Performance Measures
1. Investigations April/May
2. Legal
3. Washington Health Professional Services (WHPS)
4. Nursing Assistant Program Approval Panel (NAPAP)
5. Nursing Program Approval Panel (NPAP)

D. Licensing Report to the Governor's Office
E. Washington Center for Nursing/NCQAC monthly meetings
1. May 2023 – No meeting
2. June 27, 2023

III. **Consent Agenda Continued**

F. Out-of-state travel reports

1. National Forum of State Nursing Workforce Centers Conference, Lohitvenkatesh Oswal, Emma Cozart, June 12-15, Arlington VA
2. National Organization for Alternative Programs, May 15-19, 2023; Alicia Payne, Shelley Mezek, Cicely Bacon, and Yvonne Strader

IV. NCQAC Panel Decisions – DISCUSSION

The NCQAC delegates the authority provided by law for certain decisions to a panel of at least three members. A member of the NCQAC must chair panels. Pro tem members of NCQAC may serve as panel members. The following decisions are provided for information.

A. Nursing Program Approval Panel (NPAP)

1. May 15, 2023
2. May 18, 2023
3. June 1, 2023
4. June 15, 2023
5. July 6, 2023

B. Nursing Assistant Program Approval Panel (NAPAP)

1. May 8, 2023
2. May 15, 2023
3. June 12, 2023

XII. *Agenda item was moved up due to a scheduling conflict.* **Joint Operating Agreement Adoption – Dr. Alison Bradywood, Catherine Woodard, Chris Archuleta - DISCUSSION/ACTION**

Ms. Woodard and Mr. Archuleta reported the process and history of the Joint Operating Agreement. The NCQAC gave authority to the officers and staff to negotiate with the Department of Health and approve the Joint Operating Agreement.

XIII. *Agenda item was moved up due to a scheduling conflict* **Joint Operating Agreement Signing – Dr. Umair Shah, Secretary of Health - DISCUSSION/ACTION**

Dr. Shah and Dr. Bradywood gave brief remarks on the relationship of the partnership between the NCQAC and the Department of Health and signed the agreement.

V. Chair Report – Yvonne Strader – DISCUSSION/ACTION

A. NCSBN Annual Meeting, August 16-18, 2023, Chicago IL

1. Chair and Executive Director attend as the delegates
2. Board of Directors recommendations

ACTION: Ms. Daniels moved, with a second from Ms. Moua, the Chair and Executive Director have the authority to vote on behalf of the NCQAC at the annual NCSBN meeting. The motion passed.

V. Chair Report Continued.

B. NCSBN Annual Meeting, August 16-18, 2023, Chicago IL - Continued.

1. Interstate Commission of Licensure Administrators – Alison Bradywood

ACTION: Ms. Myrick moved, with a second from Mr. Canary, for the Chair of the NCQAC (Board of Nursing) to designate the Executive Director as the administrator of the Nurse Licensure Compact in the state of WA. The motion passed.

C. Subcommittee chairs and members

Ms. Strader reviewed the subcommittee chairs and members. It was noted that a new pro tems were not added to the list as they were appointed after the packet was finalized. To be revised and sent to the NCQAC, pro tems, and staff.

D. Schedule of meetings and locations

The NCQAC discussed the schedule of meetings and locations for 2024.

Date	Location
November 17, 2023	Virtual
January 12, 2024	Virtual
March 8, 2024	Tumwater
May 10, 2024	Tumwater
July 11-12, 2024	Tumwater
September 12-13, 2024	Tri-Cities
November 8, 2024	Virtual

ACTION: Ms. Daniels moved, with a second from Dr. Tucker, to approve the suggested dates and locations.

E. Land Acknowledgement Assignments

Ms. Strader discussed the history and rationale for Land Acknowledgements and asked for volunteers for the next meetings.

Date	Land Acknowledgement
September 7 - 8, 2023	Ajay Mendoza
November 17, 2023	Judy Loveless-Morris
January 12, 2024	Quiana Daniels
March 8, 2024	Yvonne Strader
May 10, 2024	Adam Canary
July 11-12, 2024	Helen Myrick

F. Chain of Command

Ms. Strader clarified the chain of command with the commissioners versus when to contact staff.

VI. Executive Director Report – Alison Bradywood – DISCUSSION/ACTION

A. Budget Report – Adam Canary, Chris Archuleta

Mr. Archuleta reported the budget has a net gain of $2.6M to the reserve balance since the beginning of the biennium, offsetting the $2.8M Health Enforcement and Licensure Management System (HELMS) assessment in FM12. Anticipated revenues meet projections and do not anticipate reaching full expenditure. The final HELMS withdrawal, $2.6M, will take place in FM24.

Nurse Licensure Compact Secretariate Fee, $3,000 to be charged by NCSBN on a annual basis.

B. Rules Update – Jessilyn Dagum

Ms. Dagum presented rules in progress.

The proposed amendments to WAC 246-840-930, 246-840-940 and new WAC sections amend the blood glucose testing and monitoring rules in response to Substitute House Bill (SHB) 1124 (Chapter 14, Laws of 2022). SHB 1124, Glucose Testing and Monitoring, makes two changes requiring rulemaking by the commission. The bill expands the allowance for the Registered Nurse (RN) to delegate glucose monitoring and testing beyond community-based and home settings to all settings where the Nursing Assistant-Registered (NAR), Nursing Assistant-Certified (NAC), and Home Care Aids (HCAs) work, and removes from statute the timelines for RN supervision and evaluation of the delegated task of administering insulin and directs the commission to determine the interval in rule.

ACTION: Ms. Ness moved, with a second from the Consistent Standards of Practice Subcommittee, to approve the draft proposed changes to WAC 246-840-930, 246-840-940 as well as the new WAC sections and move forward with the filing of the CR-102. Ms. Daniels abstained. The motion passed.

C. Health Enforcement and Licensure Management System (HELMS) Update Karl Hoehn, Amber Bielaski

Mr. Hoehn and Ms. Bielaski presented on the Health Enforcement and Licensure Management System progress.

D. Electronic Signatures – Shad Bell

Mr. Bell presented electronic signatures approvals.

E. State Auditor's Office: Licensing Audit Report – Amber Bielaski

Ms. Bielaski reported the results on the State Auditor's Office Licensing report.

F. Washington Recovery and Monitoring Program (WRAMP) MOU – Catherine Woodard

Ms. Woodard gave a historical report on the Washington Recovery and Monitoring Program Memorandum of Understanding.

G. Attorneys General Prosecutors Introduction – Tracy Bahm

Ms. Bahm introduced the Attorneys General Prosecutors and explained their role.

VI. Executive Director Report – Continued.

H. Procedure H12 NCSBN Institute of Regulatory Excellence (request to retire) – Chris Archuleta

Mr. Canary moved, with a second from Mr. Mendoza to retire procedure H12. The motion passed.

VII. Subcommittee Report – DISCUSSION/ACTION

A. Advanced Practice – Jonathan Alvarado, Chair

1. APRN Title Protection RCW 18.79.030
   Ms. Shen and Dr. Moisio presented on the interested parties meetings on APRN Title Protection.

B. Consistent Standards of Practice – Sharon Ness, Chair

1. Seattle King County Public Health (SKCPH) – Public Health Nurses
   It was the determination of the Consistent Standards of Practice subcommittee the elimination of public health nurse positions from SKCPH are employer-employee issues of which the NCQAC does not have jurisdiction over.
2. Frequently Asked Questions: Licensed Practical Nurse – Cardiology and Respiratory Procedures Revision Draft

   ACTION: Ms. Ness moved, with a second from the subcommittee, to adopt revisions to the LPN Scope of Practice: Cardiac and Respiratory Procedure Category Frequently Asked Questions. The motion passed.

VIII. Education Session – Mary Baroni

Dr. Mary Baroni presented Holistic Admissions in Nursing Education: Stories of Success - highlighting three LPN to BSN students who reflect the benefits of holistic admissions.

IX. 1:00 PM Public Comment

This time allows members of the public to present comments to the NCQAC.

Kara LaValley – team effort on LPN to BSN bridge programs and great progress.

XIV. Subcommittee Report – DISCUSSION/ACTION

A. Discipline – Adam Canary, Chair

1. Procedure A.41.03 Investigative Mental or Physical Examinations
2. Procedure A.46.03 Summary Actions
3. Procedure A.52.01 Approval of ARNP Experts (request to retire)
   ACTION: Mr. Canary moved, with a second from the Discipline subcommittee, to adopt revisions to procedures A.41 and A.46 and retire procedure A.52. The motion passed.

B. Licensing – Dawn Morrell, Chair

1. No Report

C. Research – Sharon Ness, Chair

1. No Report

XIV. Subcommittee Report – DISCUSSION/ACTION

D. Education – Kimberley Tucker, Chair

1. Nursing Assistant Skills Testing Proposal
   Dr. Moisio presented a Nursing Assistant Skills Testing Proposal.
   Training Programs: Invite directors/instructors to create pools of regional evaluators and coordinate availability with test dates.

   ACTION: Ms. Tucker moved, with a second of the subcommittee, to approve the implementation of the plan to create regional pools of evaluators from program directors/ instructors for localized, cross-program skills testing with coordination support from NCQAC staff. The motion passed.

XV. Education – Dr. Gerianne Babbo, Dr. Kathy Moisio - DISCUSSION/ACTION

A. Nursing Education

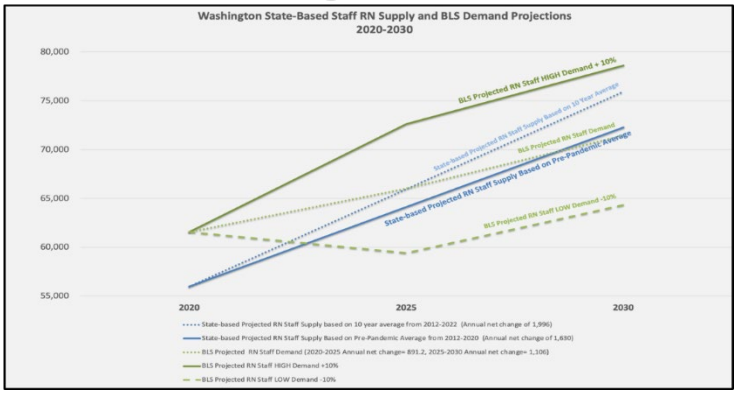
1. NCSBN Environmental Scan (January-2023) education highlights
   Dr. Babbo presented environmental scan of faculty vacancies and trend data.
2. Presentation of Workforce Input data - Dr. Mary Sue Gorski
   Dr. Gorski presented workforce input data. Data Sources: approved Washington State nursing programs and out-of-state programs approved for clinical placement of students 1) Prelicensure in-state program survey administered by the National Council of State Boards of Nursing (NCSBN). 2) Post-licensure in-state program survey administered by the NCQAC. 3) Out-of-state program survey administered by NCQAC. Dashboard link: Research, Data, and Reports | Nursing Care Quality Assurance Commission (wa.gov).

B. Nursing Assistant Education

1. Status Update: Curriculum, Rules, Testing
   Dr. Moisio reported on Nursing Assistant Education. A rules hearing's scheduled to take place in late August.
2. LPN Apprenticeship Update

XVI. Washington Center for Nursing Report – Sofia Aragon - DISCUSSION/ACTION

Dr. Patricia Mouton Burwell presented the WCN report. RN projections indicate a current shortage of RNs from 2020 to 2030. The shortage will be most severe in 2030 if (1) endorsements (or new compact nurses) decline to pre-pandemic levels and (2) capacity of nursing education programs are not increased and (3) strategies to promote retention of new graduates and practicing nurses are not implemented.



RN projections indicate a current shortage of RNs from 2020 to 2030. The shortage will be most severe in 2030 if production and endorsement of RNS return to pre-pandemic levels. Strategies to increase the capacity to maintain RN programs and retain new graduates and endorsed nurses should be explored.

XVII. 3:00 PM Meeting Evaluation

XVIII. 3:30 PM Closing

Washington State Board of Nursing
Meeting Minutes
Monday, August 7, 2023
1:00 PM- 2:00 PM

This meeting was held in virtually and for those who do not don't have computer or phone access space was made available at 111 Israel SE, Tumwater, WA 98501, Building TC-2, Room 140. If you would like to request a copy of this recording, please visit the DOH Public Records Portal at https://doh.wa.gov/about-us/public-records.

Commission Members:	Yvonne Strader, RN, BSN, BSPA, MHA, Chair Helen Myrick, Public Member, Vice-Chair Adam Canary, LPN, Secretary/Treasurer Jonathan Alvarado ARNP, CRNA Quiana Daniels, BS, RN, LPN Ella B. Guilford, MSN, M.Ed., BSN, RN Judy Loveless-Morris, PhD, Public Member Ajay Mendoza, CNM Dawn Morrell, RN, BSN, CCRN MaiKia Moua, RN, BSN, MPH Sharon Ness, RN Kimberly Tucker PhD, RN, CNE
Excused:	Emerisse Shen, FNP, ARNP
Assistant Attorney General:	Sierra McWilliams, Assistant Attorney General
Staff:	Alison Bradywood, DNP, MPH, RN, NEA-BC, Executive Director Chris Archuleta, Director, Operations and Finance Gerianne Babbo, Ed.D, MN, RN, Director, Education Shad Bell, Assistant Director, Operations and Communications Amber Bielaski, MPH, Assistant Director, Licensing Debbie Carlson, MSN, RN, CPM, Director, Practice Mary Sue Gorski, PhD, RN, Director, Advanced Practice, Research and Policy Karl Hoehn, JD, FRE, Assistant Director, Discipline – Legal Grant Hulteen, Assistant Director, Discipline – Investigations and WHPS Bethany Mauden, Administrative Assistant Kathy Moisio, PhD, RN, Director, Nursing Assistant Programs Catherine Woodard, Director, Discipline and WHPS

I. 1:00 PM Opening – Yvonne Strader, Chair – DISCUSSION/ACTION

II. Call to Order

A. Introductions

III. 1:10 PM – 1:40 PM Nursing Assistant Testing – Dr. Kathy Moisio – DISCUSSION/ACTION

The July business meeting discussion included approval of an adjusted approach to nursing assistant skills testing. This proposed method would recruit "regional pools" of evaluators from training programs to meet the testing demand in collaboration with Credentia.

Since July 14, 2023, skills testing slots have been further limited. A new proposal calls for non-nursing home training programs' RN directors and instructors to conduct skills testing for nursing assistant students from their programs. Nursing home students would be scheduled to test in outside training programs to assure they receive timely testing services.

ACTION: Ms. Myrick moved, with a second by Dr. Tucker, to approve implementation of the adjusted plan calling for non-nursing home nursing assistant training programs' RN directors and instructors to conduct skills testing for students from their programs and for other students (i.e., trained in nursing home programs). The motion passed.

IV. 1:40 PM -- 1:50 PM Public Comment

This time allows for members of the public to present comments to the WABON.

Gwen Pilon and Katie Gallegos – asked for clarification of the proposal.

V. 2:00 PM Meeting Evaluation and Closing

Washington State's Board of Nursing
NCQAC
Nursing Care Quality Assurance Commission

Nursing Care Quality Assurance Commission (NCQAC)
Workshop Minutes
July 13, 2023
8:30 AM- 5:00 PM

This meeting was held in person at South Puget Sound Community College – Lacey Campus, Room 188/194 at 4220 6th Ave SE, Lacey, WA 98503 and via zoom. If you would like to request a copy of this recording, please visit the DOH Public Records Portal at https://doh.wa.gov/about-us/public-records.

Commission Members:	Yvonne Strader, RN, BSN, BSPA, MHA, Chair Helen Myrick, Public Member, Vice-Chair Adam Canary, LPN, Secretary/Treasurer Quiana Daniels, GCertHealthSc, BS, LPN Judy Loveless-Morris, Ph.D., Public Member Ajay Mendoza, CNM Dawn Morrell, RN, BSN, CCRN MaiKia Moua, RN, BSN, MPH Sharon Ness, RN
Excused	Jonathan Alvarado ARNP, CRNA Ella B. Guilford, MSN, M.Ed., BSN, RN Emerisse Shen, FNP, ARNP Kimberly Tucker, Ph.D., RN, CNE
Assistant Attorney General:	Sierra McWilliams, Assistant Attorney General
Staff:	Alison Bradywood, DNP, MPH, RN, NEA-BC, Executive Director Chris Archuleta, Director, Operations and Finance Gerianne Babbo, Ed.D, MN, RN, Director, Education Shad Bell, Assistant Director, Operations and Communications Amber Bielaski, MPH, Assistant Director, Licensing Debbie Carlson, MSN, RN, CPM, Director, Practice Mary Sue Gorski, Ph.D., RN, Director, Advanced Practice, Research and Policy Karl Hoehn, JD, FRE, Assistant Director, Discipline – Legal Grant Hulteen, Assistant Director, Discipline – Investigations and WHPS Bethany Mauden, Administrative Assistant Kathy Moisio, Ph.D., RN, Director, Nursing Assistant Programs Catherine Woodard, Director, Discipline and WHPS

I. 8:30 AM Opening – Yvonne Strader, Chair – DISCUSSION/ACTION

II. Call to Order

A. Introductions
B. Order of the Agenda

III. 2021-2023 Strategic Plan Review – DISCUSSION

A. Academic Progression – LPN – Dr. Mary Sue Gorski
Dr. Gorski presented the academic progression strategic plan for LPN, the academic progression has met all goals and concluded.

B. Nursing Assistants – Dr. Kathy Moisio
Dr. Moisio presented progress on Nursing Assistants. Six objectives have been completed, four to be completed or in motion for ongoing implementation by Fall 2023, two to continue through July 1, 2026 on LPN Apprenticeship), and one continues with challenges and re-strategizing efforts on skills testing. A Nursing Assistant Rules hearing's scheduled to take place on August 30th.

C. Washington Health Professional Services (WHPS) – Catherine Woodard and Grant Hulteen
Ms. Woodard and Mr. Hulteen presented progress on the Washington Health Professional Services program. Substance Use Disorder (SUD) Conference scheduled to take place in October in Tacoma for one and a half days. Tickets to be sold by the end of July.
Ms. Woodard and Mr. Hulteen reported HB1255 regarding stipends for nurses in monitoring and destigmatizing SUD legislation passed. Implementation underway.

D. Communications – Shad Bell and Jessilyn Dagum
Mr. Bell and Ms. Dagum presented the communications taskforce update and completion of objectives. The future of communication – name change to Washington State Board of Nursing, SharePoint Transition to update cloud storage, Accessibility, and future projects – smartphone app, AI chat bot, and Amazon Alexa.

Ms. Sharar reported on the modern SharePoint transition.

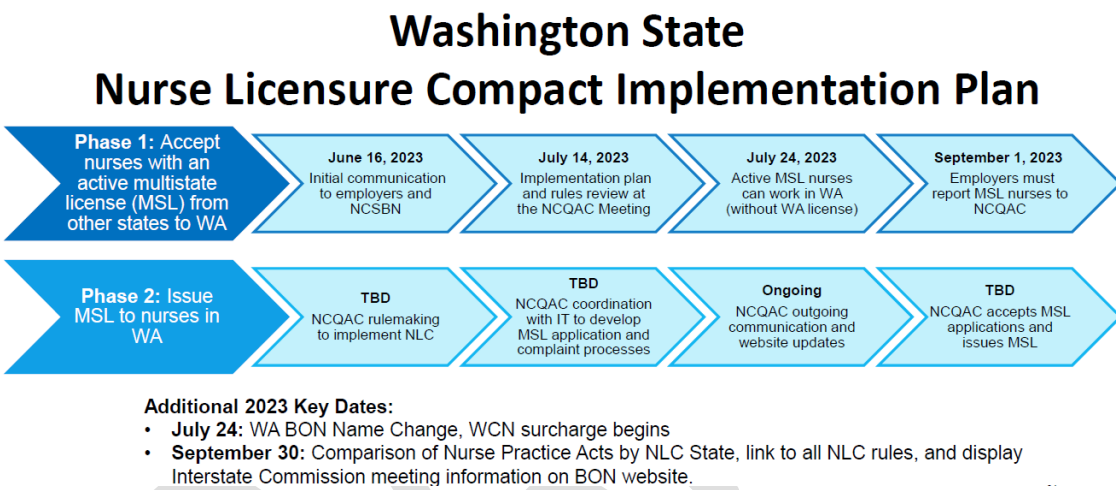
IV. Implementation Plans – DISCUSSION/ACTION

A. 2023 Nursing Legislation Summary document

1. HB 1009 – Amber Zawislak
   Ms. Zawislak presented the implementation plan for concerning military spouse employment. Requirements of 2SHB 1009 Impacting NCQAC. Must issue a temporary license to military spouses within 30 days of application date. Must identify a contact to assist with military spouse applicants and licensees. Must provide training to board/commission members on the culture of military spouses, the military spouse experience, and issues related to military spouse career paths. The legislation also encourages each authority to: Appoint a military spouse to serve on the board/commission. Conduct a review of licensing applications for military spouses and identify barriers for employment. Review licensing fees, related costs, and identify ways to reduce costs for military spouses.

IV. Implementation Plans – DISCUSSION/ACTION

2. HB 1255 – Grant Hulteen
   Mr. Hulteen presented the implementation plan for reducing stigma and incentivizing health care professionals to participate in a substance use disorder monitoring and treatment program.
3. SB 5582 – Gerianne Babbo and Kathy Moisio
   Dr. Babbo and Dr. Moisio presented the implementation plan for increases in nursing education to create more nurses.
4. SB 5499 – Alison Bradywood
   Dr. Bradywood presented the implementation plan for the Nurse Licensure Compact.



a. Review and Approval of NLC Employer Compliance Form
   Ms. Dagum and Ms. Zawislak demonstrated the NLC Employer Compliance Form.

   ACTION: Ms. Morrell moved to approve, with a second from Mr. Mendoza, the Employer Compliance Form to be utilized on the Nursing Commission's website as the method for employers to submit the requirements established by SSB 5499 for active multistate nurses working in Washington state. The motion passed.

b. Finalization of the Board of Nursing name.
   Dr. Bradywood reported on the legislation to revise the name of the commission to the board of nursing. Discussion on what the formal name of the board to be. Washington Board of Nursing (WBON), Washington State Board of Nursing (WSBON), or a variation of. Evergreen in the logo was suggested. The logo to be discussed at a future business meeting.

   ACTION: Ms. Myrick moved, with a second from Ms. Moua, to approve the name change from Nursing Care Quality Assurance Commission to the Washington State Board of Nursing, in compliance with SSB 5499 and to differentiate from the Interstate Commission of Nurse Licensure Compact Administrators. The motion passed.

V. Lunch Education Session – Nicki Perisho – Telehealth 101

Ms. Perisho, BA, BSN, RN, Program Director, Northwest Regional Telehealth Resource Center (NRTRC) – Ms. Perisho presents telehealth's Critical Role in achieving the goals of reducing cost, improving quality, enhancing the patient experience, and bettering the work life of health care staff.

VI. Strategic Plan Revisions and Additions – DISCUSSION/ACTION

The NCQAC strategic planning process looks at current and future impacts on the nursing profession for 2023-2025. In consideration of the scope of work for this period, it's critical to understand continuing bodies of work from the previous cycle (2021-2023), legislative requirements for implementation, and continue to scan the horizon for catalysts which would impact our work, confirm our trajectory, or adjust our direction.

a. Continuing from the 2021-2023 Strategic Plan

Nursing Assistant

1. Consider potential revisions to continuing efforts prior to adding then to the Strategic Plan (2023-2025). Continue to make and implement skills testing revisions. Finalize proposed rules (then phase out this item). Implement rules once effective, including common curriculum. Continue LPN Apprenticeship work as planned/legislated through 2026.
2. Review three additions already planned (2 through NCQAC vote, and 1 through legislation). Timeline considerations for nursing assistants (per NCQAC). Language considerations for nursing assistants (per NCQAC). High school-rural hospital pilot (per new legislation -- SSB 5582).
3. Consider additions

b. Practice Plan Supplemental Recommendations – Margaret Holm, Shana Johnny, and Debbie Carlson

Review available data,

- Identify and prioritize data sets for analysis,
- Create a data measurement (metric) to determine trends in practice breakdowns,
- Support and maintain a cohesive collaboration to meet the Commission's public safety mission.

c. New Items?

Suggestions: Establishing a social media presence and offering guidance for nurses on the use of social media. Other suggestions included offering information on social media for workforce safety, self-care resources, roles of the nurse and how it serves the public, health equity and dismantling racism in healthcare.

VII. Public Disclosure Required Education – Karl Hoehn, Bethany Mauden, Sierra McWilliams AAG - DISCUSSION/ACTION

Each year, NCQAC members must receive education on certain topics. Over the past several years, more NCQAC work has become remote and increasingly uses paperless documents. Mr. Hoehn, Ms. McWilliams, and Ms. Mauden provide the second of two training courses on Public Disclosure and Public Documents.

VIII. 3:15 PM – 4:00 PM Health Equity Continuing Education Rule and Equity Review Tool – Jessilyn Dagum, Dr. Shana Johnny, Fawzi Belal, WCN - DISCUSSION/ACTION

Ms. Dagum and Dr. Johnny present the process of developing the draft rule language for the Health Equity Continuing Education rule for nurses, including their efforts to reach the most disadvantaged populations in WA state. During this process, Ms. Dagum worked with the Washington Center for Nursing (WCN) and others to develop the equity review tool to approach the rule-making process. Ms. Dagum and Mr. Belal present the tool.

ACTION: Ms. Ness moved, with a second from the Consistent Standards of Practice subcommittee (CSPS), to approve the draft proposed changes to WAC 246-840-220 as well as the new WAC section and move forward with the filing of the CR-102. The motion passed.

ACTION: Dr. Loveless-Morris moved, with a second from Mr. Mendoza, to adopt the proposed Equity Review Tool and apply it to the board of nursing's rule making process as a pilot project with the intention of improving it as the Department of Health develops their own tools. The motion passed.

IX. 4:00 PM Closing

Nursing Care Quality Assurance Commission (NCQAC)
Advanced Practice Subcommittee Meeting Minutes
June 21, 2023

Subcommittee Members:	Jonathan Alvarado, ARNP, CRNA, Chair Emerisse Shen, MSN, CNP, FNP, ARNP Laurie Soine, PhD, ARNP Lindsey Frank, CD, OB-RNC, ARNP, CNM Megan Kilpatrick, MSN, ARNP-CNS, AOCNS
Commission Members present:	Ella B. Guilford, MSN, M.Ed., BSN, RN
Absent:	Wendy E. Murchie, DNP, CPNP-AC Bianca Reis, DNP, MBA, ARNP, PMHNP-BC Shannon Fitzgerald, MSN, ARNP Tatiana Sadak, PhD, ARNP, RN, GSAF, FAAN Kimberley A. Veilleux, DNP, RN, ANP-BC
Staff Present:	Alison Bradywood, DNP, MPH, RN, NEA-BC, Executive Director Mary Sue Gorski, PhD, RN, Director, Advanced Practice and Research Karl Hoehn, JD, FRE, Assistant Director, Discipline – Legal Lohitvenkatesh Oswal, Research Assistant

I. 7:00 PM Opening – Jonathan Alvarado, Chair
Call to Order

- Jonathan Alvarado called the meeting to order at 7:00 PM. The Advanced Practice Subcommittee members and support staff were introduced. The Public Disclosure Statement was read aloud for the meeting attendees.

II. Standing Agenda Items

- Announcements/Hot Topic/NCQAC Business Meeting Updates
  - Announcement – Appreciations for pro-tems completing their terms (Laurie Soine, Lindsey Frank, Shannon Fitzgerald).
- Review of Advanced Practice Draft Minutes: April 19, 2023, May 17, 2023
  - Reviewed, with consensus to bring to the July 14, 2023, NCQAC business meeting for approval.

III. Old Business

- APRN Title protection – proposed language.
  - Mary Sue Gorski introduced the topic and the subcommittee discussed. Subcommittee recommended that the APRN Title protection proposed language change be brought to the July 14, 2023 Commission meeting for approval.
- AP Compact – proposed next steps.
  - Subcommittee discussed the AP Compact and recommended holding a workgroup with Interested Parties to further discuss AP Compact.
  - Public Comment – Louise Kaplan gave a comment on the AP Compact.

IV. Ending Items

- Public Comment
  - The public was given the opportunity to comment on the agenda items.
- Review of Actions
- Meeting Evaluation
- Date of Next Meeting – July 19, 2023
- Adjournment – The meeting adjourned at 8:00 PM.

Nursing Care Quality Assurance Commission (NCQAC)
Discipline Sub-committee MINUTES
June 20, 2023
3:30 pm to 5:30 pm

Join the Meeting
from your computer, tablet or smartphone

You can also dial in using your phone
United States: +1 564-999-2000
Conference ID: 478 294 276#

Committee Members:
Adam Canary, LPN, Chair
Sharon Ness, RN
Tiffany Randich, RN not present
Tracy Rude, LPN ad hoc
Dawn Morrell, BSN, RN, CCRN
Quiana Daniels, GCertHealthSc, BS, LPN
Judy Loveless-Morris, PhD, public member not present

Staff:
Catherine Woodard, Director, Discipline and WHPS
Karl Hoehn, JD, Assistant Director, Discipline - Legal
Grant Hulteen, Assistant Director, Discipline – Investigations and WHPS
John Furman, PhD, MSN, COHN-S, WHPS Liaison in travel status – excused
Teresa Corrado, LPN, Assistant Director, Discipline – Case Management/HELMS on the HELMS project- excused
Renae Powell, Case Manager
Barb Elsner, HSC
Margaret Holm, JD, RN ad hoc
Mary Sue Gorski, PhD, RN, ARNP, Director, Research ad hoc not present
Lynn Batchelder, Investigations supervisor, ad hoc

Johnathan Stewart – member of public

1. 3:30 pm opening – Adam

- Call to order – digital recording announcement
- Roll call

2. April 18, 2023 Minutes– Adam

- In draft format until the commission approves at the July 2023 business meeting.

No comments. Approved to move forward.

3. Performance measures – April and May 2023 - Grant, Karl

A. Investigations

Grant provided highlights. In April, one 2018 case remains. Meeting performance measure for cases completed within timelines. Two new investigators still learning. In May, the queue rose a little. Down to four 2019 cases, still one 2018 case. Still tracking COVID cases. Shall we continue tracking these? Tracy doesn't think we need to follow these anymore. Sharon, Quiana, and Adam agree.

B. Legal

Karl provided highlights. April was rough as we had lost Tim and Sarah was still off on leave. Better in May. Caseloads were a little high but they're coming down. Close most cases with a legal review. ARNPs running steady at 12%.

C. WHPS

Grant provided highlights. 222 participants. National trend for declining participants across the country. Three withdrawals from the program. One surrendered his license in ID and did not renew in WA. One was suspended in WA. Another withdrew because they could not find a refresher course. Three withdrawals is unusual. Employment has been consistent. Recap on non-compliance. Missing repeated tests, relapses. More in April than May. One stands out: voluntary participant. Genotox. Buccal sample does not match the urine test and other found discrepancies.

D. SUDRP

Easy to ready chart that describes actions. No appearances in April. Two appearances in May: graduations. On the monthly bar report, shows the volumes of SUDRP work.

A. Procedure review – Catherine and Karl

Both procedures are updated with current language and formatting and adjusted for current practice. DSC agreed to bring all three procedures to the full commission at the July meeting.

A. A.41.03 Investigative Mental or Physical Examinations

We added the term mental or physical examination because it could be both or either.
We referenced the updated procedure on approval of nurse evaluators.
We refined the process based on the respondent's rights, their actions regarding the evaluation, and steps we need to follow.
Accurately describes the process. Clarifies a lot about the hearings and the way things flow.

B. A.46.03 Summary Actions

We clarified who is doing the work.
We added a paragraph about DSHS final findings.
We expounded upon imminent danger summary actions and all related tasks.
We refined the description of serving the summary action.
The original procedure was very confusing. Reorganized the order of the process.
Brought in our communications unit.

We borrowed updated work from OILS.
Dawn has a question about using the BON instead of NCQAC. Karl thinks, since it doesn't start until July 24, we have one motion to revise to BON. Sharon thinks they should stand at the time they were signed. Karl: change as we review.

C. A.52.01 Approval of ARNP Experts (request to retire)
This procedure is now covered in the recently updated procedure on A24.12, Approval of Evaluators in Nurse Discipline Cases. Redundant.

B. Updates on Florida schools investigations – Lynn, Karl

Note weekly news releases naming nurses whose RN licenses were rescinded, or those whose applications were denied based on failure to meet licensing requirements.
Some cases are a little complicated because a few schools were once legitimate, so some cases are closed. Cleaning up the last of the application cases.
Lynn: has 19 cases left in investigations. There is a school new to us. Will review with Education. Dawn: how are we getting the names? Karl: some are tied up in criminal activity with the FBI. Some are from Licensing finding discrepancies on transcripts.
Lynn: Erin put together a PowerPoint to show others what to look for and research in schools. Adam asked if they are all cases? From 2021, 2022, and 2023 (very recent).
Legal and Investigations prioritize licensed nurses ahead of applications. Karl discussed a law change from about 2008 that places the burden of proof on the applicant to meet requirements. No property interest yet.

C. Bill Implementation Updates – Catherine, Karl, Grant

A. Nurse Licensure Compact (NLC)
Finished the training with NCSBN last week. Wants to ensure the current ILRS process tracks the credential. Might find a fix similar to tracking unlicensed practice persons who actually don't have a license. Action on license or action on privilege to practice. Communication is huge, letting employers know they can hire MSL nurses beginning July 24. Dawn thought the training was helpful. Also, feels like the commissioners will have to think about discipline in terms of nurses losing their privilege to practice. Karl: impact on HELMS is yet unknown. Should interact directly with Nursys. More discussions to come.

B. WHPS Incentive and Stipend
Stigma piece to be enacted by July 24th. Working with IT to remove the public facing discipline note on provider-credential search. Is complicated because of the way ILRS works.
Working on updating procedures. Contacting OFM regarding the stipend program. Must write rules around demonstrated financial need, etc. Might have to go through a bidding process for providers related to the stipend process.

D. Work plan and strategic plan review – Adam, Catherine, John

Ran through the plan. Accomplished everything except growing the WHPS program.

E. Public comment – Adam

- Limited to two minutes per speaker
- Jonathan Stewart: Appreciates the diligent and good work the commission's doing. Looking forward to the full compact implementation. Feels like we're in good hands.

F. Anything for the good of the order? – all

- Refers to the portion of the agenda during which members may make statements or offer observations about the character or work of the subcommittee without having any particular item of business before the meeting.

- Catherine: how do you feel about resuming monthly meetings during the implementation of the compact bill and WHPS incentive bill? Discussion. Let's talk more after the July meeting.

G. Adjourn 4:55pm.

Nursing Care Quality Assurance Commission (NCQAC)
Licensing Subcommittee Minutes
June 20, 2023 1: 00 pm to 2: 00 pm

Committee Members: Dawn Morrell, BSN, CCRN, RN, Chair
Adam Canary, LPN
Helen Myrick, Public Member
MaiKia Moua, RN, BSN, MPH

Staff: Amber Zawislak-Bielaski, MPH, Assistant Director of Licensing
Shana Johnny, MN, RN, Nurse Practice Consultant, Ad- Hoc
Karl Hoehn, JD, Assistant Director of Discipline- Legal Services
Lori Underwood, Licensing Supervisor

This meeting was digitally recorded to assist in the production of accurate minutes. All recordings are public record. The minutes of this meeting will be posted on our website after they have been approved at the **September 7, 2023**, NCQAC meeting. For a copy of the actual recording, please contact the Public Disclosure Records Center (PDRC) at PDRC@doh.wa.gov.

I. 1:00 PM Opening – Dawn Morrell, BSN, CCRN, RN Subcommittee Chair

- **Roll Call**
- **Call to Order** - Commissioner Dawn Morrell, Commissioner Helen Myrick, Commissioner Adam Canary, Ms. Amber Zawislak-Bielaski, Mr. Karl Hoehn, Dr. Shana Johnny, Ms. Lori Underwood

II. Standing Agenda Items

- **Announcements/Hot Topic/NCQAC Business Meeting Updates –** Commissioner Morrell reminded the subcommittee that this would be the last month we would be able to call ourselves the Nursing Commission. She also referenced the temporary practice permits discussed at the May business meeting and that it was all straightened out. Ms. Zawislak-Bielaski explained that the CR 102 was filed and there would be more information to come in future meetings. Commissioner asked about the timeline for the filing of the CR 102. Ms. Zawislak-Bielaski explained that the next step would be a hearing on the rules in either July or September.

- **Approve Minutes for April 18, 2023 –** Commissioner Myrick moved with a second from Commissioner Canary to approve the minutes for April 18, 2023.

III. Old Business

- **Florida School Issues and Current Actions –** Mr. Hoehn gave a general update on the cases they are reviewing. He advised that we seem to be getting files less frequent. Commissioner Morrell asked what would happen to these cases with the compact in place, and how would we flag the issues with fraudulent transcripts. She continued to say that this would be good to add to the list of questions that we need to discuss as we join the compact.

- **Temporary Practice Permit Rules** – Ms. Zawislak-Bielaski provided an update on this earlier in the meeting.

IV. New Business

- **Governor's Weekly Report –** Ms. Underwood provided a summary on the current Governor's report. She was happy to share with the committee that we were reviewing and issuing Temporary Practice Permits at six days. She continued to share that we have been maintaining under seven days for some time now. She also shared that although we are in our exam season and starting to those applications come in, they are still not as high as they were last year. Commissioner Morrell asked if anyone had an idea why the applications were not as high count as last year. Ms. Underwood provided her insight in that last year; we were coming to the end of the emergency, and we had everyone who was practicing here in Washington under the 70.15 scrambling to get a license. Ms. Zawislak-Bielaski added that it will be interesting to see how the nurse licensure compact affects our endorsement numbers over the next coming months. Commissioner Morrell agreed.

- **Nurse Licensure Compact Implementation Update** – Ms. Zawislak-Bielaski shared with the committee that we had the first draft of the communication that was sent out on Friday through GovDelivery. It was also sent out through NCSBN about Washington state's implementation plan. She further shared that we had created a specific email for nursing compact questions as we are starting to see lots of questions coming in. Ms. Zawislak-Bielaski added that we would use the questions coming in to build an FAQ and add these to our website. She explained that the implementation will happen in two phases. The first phase is to allow nurses who have an active multistate license in another state to practice here in Washington state. This would happen on July 24, 2023. Certain employers as indicated in the bill, must report to the Commission a list of nurses that are practicing at their facility using their multistate license. She explained that they are currently working on adding a form to our website for employers to use. She advised that more discussion on this would be at the July business meeting.

  Ms. Zawislak-Bielaski continued to explain the implementation plan. Phase two will be issuing multistate licenses to nurses in Washington. She explained that these dates are TBD as there is a lot of coordination efforts that need to occur between the Nursing Commission and IT. These dates also need to be coordinated with our big HELMS project. She concluded that there are lots of things that must occur before we can begin issuing the actual license here in Washington and there would be more information to share at the July business meeting. She asked Mr. Hoehn if he had anything to add. He did add that they are also working on the discipline procedures so that they would be able to take complaints and track those using our existing ILRS database for the foreseeable future. Ms. Zawislak-Bielaski added that they are working with IT to establish how to create a relationship with our current ARNP license and a multistate license. Commissioner Myrick complimented the staff on how quickly they were getting everything together regarding the five work groups and the implementation team. She shared how she was impressed on how quick progress was being made. Commissioner Morrell asked if any of the work

would need to come through the Licensing subcommittee. Ms. Zawislak-Bielaski replied that it would actually be through the task force, and then the task force would bring any updates and work to the full Commission.

- **Practice Summary Report** – Dr. Johnny provided a brief summary report on pieces that might intersect with licensing. She advised that there was an additional consistent standards of practice subcommittee meeting to review some of the rules they are working on. Regarding SB229, Health Equity education rules, we had a consensus to move the rules language for the Commission approval or denial, and that would be an amendment to WAC 246-840-220. This will be discussed at the July business meeting. She further explained that if this was approved, they would move forward to file the CR 102 which is the second step of the rule process. She also added that the language on tribal engagement was removed based on the feedback they received. They will assemble a work group to get more tribal input that really builds on the feedback they received in these past workshops. Dr. Johnny advised that they have created an informal matrix to track the revisions on the practice page.

  She also explained the three evaluation components that the Commission is working on. The continuing competency rule evaluation plan that is with the research subcommittee and their aim is to determine if the rules intent is met. This audit is through discipline, and it involves a survey and qualitive review of forms and possible links between incidents and practice. The compliance reporting evaluation is a report to determine if the discipline had to do with the continuing competency. It's a report of cases to assess if either met continuing competency or did not meet continuing competency. She continued by adding that practice is wanting to look at the compliance process data. The data collection in this process would be rich in detail and help us to understand the categories of practice breakdown. She also explained that the goal is to create a tangible metric in the strategic plan to get a practice breakdown of the data so we can gain information on real time practice challenges.

  Commissioner Morrell commented on how much work this was and asked if data was coming from people seeing medical errors or mostly complaints. Dr. Johnny responded that there is a complaint process, and these are reviewed by discipline. She explained that even complaint cases that fall below threshold are reviewed. They also review data from reports of HSQA site visitors. Practice is wanting to look further upstream to find out what's going on in the nurse's mind; what's the critical analysis. She explained that they are looking for trends in these breakdown areas and pulling proxy data from site visits gives us a different picture than just looking at the complaints. Commissioner Morrell thanked Dr. Johnny for her work and providing this summary. Commissioner Morrell also asked about the suicide training and the new equity requirements being built in for employers to verify. Dr. Johnny replied that there should be a field where employers will attest that these have been completed and it might even be built in ILRS and HELMS. Ms. Zawislak-Bielaski added that this would be built in HELMS; however, we are still working on how to include this in the implementation for the employer's requirement.

- **Subcommittee Meeting Schedule** - Commissioner Morrell asked the committee if they should continue meeting every other month or begin meeting

every month. Commissioner Myrick discussed with the committee whether it was necessary to meet every month. Commissioner Canary provided his input as being that it would be a good idea to wait a month and get through the July meeting and then determine if meeting every month would be necessary.

Ending Items

- Public Comment – None
- Review of Actions – None
- Meeting Evaluation - All
- **Date of Next Meeting** - August 15, 2023
- **Adjournment** – 1:37PM

Nursing Care Quality Assurance Commission (NCQAC)
Research Subcommittee Meeting Minutes
May 15, 2023 5:00 p.m. to 6:00 p.m.

Subcommittee Members:	Sharon Ness, RN, Chair Jamie Shirley, PhD, RN Katie Haerling, PhD, RN, CHSE Yvonne Strader, RN, BSN, BSPA, MHA Judy Loveless-Morris, PhD
Absent:	Mary Baroni, PhD, RN
Staff Present:	Alison Bradywood, DNP, MPH, RN, NEA-BC, Executive Director Mary Sue Gorski, PhD, RN, Director of Advanced Practice and Research Shad Bell, Assistant Director of Operations Lohitvenkatesh Oswal, Research Assistant Emma Cozart, Data Consultant

I. 5:00 PM Opening

- Introduction, Public Disclosure Statement, Roll Call
  - Sharon Ness called the meeting to order at 5:03 p.m. and introduced the Research Subcommittee members and staff. The Public Disclosure Statement was read aloud for the meeting attendees.

II. Standing Agenda Items

- Announcements/Hot Topic/NCQAC Business Meeting Updates
- Review of Draft Minutes: April 17, 2023
  - Reviewed, with consensus to bring to the July 14, 2023, NCQAC Business Meeting for approval.
- Review Work Plan

III. Old Business

- Annual Commission Survey update
  - Lohitvenkatesh Oswal gave an update on survey revisions and timeline.

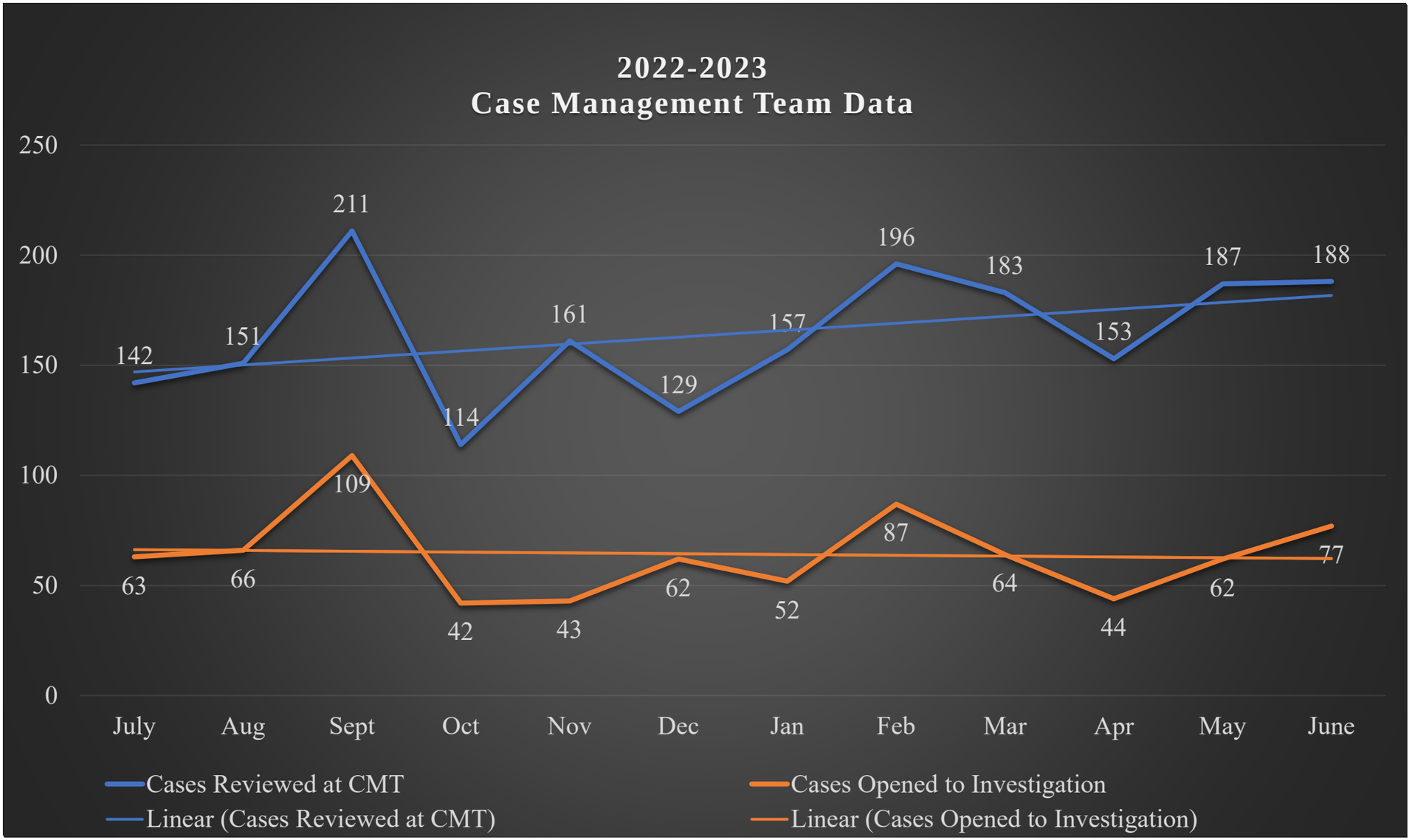
IV. New Business

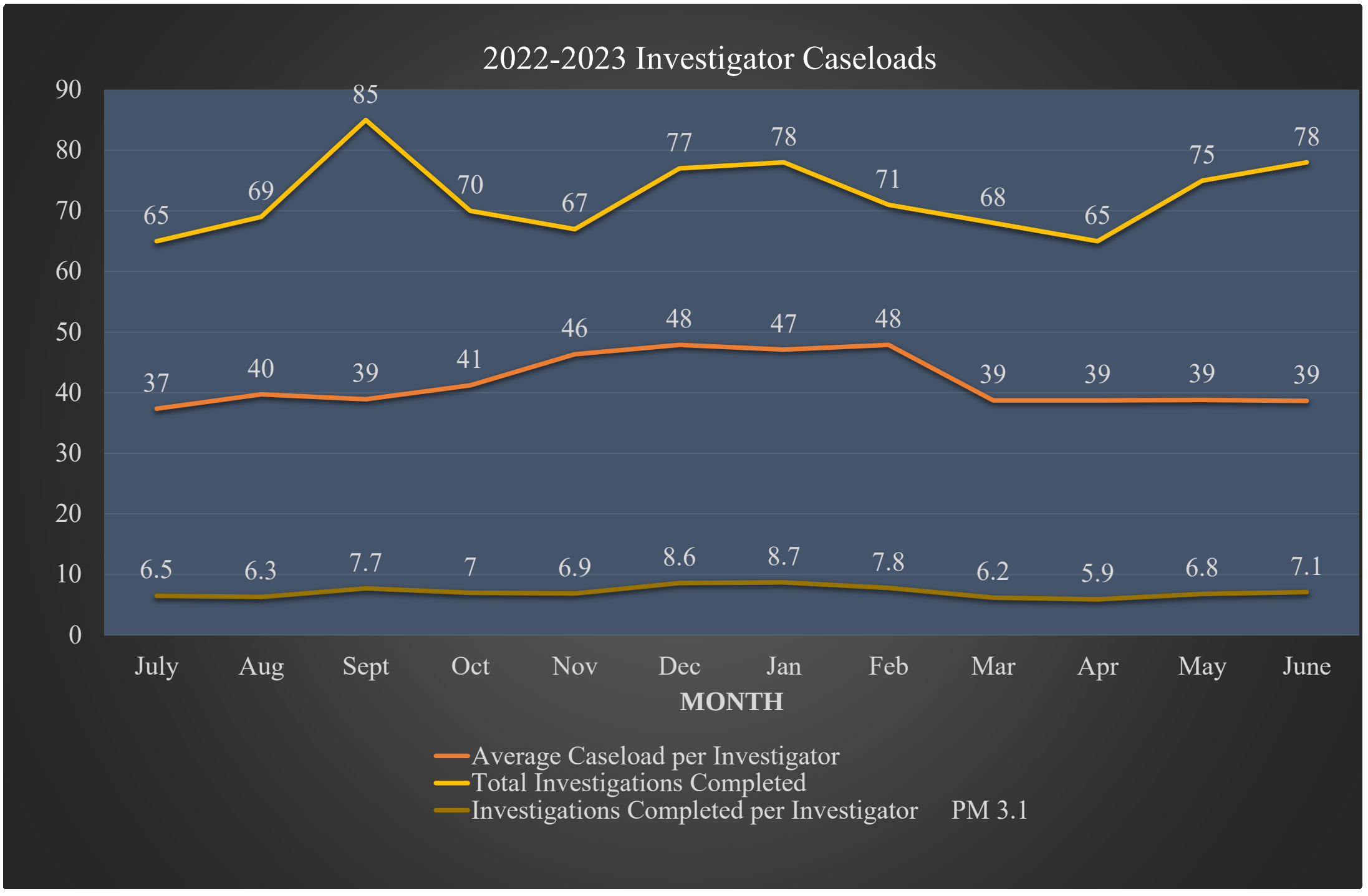
- Meeting new Executive Director Dr. Alison Bradywood
  - Sharon Ness introduced the work of the Research Subcommittee and recent updates; subcommittee members and staff further discussed with Alison Bradywood.

V. Ending Items

- Public Comment – None
- Review of Actions

- Meeting Evaluation – All
- Date of Next Meeting – July 17, 2023
- Adjournment – Meeting adjourned at 5:58 p.m.


2022-2023
Case Management Team Data
250
200
150
100
50
0
142
151
211
114
161
129
157
196
183
153
187
188
63
66
109
42
43
62
52
87
64
44
62
77
July
Aug
Sept
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
June
Cases Reviewed at CMT
Cases Opened to Investigation
Linear (Cases Reviewed at CMT)
Linear (Cases Opened to Investigation)

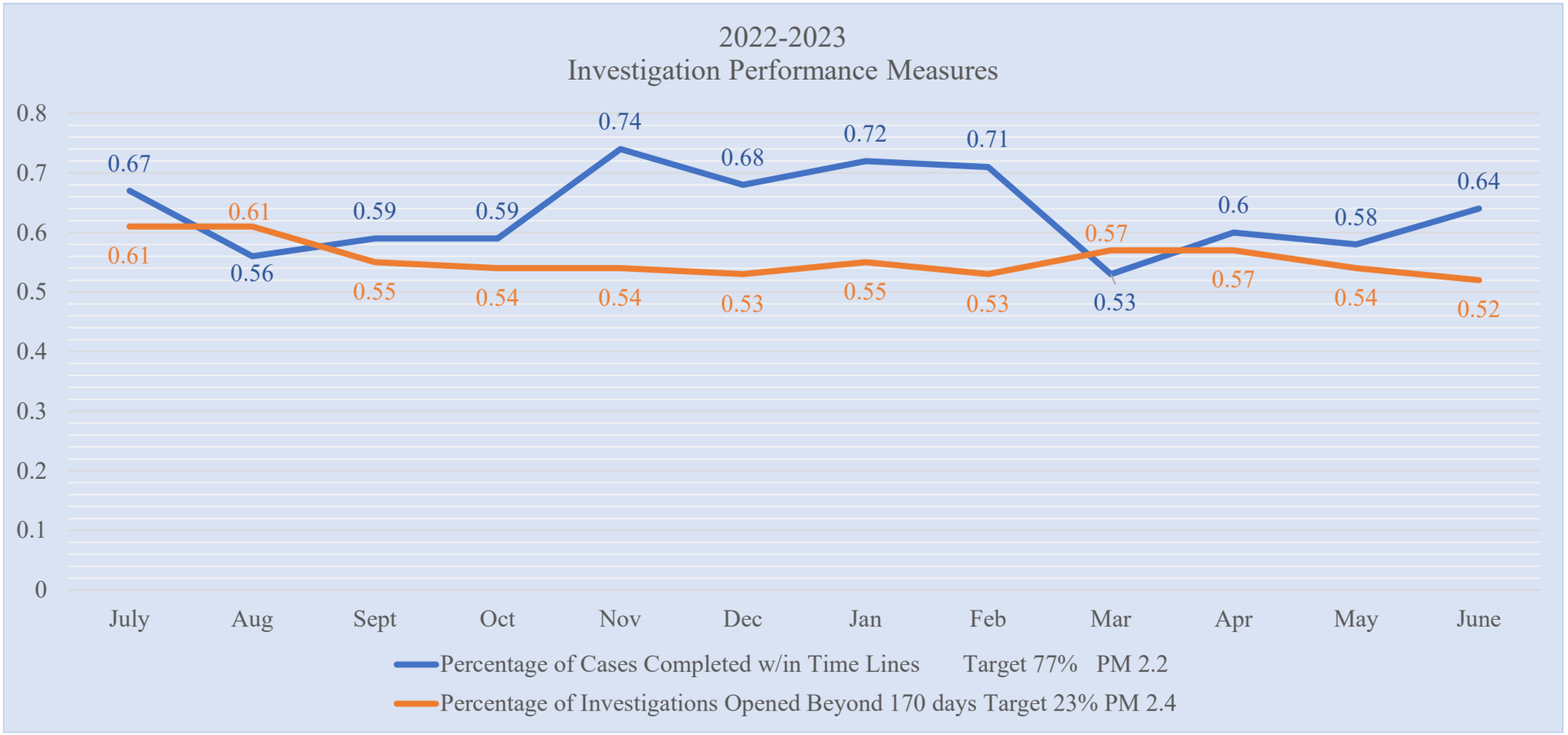

2022-2023 Investigator Caseloads
90
80
70
60
50
40
30
20
10
0
65
69
85
70
67
77
78
71
68
65
75
78
37
40
39
41
46
48
47
48
39
39
39
39
6.5
6.3
7.7
7
6.9
8.6
8.7
7.8
6.2
5.9
6.8
7.1
July
Aug
Sept
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
June
MONTH
Average Caseload per Investigator
Total Investigations Completed
Investigations Completed per Investigator
PM 3.1

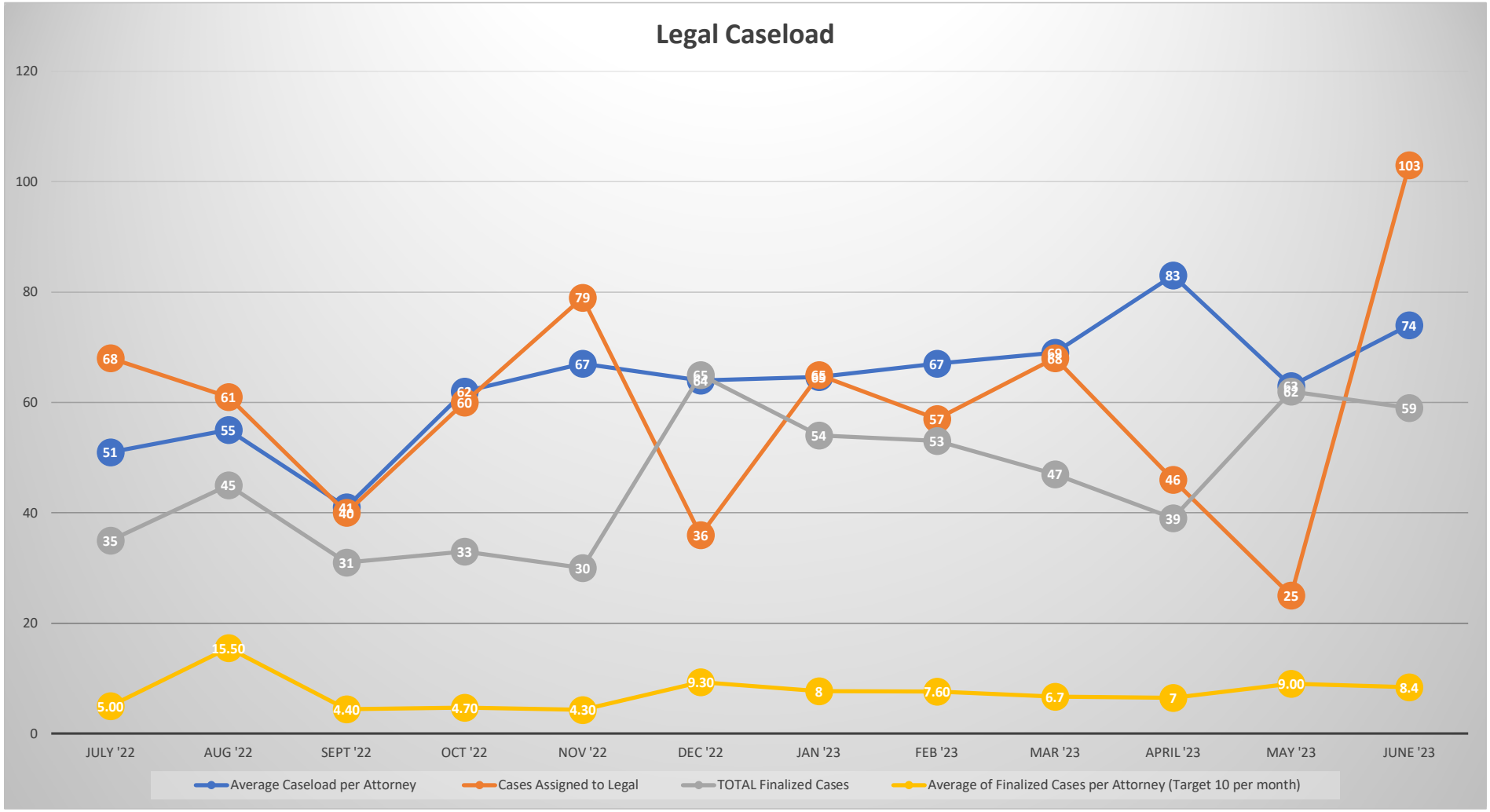
June 2023

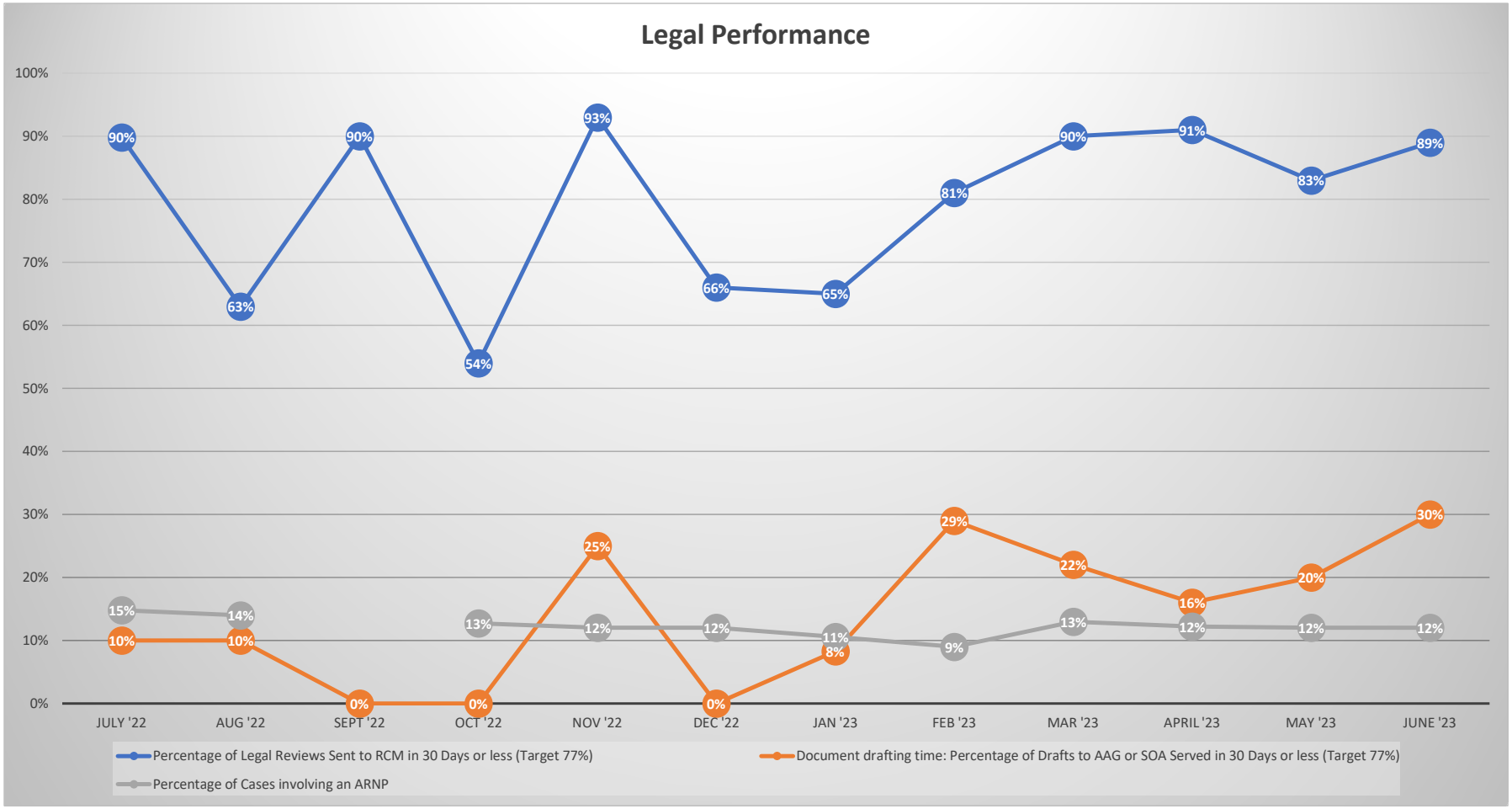
INVESTIGATIVE PERFORMANCE MEASURES	Jun-22	Jun-23	% of Change	May-23	Jun-23	% of Change
Cases Reviewed at CMT	**129**	**149**	**16%**	**204**	**149**	**-27%**
Cases Opened to Investigation	**62**	**60**	**-3%**	**71**	**60**	**-15%**
Open Cases in Investigation Queue	**424**	**425**	**0.2%**	**427**	**425**	**-0.5%**
Average Caseload per Investigator	**39**	**39**	**0%**	**39**	**39**	**0%**
Total Investigations Completed	**69**	**78**	**13%**	**75**	**78**	**4%**
Percentage of Cases Completed w/in Time Lines Target 77% PM 2.2	**68%**	**72%**	**4%**	**77%**	**72%**	**-5%**
Percentage of Investigations Opened Beyond 170 days Target 23% PM 2.4	**53%**	**51%**	**-2%**	**52%**	**51%**	**-1%**
Investigations Completed per Investigator *PM 3.1*	**6.3**	**7.1**	**13%**	**6.8**	**7.1**	**4%**
Task Back Assigned	**4**	**13**	**225%**	**3**	**13**	**333%**

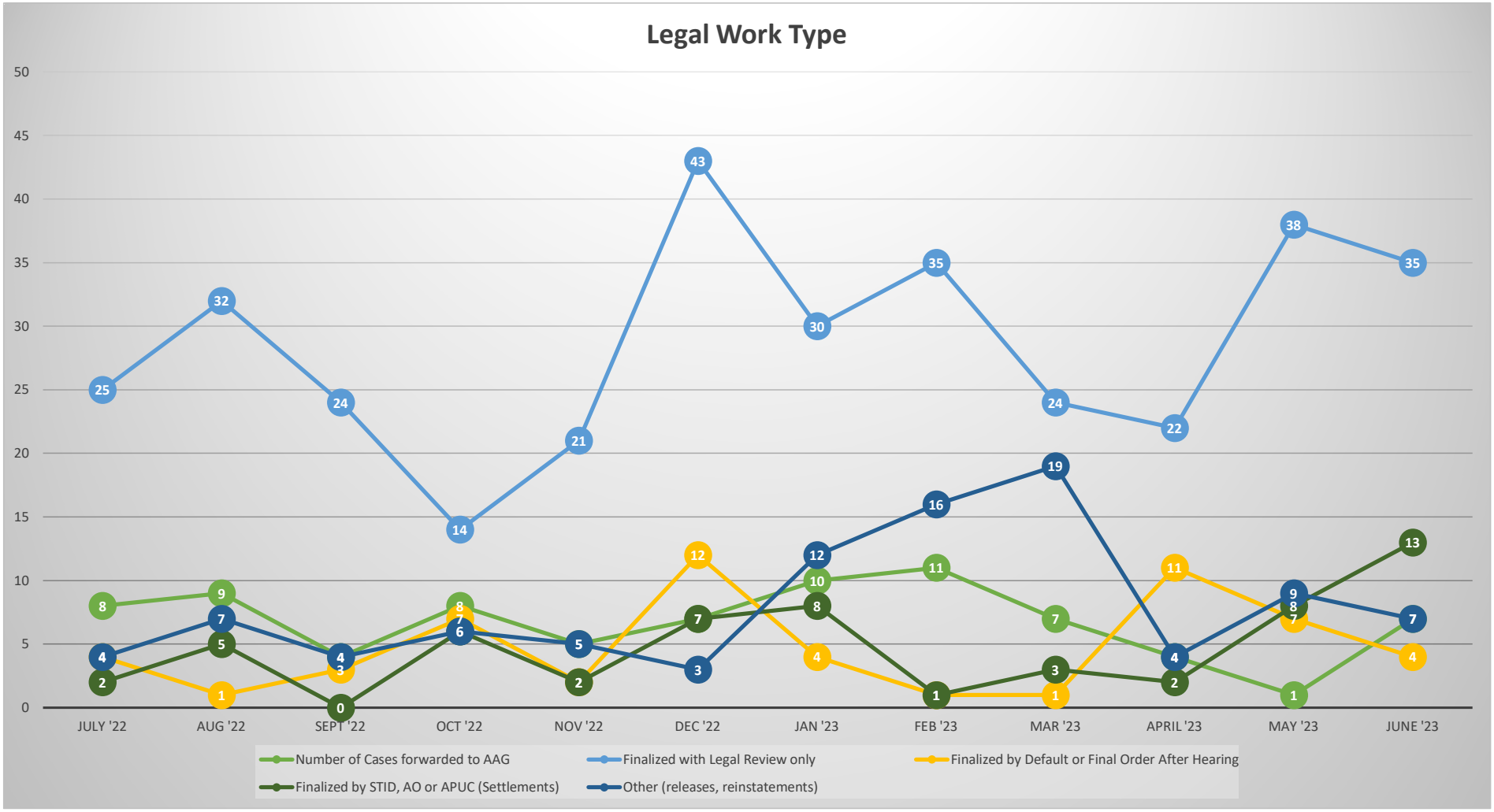
July 2023

INVESTIGATIVE PERFORMANCE MEASURES	Jul-22	Jul-23	% of Change	Jun-23	Jul-23	% of Change
Cases Reviewed at CMT	**157**	**121**	**-23%**	**149**	**121**	**-19%**
Cases Opened to Investigation	**57**	**42**	**-26%**	**60**	**42**	**-30%**
Open Cases in Investigation Queue	**411**	**394**	**-4%**	**425**	**394**	**-7%**
Average Caseload per Investigator	**37**	**36**	**-3%**	**39**	**36**	**-7%**
Total Investigations Completed	**65**	**81**	**25%**	**78**	**81**	**4%**
Percentage of Cases Completed w/in Time Lines Target 77% PM 2.2	**72.0%**	**62%**	**-10%**	**72%**	**62%**	**-10%**
Percentage of Investigations Opened Beyond 170 days Target 23% PM 2.4	**55.0%**	**53%**	**-2.0%**	**51%**	**53%**	**2.0%**
Investigations Completed per Investigator *PM 3.1*	**6.5**	**7.4**	**13%**	**7.1**	**7.4**	**4%**
Task Back Assigned	**2**	**6**	**200%**	**13**	**6**	**-54%**


2022-2023
Investigation Performance Measures
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0
0.67
0.56
0.59
0.59
0.74
0.68
0.72
0.71
0.53
0.6
0.58
0.64
0.61
0.61
0.55
0.54
0.54
0.53
0.55
0.53
0.57
0.57
0.54
0.52
July
Aug
Sept
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
June
Percentage of Cases Completed w/in Time Lines Target 77% PM 2.2
Percentage of Investigations Opened Beyond 170 days Target 23% PM 2.4

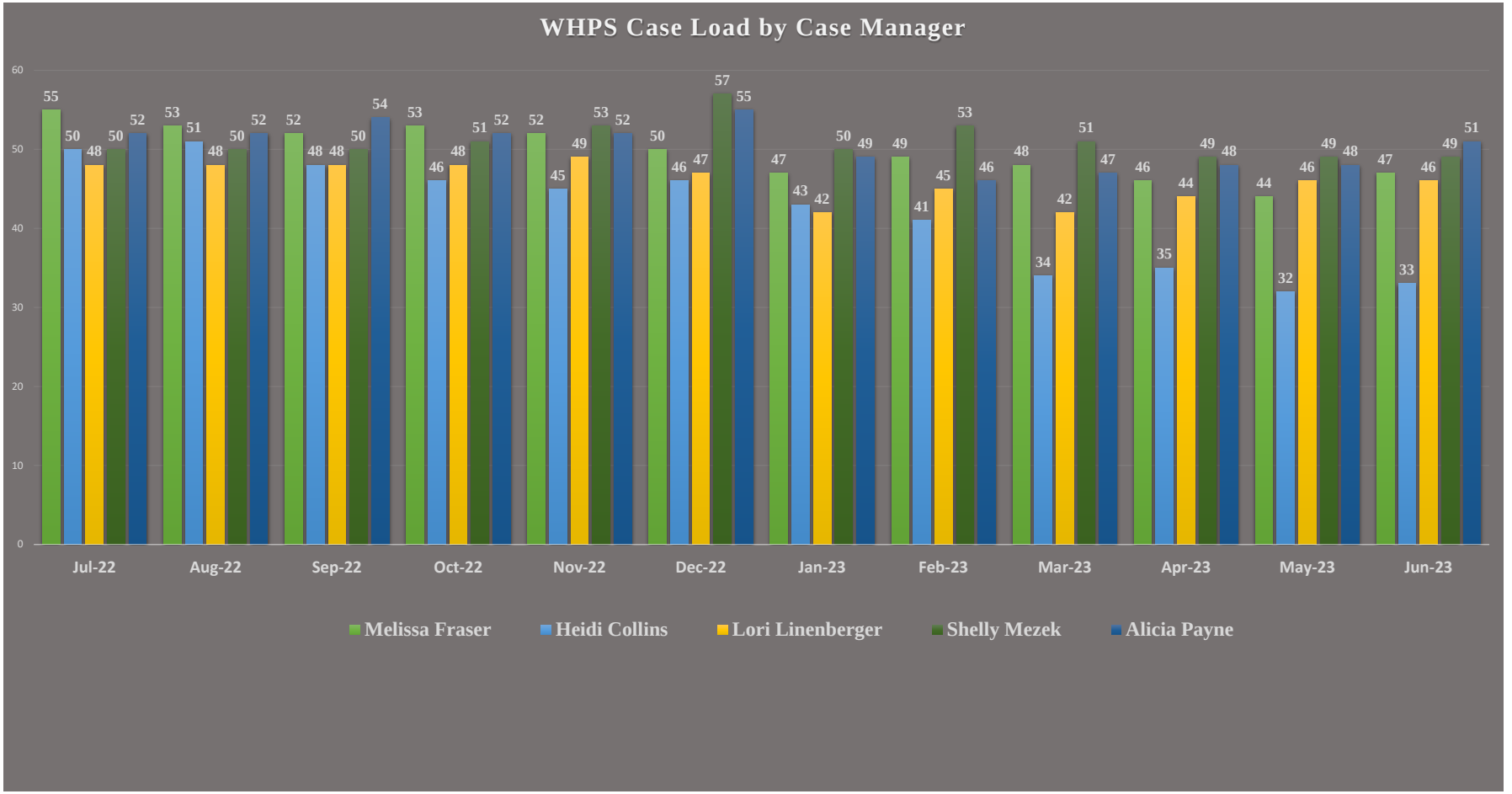

Legal Caseload
120
100
80
60
40
20
0
JULY '22
AUG '22
SEPT '22
OCT '22
NOV '22
DEC '22
JAN '23
FEB '23
MAR '23
APRIL '23
MAY '23
JUNE '23
Average Caseload per Attorney
Cases Assigned to Legal
TOTAL Finalized Cases
Average of Finalized Cases per Attorney (Target 10 per month)


Legal Performance
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
JULY '22
AUG '22
SEPT '22
OCT '22
NOV '22
DEC '22
JAN '23
FEB '23
MAR '23
APRIL '23
MAY '23
JUNE '23
90%
63%
90%
54%
93%
66%
65%
81%
90%
91%
83%
89%
10%
10%
0%
0%
25%
0%
8%
29%
22%
16%
20%
30%
15%
14%
13%
12%
12%
11%
9%
13%
12%
12%
12%
Percentage of Legal Reviews Sent to RCM in 30 Days or less (Target 77%)
Document drafting time: Percentage of Drafts to AAG or SOA Served in 30 Days or less (Target 77%)
Percentage of Cases involving an ARNP

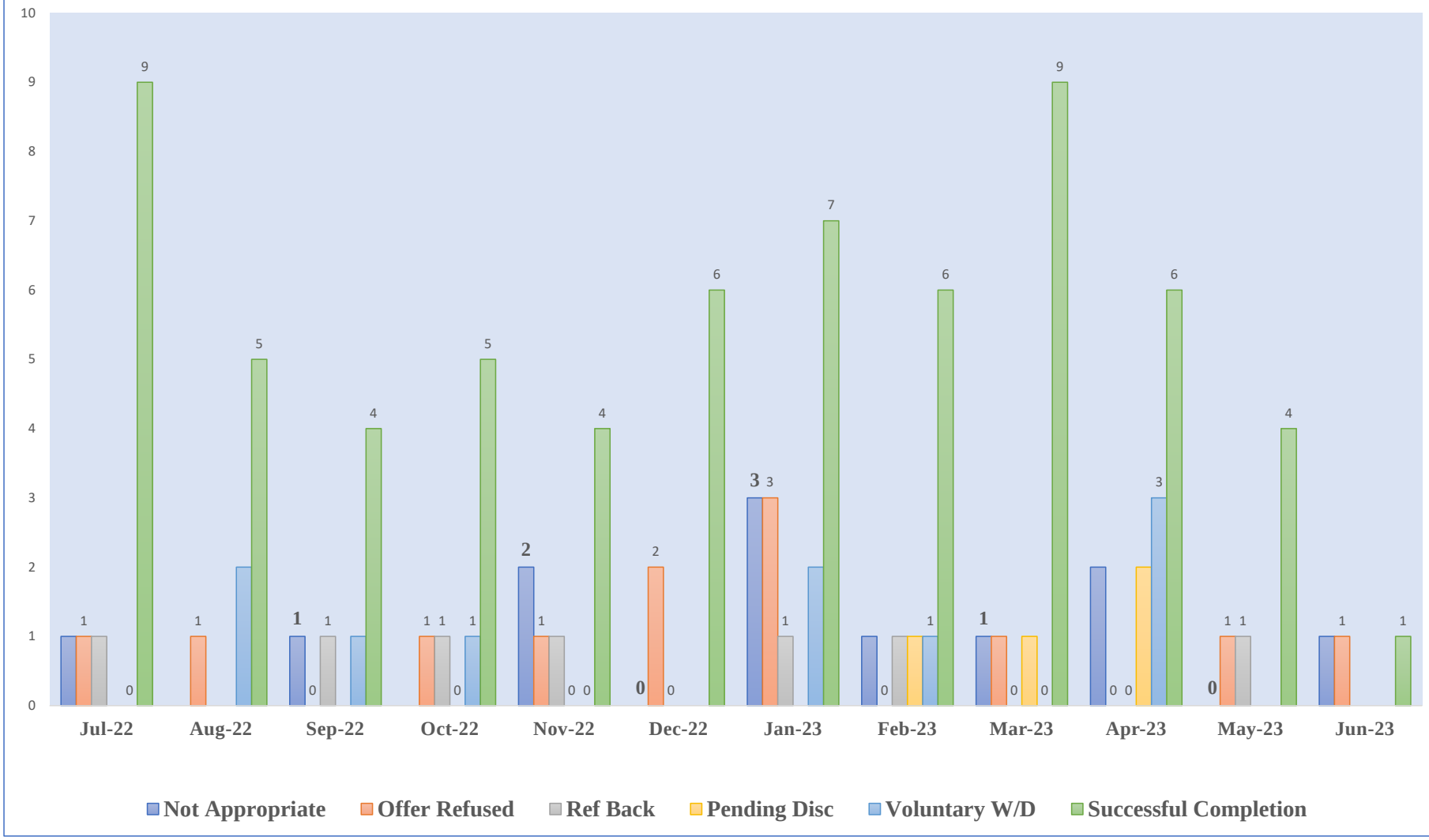

Legal Work Type
50
45
40
35
30
25
20
15
10
5
0
JULY '22
AUG '22
SEPT '22
OCT '22
NOV '22
DEC '22
JAN '23
FEB '23
MAR '23
APRIL '23
MAY '23
JUNE '23
Number of Cases forwarded to AAG
Finalized with Legal Review only
Finalized by Default or Final Order After Hearing
Finalized by STID, AO or APUC (Settlements)
Other (releases, reinstatements)

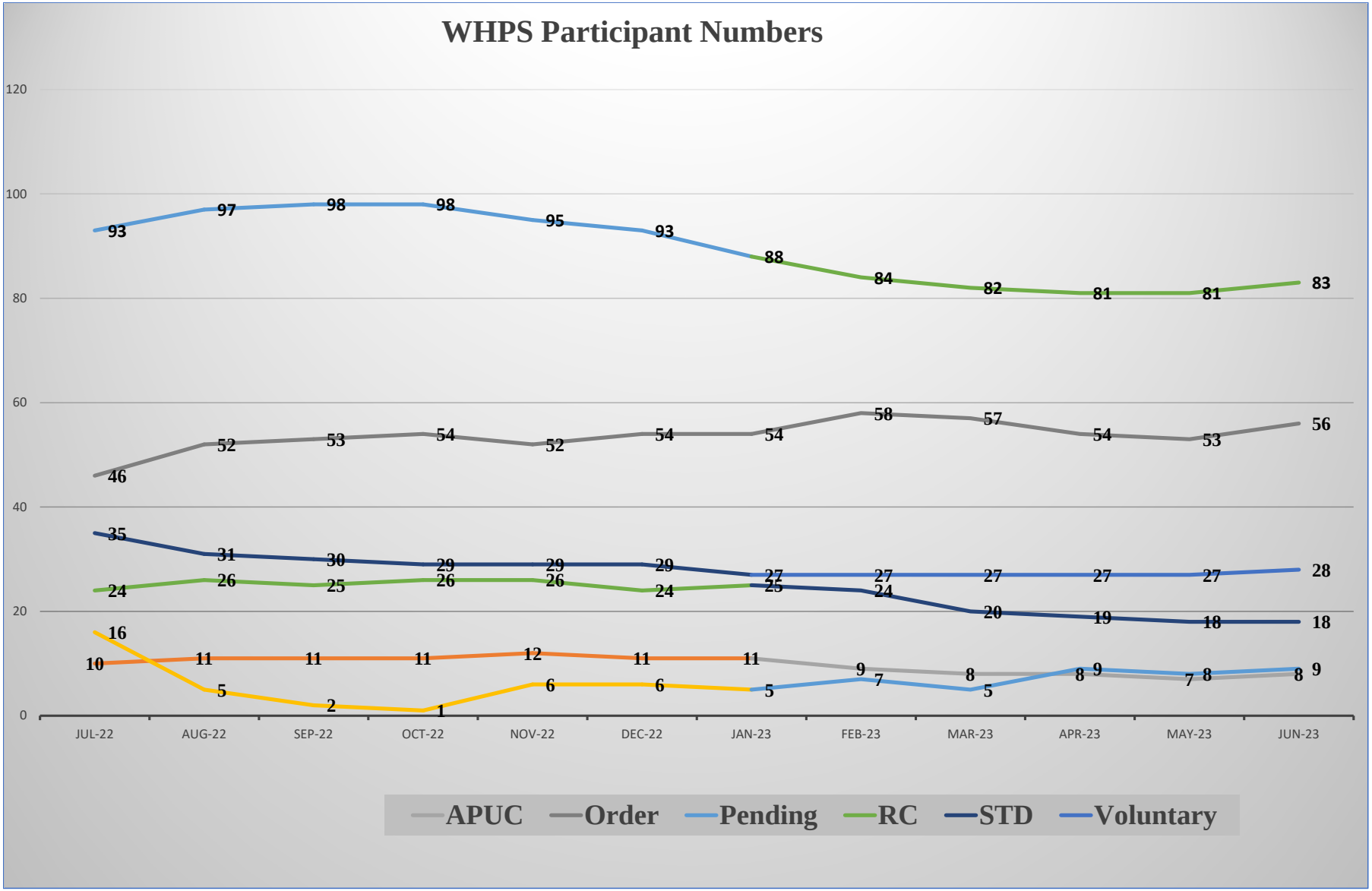
NCQAC LEGAL UNIT PERFORMANCE MEASURES (FY) 2023

Type of Measure	Month	July '22	Aug '22	Sept '22	Oct '22	Nov '22	Dec '22	Jan '23	Feb '23	Mar '23	April '23	May '23	June '23
Caseload/ Case volume	Average Caseload per Attorney	51	55	41	62	67	64	65	67	69	83	63	74
	Cases Assigned to Legal	68	61	40	60	79	36	65	57	68	46	25	103
	TOTAL Finalized Cases	35	45	31	33	30	65	54	53	47	39	62	59
Performance	Average of Finalized Cases per Attorney (Target 10 per month)	5.00	15.50	4.40	4.70	4.30	9.30	8	7.60	6.7	7	9.00	8.4
	Percentage of Legal Reviews Sent to RCM in 30 Days or less (Target 77%)	90%	63%	90%	54%	93%	66%	65%	81%	90%	91%	83%	89%
	Document drafting time: Percentage of Drafts to AAG or SOA Served in 30 Days or less (Target 77%)	10%	10%	0%	0%	25%	0%	8%	29%	22%	16%	20%	30%
Work Type/Complexity	Percentage of Cases involving an ARNP	15%	14%		13%	12%	12%	11%	9%	13%	12%	12%	12%
	Number of Cases forwarded to AAG	8	9	4	8	5	7	10	11	7	4	1	7
	Finalized with Legal Review only	25	32	24	14	21	43	30	35	24	22	38	35
	Finalized by Default or Final Order After Hearing	4	1	3	7	2	12	4	1	1	11	7	4
	Finalized by STID, AO or APUC (Settlements)	2	5	0	6	2	7	8	1	3	2	8	13
	Other (releases, reinstatements)	4	7	4	6	5	3	12	16	19	4	9	7


WHPS Case Load by Case Manager
60
50
40
30
20
10
0
55 50 48 50 52
53 51 48 50 52
52 48 48 50 54
53 46 48 51 52
52 45 49 53 52
50 46 47 57 55
47 43 42 50 49
49 41 45 53 46
48 34 42 51 47
46 35 44 49 48
44 32 46 49 48
47 33 46 49 51
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Melissa Fraser
Heidi Collins
Lori Linenberger
Shelly Mezek
Alicia Payne

TYPE OF DISCHARGE FROM WHPS




WHPS Participant Numbers
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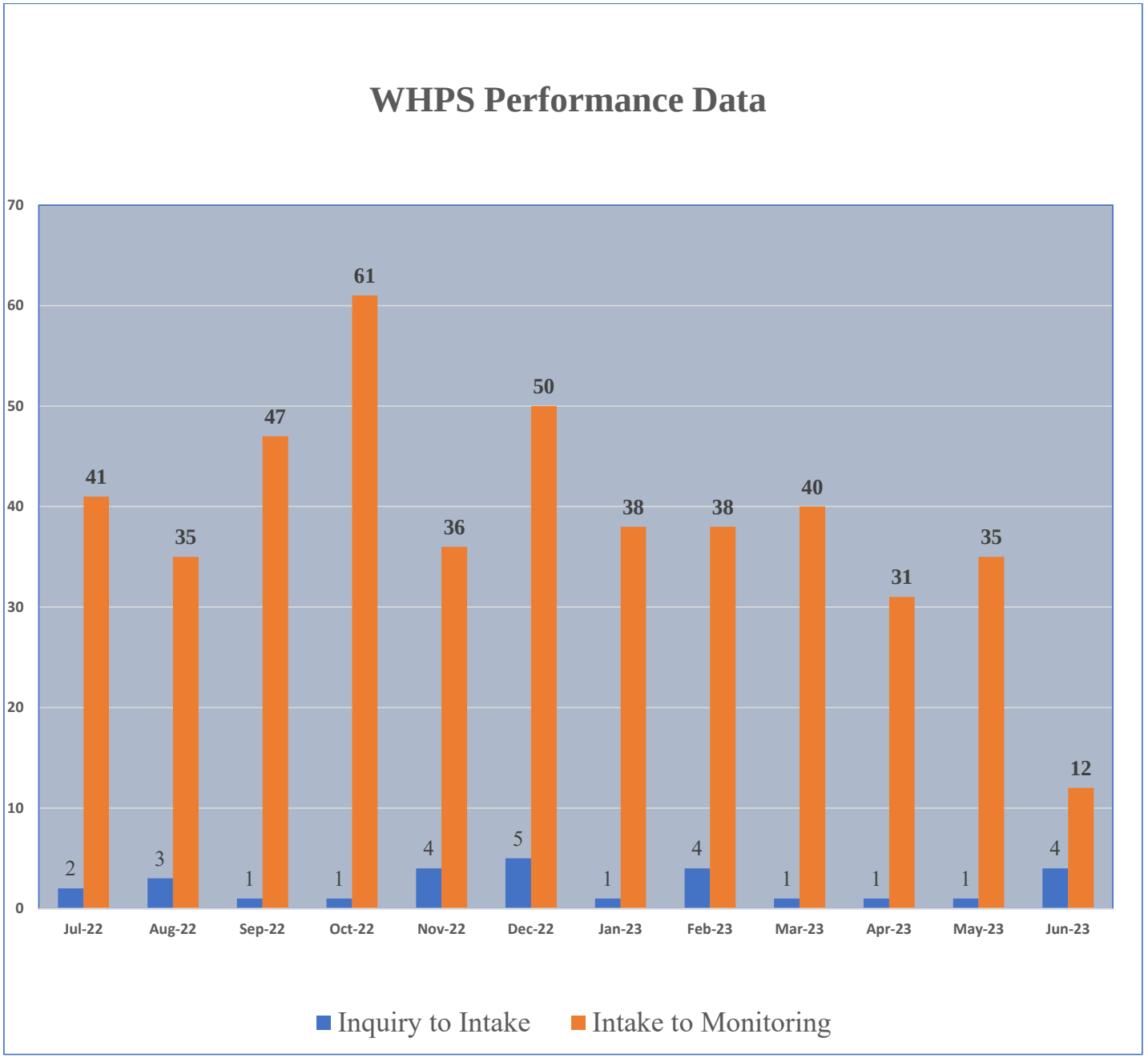
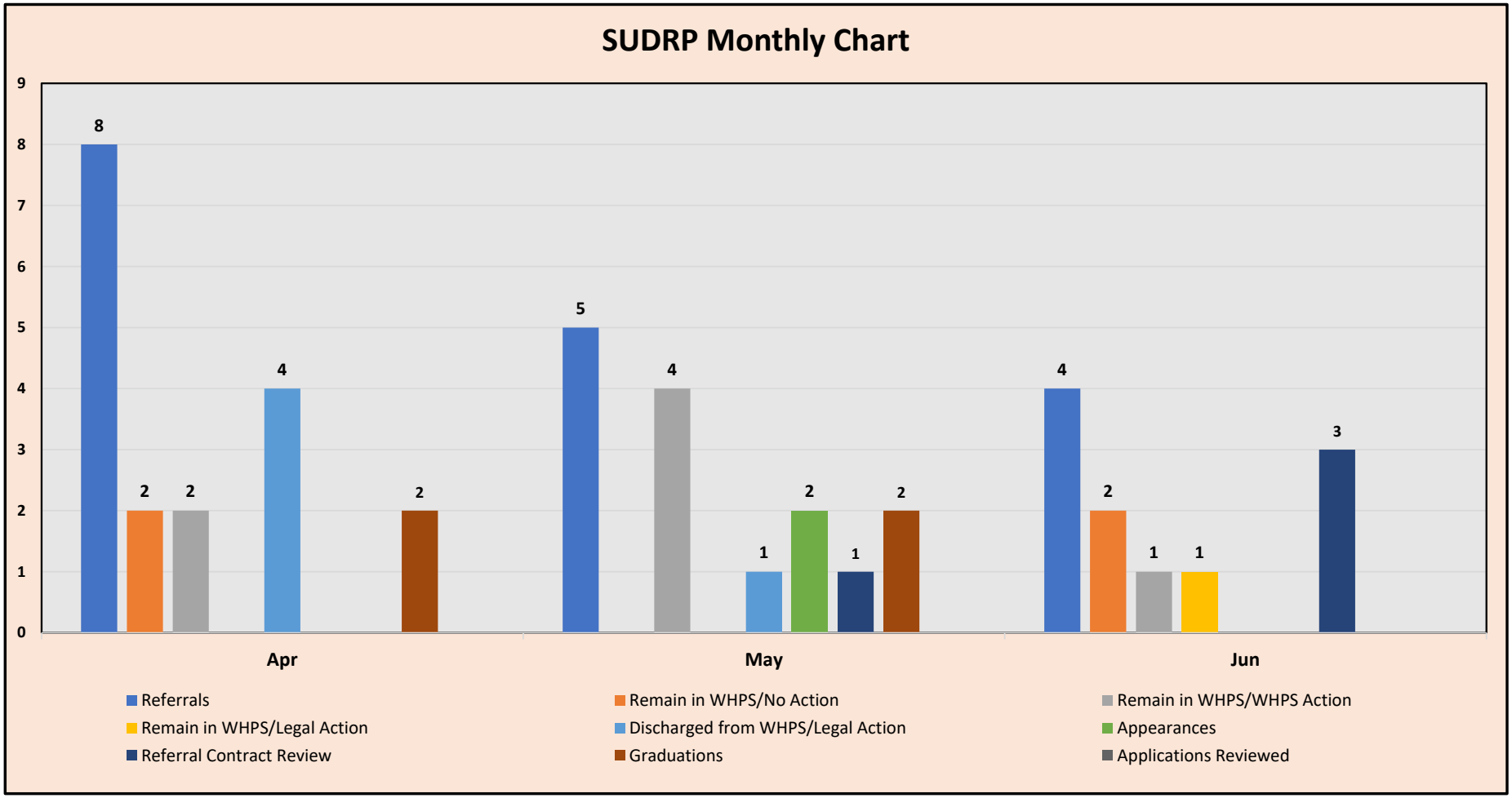
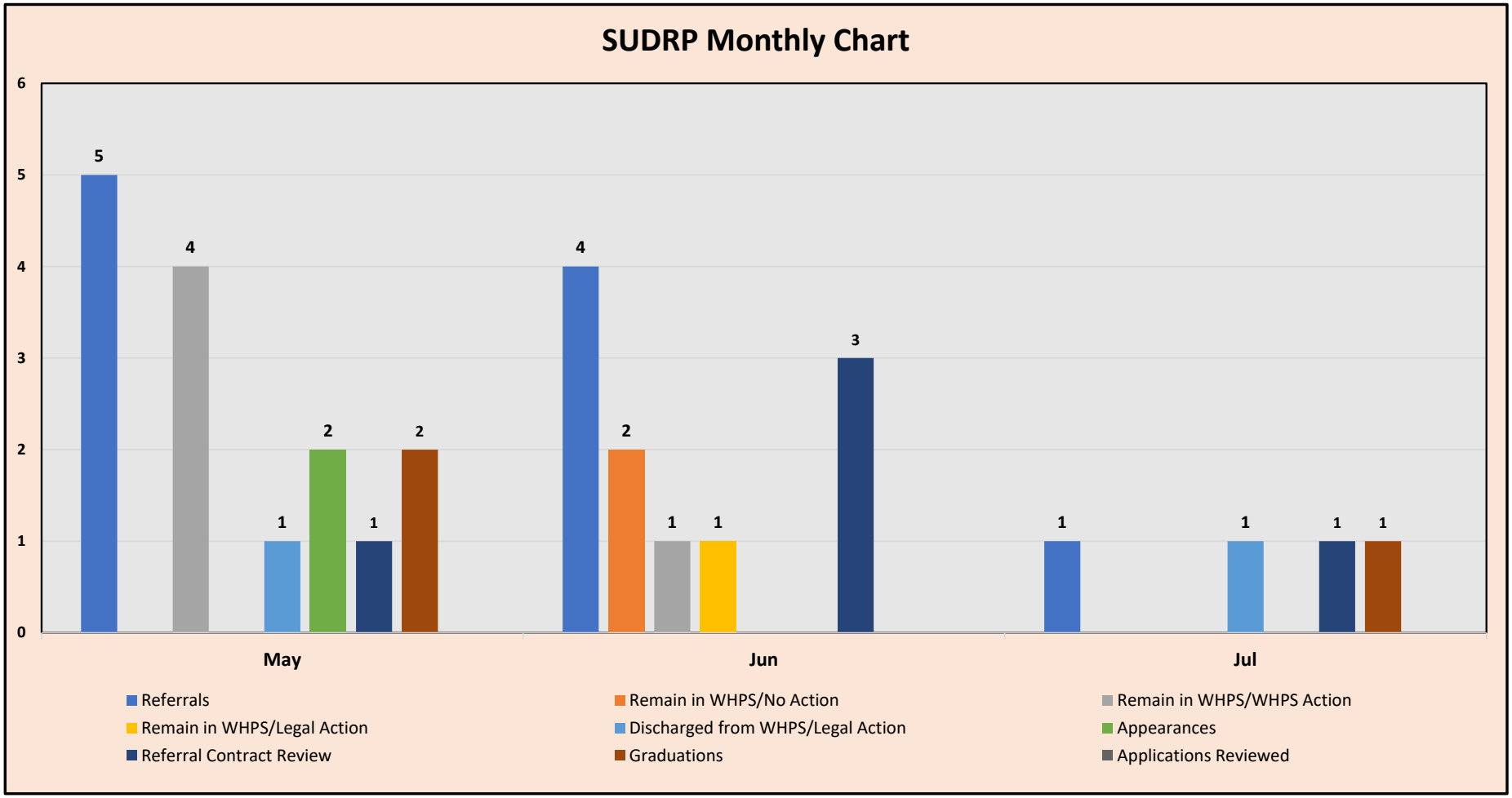
100
80
60
40
20
0
JUL-22
AUG-22
SEP-22
OCT-22
NOV-22
DEC-22
JAN-23
FEB-23
MAR-23
APR-23
MAY-23
JUN-23
APUC
Order
Pending
RC
STD
Voluntary


WHPS Performance Data
70
60
50
40
30
20
10
0
41
35
47
61
36
50
38
38
40
31
35
12
2
3
1
1
4
5
1
4
1
1
1
4
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Inquiry to Intake
Intake to Monitoring

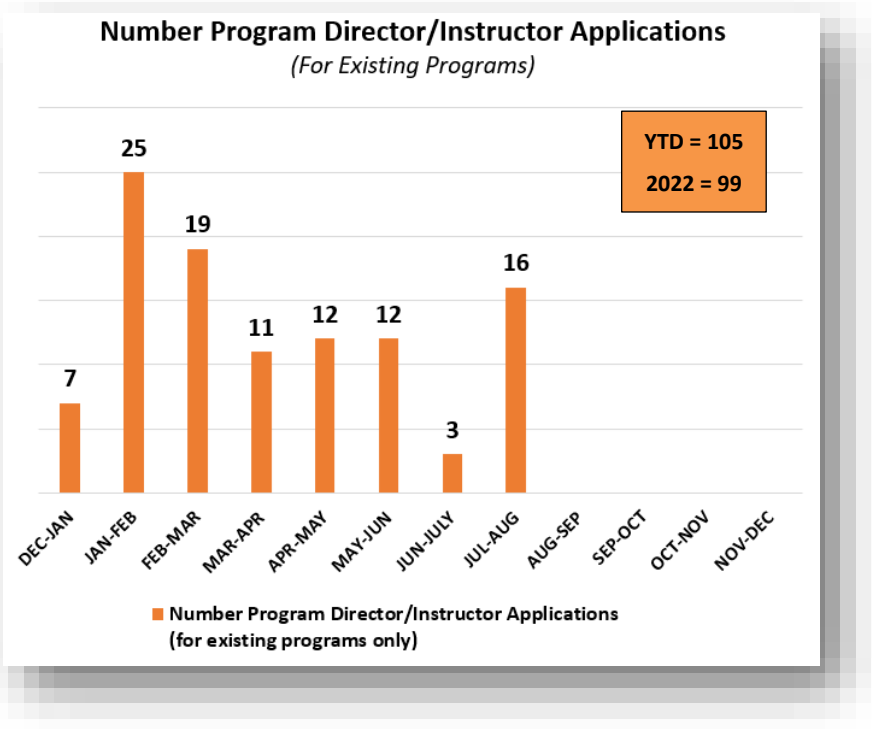

SUDRP Monthly Chart
9
8
7
6
5
4
3
2
1
0
8
2
2
4
2
5
4
1
2
1
2
4
2
1
1
3
Apr
May
Jun
Referrals
Remain in WHPS/No Action
Remain in WHPS/WHPS Action
Remain in WHPS/Legal Action
Discharged from WHPS/Legal Action
Appearances
Referral Contract Review
Graduations
Applications Reviewed


SUDRP Monthly Chart
6
5
4
3
2
1
0
5
4
1
2
1
2
4
2
1
1
3
1
1
1
1
May
Jun
Jul
Referrals
Remain in WHPS/No Action
Remain in WHPS/WHPS Action
Remain in WHPS/Legal Action
Discharged from WHPS/Legal Action
Appearances
Referral Contract Review
Graduations
Applications Reviewed

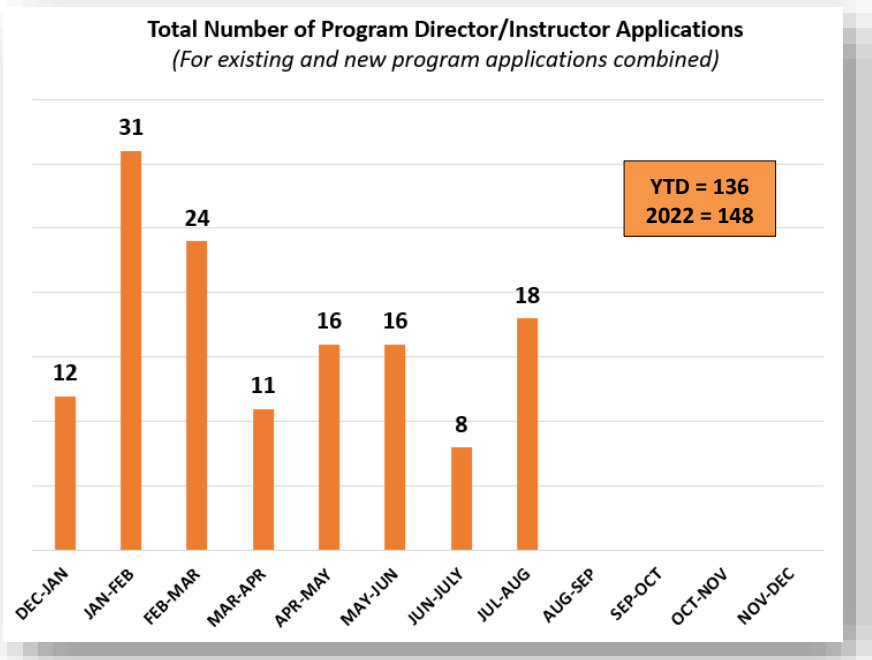
Data and Performance Measures Related to Nursing Assistant Training Programs

Note: Data points correspond to time frames that run mid-month to mid-month in accordance with the meetings and work of the Nursing Assistant Program Approval Panel (NAPAP).

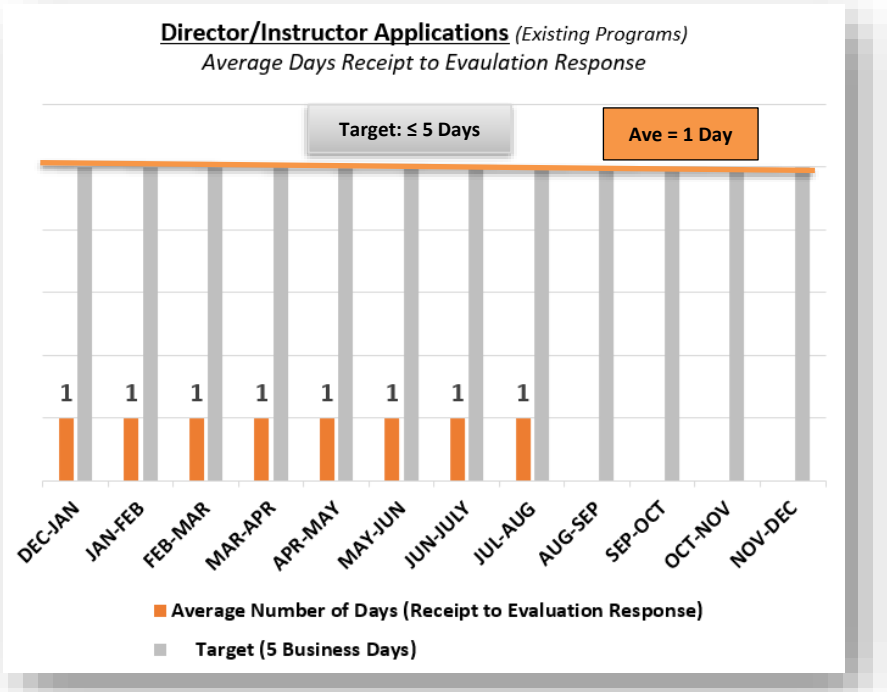
Descriptive Data:



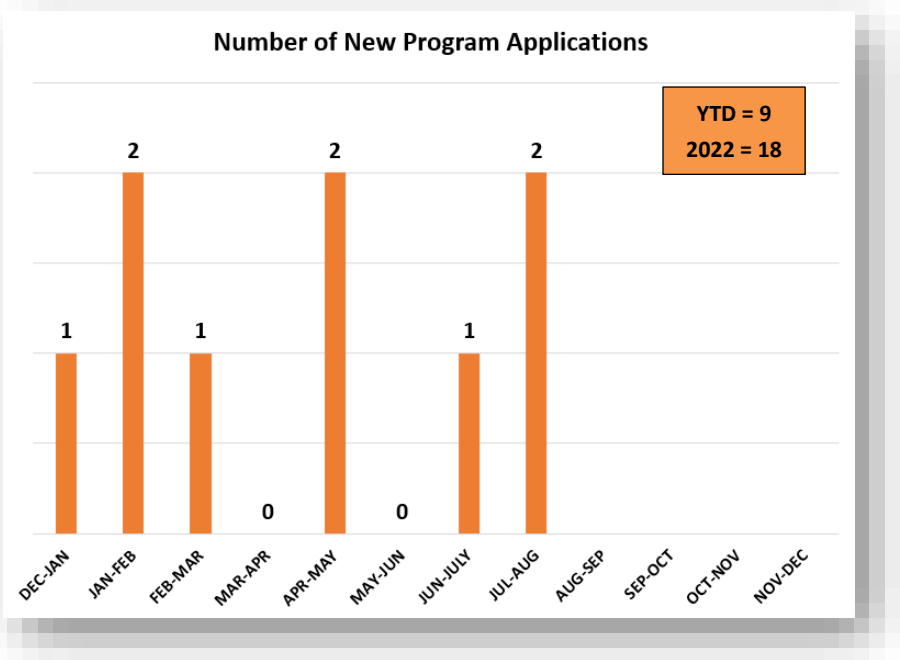
Descriptive Data:



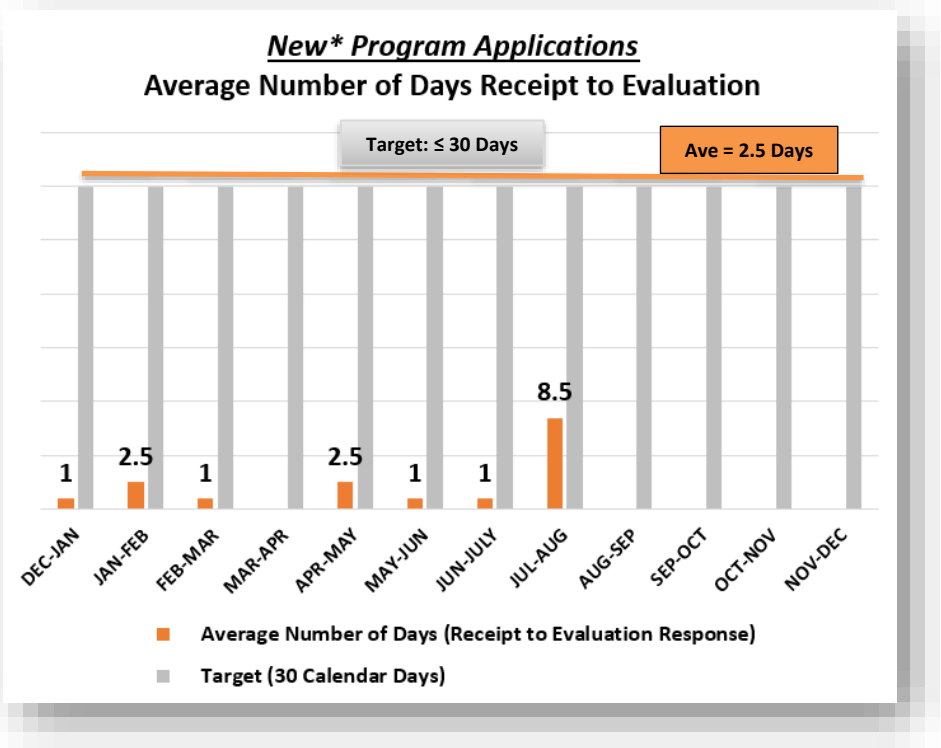
Performance Measure:



Descriptive Data:

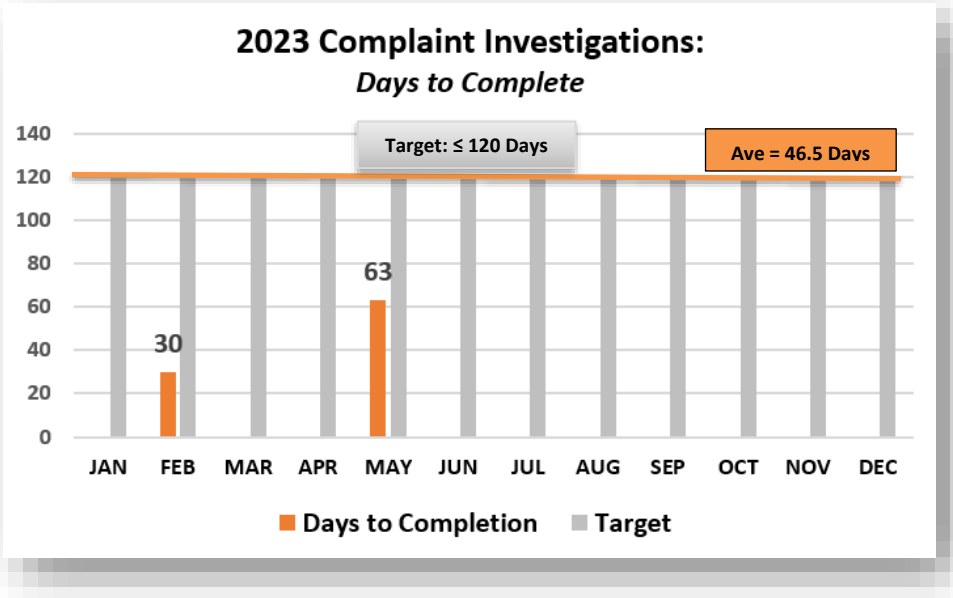


Performance Measure:



*Does not include 2nd/subsequent reviews of revised applications

Performance Measure



Washington State Nursing Care Quality Assurance Commission
NPAP DECISION SUMMARY REPORT **Date:** August 3rd Updated August 17th

Actions	Number Added for this reporting period	2023 Panel Actions YTD	2022 Panel Actions YTD	2021 Totals	Instate Approved Programs	Out of State Approved Programs
Letter of Determination:					7 LPN Programs 25 ADN Programs	5 ADN Programs 2 LPN-BSN Programs
Intent to Withdraw Approval					17 RNB Programs	12 BSN Programs
Conditional Approval	2	2	1	2	17 BSN Programs	25 RNB Programs
Deny Approval				3	121 Post BSN Programs	43 Total BSN Programs
Letter of Decision:					5 Refresher Programs	332 MSN Programs
Approval – Programs	1	66	21	30		159 DNP Programs
Approval – Sub Change Request	1	22	35	20		1 EdD Nursing Education Program
Plan of Correction (POC) Required	2	8	4	2		1 RN Refresher Program
Acceptance of Submitted Documents or POC	7	47	60	64		1 LPN Refresher Program
Additional Documents or Actions Required		1	1	4		8 Nurse Tech
Deferred Action		7	9	12		
Removal of Conditional Approval						
Limit Student Enrollment			1	1		
Voluntary Closure		1		1		
Require Monitoring Report		12	8			
Site Visit Report	1	5	10	3		
Removal of Moratorium on admissions						

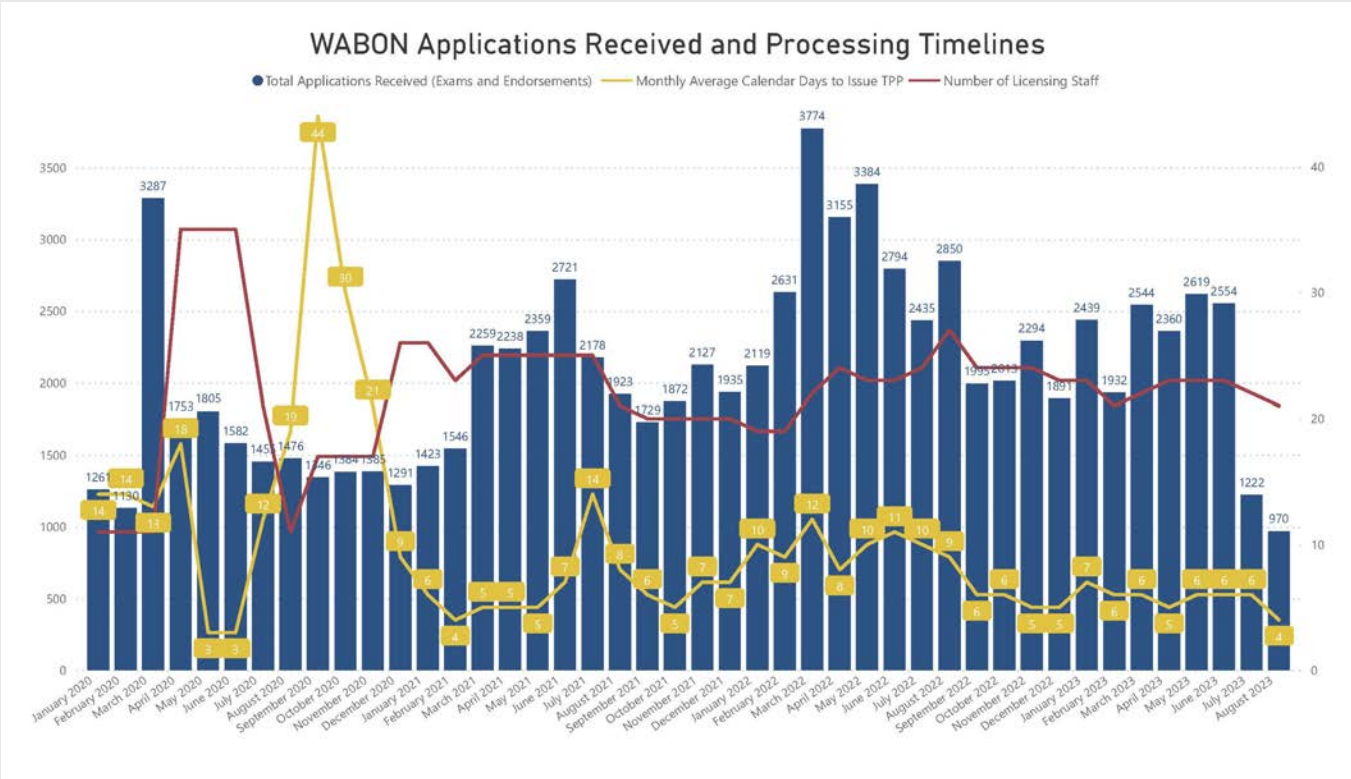
Covid-19 Curriculum Adjustments				7
Other			3	2
Other- Acknowledge Receipt of POC				
Letter of Concern			1	
Approvals- Miscellaneous (non-program)	1	3	3	2
Monitoring Report:				
Accept	3	15	1	
Not Accept				
Deferred				
Out-of-State DL Student Waivers:				
Accept				
Deny				
Deferred				
Complaints:				
Open	1	3	2	3
Closed		2	3	3
Defer				
Complaint Investigation Reviewed:				
Accept Investigation Report		1	1	3
No Action Required		1	1	
Action required				
Licensing Education Exemption (Waiver) Request:				
Exemption Request Approved			4	5
Exemption Request Denied			2	1

Washington State Board of Nursing (WABON) COVID-19 Response for Nurse Licensure

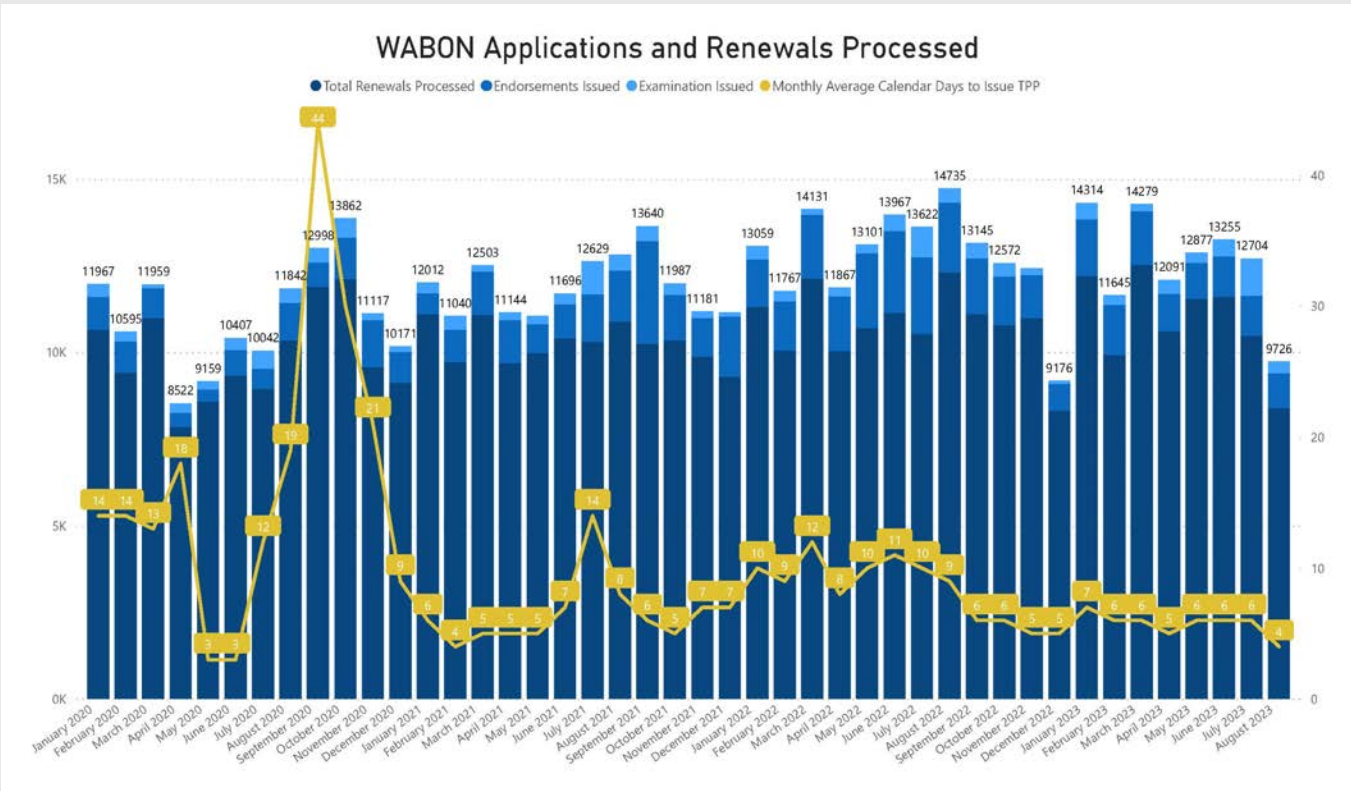
Update: Monday, August 21, 2023

For the week of August 21, 2023, the current processing time to issue a complete temporary practice permit (TPP) is five days (including weekends and holidays). The average processing time for July 2023 was six days.

The first chart below reflects the monthly nursing application volumes, application processing times, and staffing levels for WABON since January 2020. The WABON received 1,222 new applications during July 2023. The volume of incoming applications may now be reflecting a decrease due to the implementation of the Nurse Licensure Compact and the ability for out of state nurses to work in Washington state without a Washington state license.



The second chart on this report reflects the monthly outputs from the WABON. In June 2023, the WABON issued a total of 2,304 new nursing licenses. In addition, 10,470 nursing renewals were completed.



Note: **Temporary practice permits (TPP)are issued to nursing applicants who meet all licensure requirements, except for the FBI fingerprint background check. A preliminary background check is completed on all applications received by the WABON. The average days to process complete TPPs is based upon applications received that do not require an application deficiency email to the applicant, other than to complete the fingerprint process. Deficient applications are omitted from the report since this delay is outside of the WABON's control.*

WCN-WABON Notes - 7/25/23

Alison Bradywood, Patricia Moulton

Call to Order – 4:03 pm

Short report on the ransomware attacks at Shoreline and Pierce College.

Proviso - Kelly Shaw is working on the statement of work. The first steering committee meeting will be August 8th. Let Alison know who is invited to the first meeting. Alison suggested we invite NWONL and other partners. Invite Cindi Warburton to the August 8th meeting.

Critical Gaps – Discussion about the report due September 29th. Short history of what WCN has been doing. Do a wrap up- session with Una in September for the final report. Spoke to transitioning into three groups (add here). We have started this summer. Short term projects. Project wide timeline to add for the past and the future. Send the list of leaders to Alison.

Short discussion on deliverables due in September 2023. FON plan- Patricia is working on the plan with Mary Sue to have done by the end of September. Discussion about the Acceptance Criteria for the new contract and the final reports from the end of the last contract.

HELMS – Steering committee met in July, work timelines discussed, 3 weeks pause. Meeting again in August with another update with a possible new launch date. Short discussion on how it might effect the compact launch and may need to begin with the Eilers system. Might not be able to wait for HELMS. Testing – Amber has been out; we will try for some dates in August.

Demo Data - Data from the compact, we cannot see yet and may set up a Survey Monkey survey to make up the difference while we transition. This is for multi-state licensure. Discussion about the surveys and form of product for continuing this survey.

Washington Board of Nursing (WABON) is the new acronym.

Allison spoke with a Senator recently about “Work to Earn”; an apprenticeship idea for Washington State. Working with WSHA on LPN and RN roles in hospitals and how to best utilize. Discussion.

APRN title change. More complicated than expected. Three-year implementation. We want to speak with CNEWS to let them know about how this will change degrees.

Adjourned – 4:39 pm

NCSBN Annual Meeting
August 16-18, 2023
Chicago, IL

Participants (additional dates, roles):

1. Alison Bradywood (August 15-18, 2023; NLC Administrator, delegate)
2. Yvonne Strader (August 15-18, 2023; delegate)
3. Ella Guilford
4. Judy Loveless-Morris
5. Adam Canary (Finance Committee)
6. Margaret Holm (Award Recipient)
7. Shana Johnny (Award Recipient)
8. Holly Palmer (Award Recipient)
9. Kathy Moisio (August 14-18, 2023)
10. Gerianne Babbo (Speaker)

PURPOSE: This gathering of nursing regulators from across the country and the world will include the Delegate Assembly, candidate forum, committee forum, education sessions and elections.

Additional workshops:

- August 14, 2023: Workforce Committee addressing NA-C and RN/LPN workforce shortages.
- August 15, 2023: The NLC Commission (ICNLCA) Midyear Meeting is open to the public. Only NLC Commissioners will attend the entire meeting 9am - 5pm. BON staff, board members, NCSBN Staff, and non-members are approved to attend from 1pm - 5pm only.

OUTCOME: Regulatory education and discussion of issues facing nursing regulation. Networking across states, including via the NLC Commission.

RECOMMENDATION: Continue to participate annually in NCSBN annual meeting to enhance regulatory expertise and share experiences of Washington State nursing regulation.

National Tribal Opioid Summit
August 22-24, 2023
Tulalip, WA

Participants:

1. Shana Johnny

PURPOSE:

At the National Tribal Opioid Summit, attendees will be taking a stand to collectively address the fentanyl crisis. This Summit will be a large working meeting with plenaries and breakout sessions structured to gather input from Tribal leaders, front line providers and responders, and community members. The first day of the Summit will address fentanyl issues within communities, the second day will highlight Tribal solutions, and the third day will focus on Tribal priorities to address the fentanyl crisis to federal officials.
Tribal leaders will lead discussions with federal representatives in four different tracks during this 3-day Summit. The Tracks include:

- Culturally Specific Prevention Initiatives
- Culturally Specific Care, Treatment and Support Services
- Tribal Data
- Law & Justice

OUTCOME:

RECOMMENDATION:

Washington State Nursing Care Quality Assurance Commission
NPAP DECISION SUMMARY REPORT **Date:** August 3rd Updated August 17th

Actions	Number Added for this reporting period	2023 Panel Actions YTD	2022 Panel Actions YTD	2021 Totals	Instate Approved Programs	Out of State Approved Programs
Letter of Determination:					7 LPN Programs 25 ADN Programs	5 ADN Programs 2 LPN-BSN Programs
Intent to Withdraw Approval					17 RNB Programs	12 BSN Programs
Conditional Approval	2	2	1	2	17 BSN Programs	25 RNB Programs
Deny Approval				3	121 Post BSN Programs	43 Total BSN Programs
Letter of Decision:					5 Refresher Programs	332 MSN Programs
Approval – Programs	1	66	21	30		159 DNP Programs
Approval – Sub Change Request	1	22	35	20		1 EdD Nursing Education Program
Plan of Correction (POC) Required	2	8	4	2		1 RN Refresher Program
Acceptance of Submitted Documents or POC	7	47	60	64		1 LPN Refresher Program
Additional Documents or Actions Required		1	1	4		8 Nurse Tech
Deferred Action		7	9	12		
Removal of Conditional Approval						
Limit Student Enrollment			1	1		
Voluntary Closure		1		1		
Require Monitoring Report		12	8			
Site Visit Report	1	5	10	3		
Removal of Moratorium on admissions						

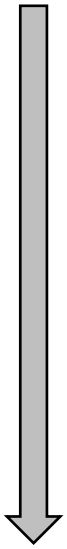
Covid-19 Curriculum Adjustments				7
Other			3	2
Other- Acknowledge Receipt of POC				
Letter of Concern			1	
Approvals- Miscellaneous (non-program)	1	3	3	2
Monitoring Report:				
Accept	3	15	1	
Not Accept				
Deferred				
Out-of-State DL Student Waivers:				
Accept				
Deny				
Deferred				
Complaints:				
Open	1	3	2	3
Closed		2	3	3
Defer				
Complaint Investigation Reviewed:				
Accept Investigation Report		1	1	3
No Action Required		1	1	
Action required				
Licensing Education Exemption (Waiver) Request:				
Exemption Request Approved			4	5
Exemption Request Denied			2	1

Snapshot of Approved Nursing Assistant Training Programs (August 2023)

Number of Nursing Assistant Training Programs (All Types)	193
• Traditional Programs	153
• Home Care Aide Alternative/Bridge Programs	22
• Medical Assistant Alternative/Bridge Programs	10
• Medication Assistant Certification Endorsement (MACE) Programs	8

Trend Indicator in Program Numbers: ___ Notable Increase _X_ Stable ___ Notable Decrease

Comments: Program numbers have ranged 180-200 total over last six years, but increased to >200 as 2019 came to a close and in early 2020. With the impact of COVID-19, the number of programs decreased temporarily to <200. They gradually climbed above 200 again in June 2022. Then, with a few nursing home sanctions and the 2-year program renewal process (where several inactive programs opted to close)-- the number is again below 200. Overall, however, the range of 180-200 programs is a longstanding, steady range.



NAPAP REPORT 2023

Activity	JAN 9+20	FEB 13	MAR 13+20	APR 10	MAY 8 + 15	JUNE 12	JULY 10	AUG 14	SEP 11	OCT 9	NOV 13	DEC 11	YTD
Programs Applications Approved	1	2	1		1	1	5	3					14
Program Applications Deferred		1			1	1							3
Program Applications Denied													0
Program Change Requests Approved		1											1
Program Change Requests Deferred			1				2						3
Program Change Requests Denied			1										1
Program Complaints Reviewed			1				1	3					5
Program Complaints Opened			1			1		2					4
Program Complaints Closed	1	2	1	1				1					6
Site Visit Summaries Reviewed				3									3
Investigative Reports Reviewed			2		1								3
POC/DPOC or Program Condition Reviewed			2	1	3	3	4	3					16
Additional Documents/Program Actions Required	1	9	9	10	1	17	18	2					67
Intent to Change Program Status *(Full to Conditional or Conditional to Full)*													0
Intent to Withdraw Program Approval					1								1
Program Director/Instructor Applications Requiring Panel Review	1	1		3									5
Other Review or Process Decisions	14	7	10	10	12	11	8	6					78

**Correction: One closed complaint was previously recorded in the March column erroneously and has now been included properly in the April column.*

WABON Annual Survey 2023

Welcome to the Washington State Board of Nursing Annual Member Survey

We use this survey to see how effective we are, and to learn what we can do better.

Our goal is to get 100% participation from all members and Pro-Tem members of the Board.

Your feedback is important. Thank you!

WABON Annual Survey 2023

Member info

Please tell us who you are and your role with the Board.

1. Name (first and last)

* 2. What is your role with the Board?

- ◯ Board member
- ◯ Pro tem

* 3. How many months have you been on the Board?

As a Pro-Tem

As a Board member

WABON Annual Survey 2023

Board members

Please tell us how well you are able to meet your role obligations.

* 4. How well are you able to do your role as a board member?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am able to complete the work activities asked of me.	○	○	○	○	○
I feel staff are aware of the level of work I am responsible for.	○	○	○	○	○
I feel staff recognize where I have limitations or time constraints and work with me.	○	○	○	○	○

WABON Annual Survey 2023

Board Member Roles

* 5. I understand the different member roles of the Board

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Chair	○	○	○	○	○
Vice Chair	○	○	○	○	○
Secretary/Treasurer	○	○	○	○	○
Board member	○	○	○	○	○
Pro tem	○	○	○	○	○

WABON Annual Survey 2023

Board Business Meetings

Please tell us how well are our meetings run and how helpful they are.

6. How useful are the Board meeting materials?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
Meeting materials are well organized.	○	○	○	○	○	○
Meeting materials have everything needed for the meeting.	○	○	○	○	○	○
Meeting materials are sent far enough in advance.	○	○	○	○	○	○

7. How well are the Board meetings run?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
Meetings start and end on time.	○	○	○	○	○	○
There is good flow and progress in each meeting.	○	○	○	○	○	○
The chair identifies next steps and assigns responsibility for actions.	○	○	○	○	○	○
Meetings allow for candid constructive discussion, and critical questioning.	○	○	○	○	○	○
Presentations are generally of the appropriate length and content	○	○	○	○	○	○

8. How well is decision making done in the Board meetings?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
There is enough information and communication to make informed decisions.	◯	◯	◯	◯	◯	◯
There is enough discussion and consideration to decisions.	◯	◯	◯	◯	◯	◯
The group makes collective judgments about important matters.	◯	◯	◯	◯	◯	◯

9. What would help you with in-person meeting attendance?

WABON Annual Survey 2023

Board Meeting Participation

Please let us know how well you are able to participate in the Board Business meetings.

10. How do you feel about participating in the Board Business meetings?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I am able to attend most meetings.	○	○	○	○	○	○
I understand my role within the business meeting.	○	○	○	○	○	○
I understand the purpose and intent of the committees and panels.	○	○	○	○	○	○
My mentor helps me understand the content at the meetings.	○	○	○	○	○	○
I feel heard and my thoughts considered.	○	○	○	○	○	○
I have enough time to complete my work.	○	○	○	○	○	○

WABON Annual Survey 2023

Board Membership

Please tell us how included you feel as a member of the Board.

11. How valued do you feel as a member of the Board?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am treated with respect.	◯	◯	◯	◯	◯
I feel valued for my skills and expertise.	◯	◯	◯	◯	◯
I feel a sense of connection and belonging.	◯	◯	◯	◯	◯
Interactions with others are positive and constructive.	◯	◯	◯	◯	◯
My ideas and suggestions are sought out.	◯	◯	◯	◯	◯
I have resources to support my learning and growth.	◯	◯	◯	◯	◯

12. How can we ensure that you are feeling heard?

13. How can we improve in seeking your ideas?

WABON Annual Survey 2023

Partnership and Equity

Please tell us how well the Board is doing on working together and addressing issues.

14. How well does the Board work together?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Members work well together.	○	○	○	○	○
Collaboration and communication are constructive and actionable.	○	○	○	○	○
There is intentional learning and application of race equity and health equity in our work.	○	○	○	○	○

WABON Annual Survey 2023

Subcommittees

Please tell us about working with Board subcommittees.

15. What subcommittees do you participate in?

- [ ] Advanced Practice
- [ ] Consistent Standards of Practice
- [ ] Discipline
- [ ] Education
- [ ] Licensing
- [ ] Research
- [ ] None of the above

16. How well do subcommittees run?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I understand the goals and objectives of subcommittees I participate in.	○	○	○	○	○	○
The subcommittees makes collective judgments about important matters.	○	○	○	○	○	○
Subcommittee meetings allow for candid and constructive discussion.	○	○	○	○	○	○
I know which staff member to reach out to with questions or needs.	○	○	○	○	○	○

WABON Annual Survey 2023

Panels and other committees

Please tell us about working with Board panels, steering committees, task forces, and other groups.

17. What panels, steering committees, task forces, or other Board groups do you participate in?

- [ ] Case Management Team
- [ ] Communication Task Force
- [ ] Legislative Panel
- [ ] Long-Term Care Workforce Development Steering Committee
- [ ] Other (please specify)
- [ ] None of the above
- [ ] Nursing Assistant Program Approval Panel
- [ ] Nursing Program Approval Panel

18. How well do these groups run?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I understand the goals and objectives of the groups I participate in.	○	○	○	○	○	○
The groups makes collective judgments about important matters.	○	○	○	○	○	○
Group meetings allow for candid and constructive discussion.	○	○	○	○	○	○
I know which staff member to reach out to with questions or needs.	○	○	○	○	○	○

WABON Annual Survey 2023

Feedback

Please give us any comments or feedback you have.

19. Do you have any feedback or comments you want to make?

20. Is there anyone you would like to recognize?

21. If you prefer a personal response to your feedback, please list your contact email address.

Sub-Committee Schedule 2023-2024

M = Commission Member **P = Pro-tem**

Advanced Practice Sub-Committee	Licensing Sub-Committee	Consistent Standards of Practice Sub-Committee	Discipline Sub-Committee	Legislative Panel	Case Management Panel	Case Disposition Panel	Research Sub-Committee	SUDRP Panel	Education
3rd Wednesday every month; 7-8pm; Zoom meeting	3rd Tuesday of every month; 1:00pm - 2:00pm; Microsoft Teams meeting	1st Tuesday every other month; 12-1pm; Microsoft Teams meeting	3rd Tuesday Every Month; 3:30-5:30pm; Microsoft Teams meeting	Every Thursday During Session; 5-6pm; Microsoft Teams meeting	Every Tuesday 8:30-10am; Microsoft Teams meeting		3rd Monday of every month; 5-6pm; Zoom meeting	Every Thursday; 3-430pm; Microsoft Teams meeting	Once a quarter, 1st Monday
Jonathon Alvarado, Chair (M)	**Morrell, Dawn, Chair**	**Ness, Sharon, RN, Chair**	**Canary, Adam; Chair**	**Myrick, Helen, Chair**	**Strader, Yvonne, Chair**	**Variable - Chair**	**Loveless-Morris, Judy, Chair (M)**	**Morrell, Dawn, Chair**	**Kim Tucker Chair**
Emerisse Shen (M) Marckmann, Cydne (P) Ramirez, Jeff (P) Murchie, Wendy (P) Kilpatrick, Megan (CNS) (P) Veilleux, Kim (P) Reis, Bianca (P) Smith, Ronna (P) Dedeo, Michelle (P) Altman, Molly (P) *Gorski, Mary Sue; Staff*	Moua, Maikia Canary, Adam Myrick, Helen *Zawislak, Amber; Staff* *Johnny, Shana; Staff* *Hoehn, Karl; Staff* *Underwood, Lori; Staff*	Randich, Tiffany (LPN) Daniels, Quiana Guilford, Ella Meyer, Diana,(P) *Shana Johnny, Staff, Lead* *Carlson, Deborah; Staff* *Holly Palmer, Staff* *Margaret Holm, Staff (Ad hoc)*	Judy Loveless Morris Ness, Sharon Randich, Tiffany Morrell, Dawn Rude, Tracy, (P) Daniels, Quiana Dedeo, Michelle,(P) Meyer, Diana, (P) Altman, Molly (P) *Woodard, Catherine staff*	Strader, Yvonne Veilleux, Kim (P) Daniels, Quiana Tucker, Kim Alvarado, Jonathan *Bradywood, A; Staff*	Myrick, Helen Canary, Adam LPN Ness, Sharon Public Member Daniels, Quiana *Hulteen, Grant, Staff*	Moua, MaiKia Tucker, Kimberly Canary, Adam Shen, Emerisse Guilford, Ella Loveless-Morris, Judy Morrell, Dawn Myrick, Helen Ness, Sharon Baroni, Mary (P) Benson, Julie (P) Cochrell, Patty (P) Hoeskal, Renee (P) Joiner, Karen (P) Kilpatrick, Megan (P) Marckmann, Cydne (P) Marr, Lindsay (P) Murchie, Wendy (P) Patricelli, Vanessa (P) Ramirez, Jeff (P) Randich, Tiffany (P) Dedeo, Michelle (P)	Strader, Yvonne (M) Haerling, Katie (P) Ness, Sharon (M) Moua, Maikia (M) Baroni, Mary (P) Veilleux, Kim (P) *Gorski, Mary Sue; Staff*	Ness, Sharon Canary, Adam Strader, Yvonne Rude, Tracy Veilleux, Kim (P) Baroni, Mary (P) *Hulteen, Grant staff*	Benson, Julie (P) Mendoza, Ajay Hoeksel, Renee (P) Brown, Fionnula (P) Myrick, Helen Rude, Tracy (P) Fought, Sharon (P) Cochrell, Patty (P)

NPAP Panel A	NPAP B	NA-PAP
3rd Thursday; 10am-12pm; Microsoft Teams meeting	1st Thursday of Month; 10am-12pm; Microsoft Teams meeting	2nd Monday every month; 3:00-5:00pm; Microsoft Teams meeting
Mendoza, Ajay Chair	**Tucker, Kim Chair**	**Myrick, Helen; Chair**
Fought, Sharon, (P) Cochrell, Patty, (P) Brown, Fionnuala, (P) Hoeskel, Renee, (P) Benson, Julie, (P) *Babbo, Gerianne; Staff*	Guilford, Ella Joiner, Karen, (P) Owens, Joan, (P) Mulligan, Anne, (P) Baroni, Mary, (P) *Babbo, Gerianne; Staff*	Rude, Tracy, (P) Daniels, Quiana Alisa Lopez, (P) *Moisio, Kathy; Staff* *Murray, Amy; Staff* *Llacuna, Alana; Staff* *Tran, Christine; Staff* *Gunnarson, Dennis; Staff*

NURSING BUDGET STATUS REPORT – June 2023

2021-2023 BIENNIUM:

This report covers the period of July 1, 2021, through June 30, 2023, closing out the 2021-2023 biennium. The WABON budget ended underspent by 7% or about $2.2M and the current revenue balance is just over $1.6M.*

***IMPORTANT TO NOTE:** An additional $1.9M in allotments was added to the budget in FM24. This was from a decision package submitted by DOH to add spending authority to cover the additional fee revenues gained from the fee increase that went into effect in December 2022. The amount was added as a lump sum in FM24 although the amount is technically to add authority to the budget in each month following the fee increase. This is only an allotment added to the budget and does not impact our actuals or the overall revenue balance.

REVENUES FROM FEES:

The recommended revenue balance or "reserve" should be 12.5% of biennial budgeted allotments, or approximately $3.7M. As expected, the WABON revenue balance fell below the recommended reserve balance due to the final HELMS withdrawal ($2.7M) in June 2023. Revenues from fees outpaced projections by 6.5%, or just over $2M for the biennium. This was due to the high volume of applications received combined with increased renewals from the previous year's record number of applications.

EXPENDITURES:

Highlights:

- Goods & Services expenditures exceeded allotments due to expenses related to the legislative mandated audit of our out-of-state licensing process.
- FBI Background Checks and Revenue Reconciliation are charged based on actual files processed and ended higher than projected due to the increased volume of applications.

FISCAL OUTLOOK:

Over the biennium, the combination of the strategic fee increase in December 2022, higher than projected fee revenues, and strong fiscal management resulted in a net gain of $2.9M to the reserve balance ($7.2M). The $5.5M HELMS assessment erased most of the reserve and the revenue balance now stands at just 43% of recommended. We are still in the process of building the next biennial budget and plan on providing a report on the first quarter of FY24 at the November business meeting. With the implementation of the nurse licensure compact and the related loss of fee revenues, WABON is exploring options for setting the fee for the new multistate license.

Nursing Care Quality Assurance Commission
2021-23 Budget Status Report (Health Professions Account)
For the period of July 1, 2021 through June 30, 2023

EXPENDITURES TYPES	BIENNIAL BUDGET	ALLOT THRU FM22	ACTUALS THRU FM22	PREV FM ALLOT	PREV FM Expense	Current FM ALLOT	Current FM Expense	BUDGET/ALLOTMENT TO-DATE	EXPENDITURES TO-DATE	VARIANCE TO-DATE	% SPENT TO-DATE
DIRECT EXPENDITURES:				FM23	FM23	FM24	FM24				
FTEs (average)	81.33	83.89	82.56	83.89	83.59	83.89	84.34	81.33	75.89	5.43	93.32%
Staff Salaries & Benefits	$18,258,384	$15,365,713	$16,098,501	$711,303	$784,104	$2,181,368	$807,789	$18,258,384	$16,906,290	$1,352,094	92.59%
Commission Salaries	$604,615	$553,845	$529,471	$25,385	$25,727	$25,385	$31,056	$604,615	$560,527	$44,088	92.71%
Goods & Services	$631,195	$547,029	$827,256	$25,387	$37,083	$58,779	$252,963	$631,195	$1,080,219	($449,024)	171.14%
Rent	$830,031	$758,729	$593,952	$35,654	$25,355	$35,648	$26,258	$830,031	$620,210	$209,821	74.72%
Attorney General (AG)	$1,592,958	$1,396,234	$1,470,996	$67,380	$115,137	$129,344	$109,900	$1,592,958	$1,580,896	$12,062	99.24%
Travel	$180,000	$164,670	$126,980	$7,665	$23,092	$7,665	$32,566	$180,000	$159,545	$20,455	88.64%
Equipment	$121,840	$101,096	$106,424	$5,300	$270	$15,444	$1,068	$121,840	$107,491	$14,349	88.22%
IT Support & Software Licenses	$367,476	$335,091	$324,974	$16,191	$26,423	$16,194	$32,161	$367,476	$357,135	$10,341	97.19%
TOTAL DIRECT	**$ 22,586,499**	**$ 19,222,407**	**$ 20,078,554**	**$ 894,265**	**$ 1,037,190**	**$ 2,469,827**	**$ 1,293,760**	**$22,586,499**	**$21,372,314**	**$1,214,185**	94.62%
SERVICE UNITS:											
FBI Background Checks	$527,013	$481,965	$695,411	$22,524	$32,134	$22,524	$114,505	$527,013	$809,916	($282,903)	153.68%
Office of Professional Standards	$435,023	$394,577	$354,574	$20,223	$21,751	$20,223	$21,152	$435,023	$375,726	$59,297	86.37%
Adjudication Clerk	$213,498	$195,204	$89,230	$9,147	$2,874	$9,147	$5,392	$213,498	$94,622	$118,876	44.32%
HP Investigations	$86,601	$78,871	$68,175	$3,865	$3,737	$3,865	$4,670	$86,601	$72,846	$13,755	84.12%
Legal Services	$39,570	$36,004	$25,652	$1,783	$43	$1,783	$1,252	$39,570	$26,905	$12,665	67.99%
Call Center	$164,978	$150,270	$149,986	$7,354	$6,765	$7,354	$8,983	$164,978	$158,969	$6,009	96.36%
Public Disclosure	$382,476	$349,676	$332,512	$16,400	$13,416	$16,400	$23,948	$382,476	$356,459	$26,017	93.20%
Revenue Reconciliation	$180,909	$165,387	$181,063	$7,761	$7,170	$7,761	$10,108	$180,909	$191,171	($10,262)	105.67%
Online Healthcare Provider Lic - Staff	$305,352	$279,308	$305,831	$13,022	$9,338	$13,022	$28,864	$305,352	$334,695	($29,343)	109.61%
Online Healthcare Provider Lic - Contract	$195,792	$179,476	$226,550	$8,158	$0	$8,158	$0	$195,792	$195,189	$603	99.69%
Suicide Assessment Study	$40,800	$37,400	$11,636	$1,700	$0	$1,700	$0	$40,800	$11,636	$29,164	28.52%
TOTAL SERVICE UNITS	**$ 2,572,012**	**$ 2,348,138**	**$ 2,440,622**	**$ 111,937**	**$ 97,228**	**$ 111,937**	**$ 218,875**	**$2,572,012**	**$2,628,136**	**($56,124)**	102.18%
INDIRECT CHARGES:											
Agency Indirects (16.9% in FY1 - 15.3% in FY2)	**$4,189,672**	**$3,588,539**	**$3,363,161**	**$167,431**	**$171,929**	**$433,701**	**$223,185**	$4,189,672	$3,586,346	$603,326	85.60%
HSQA Division Indirects (11.3% in FY1 - 9.7% in FY2)	**$2,797,627**	**$2,396,002**	**$2,221,845**	**$111,793**	**$108,928**	**$289,832**	**$71,747**	$2,797,627	$2,293,592	$504,034	81.98%
TOTAL INDIRECTS (28.2% in FY1 - 25% in FY2)	**$ 6,987,299**	**$ 5,984,541**	**$ 5,585,006**	**$ 279,224**	**$ 280,858**	**$ 723,533**	**$ 294,932**	**$6,987,299**	**$5,879,939**	**$1,107,360**	84.15%
GRAND TOTAL	**$ 32,145,810**	**$27,555,086**	**$ 28,104,183**	**$1,285,426**	**$1,415,276**	**$3,305,297**	**$1,807,567**	**$32,145,810**	**$29,880,388**	**$2,265,421**	92.95%

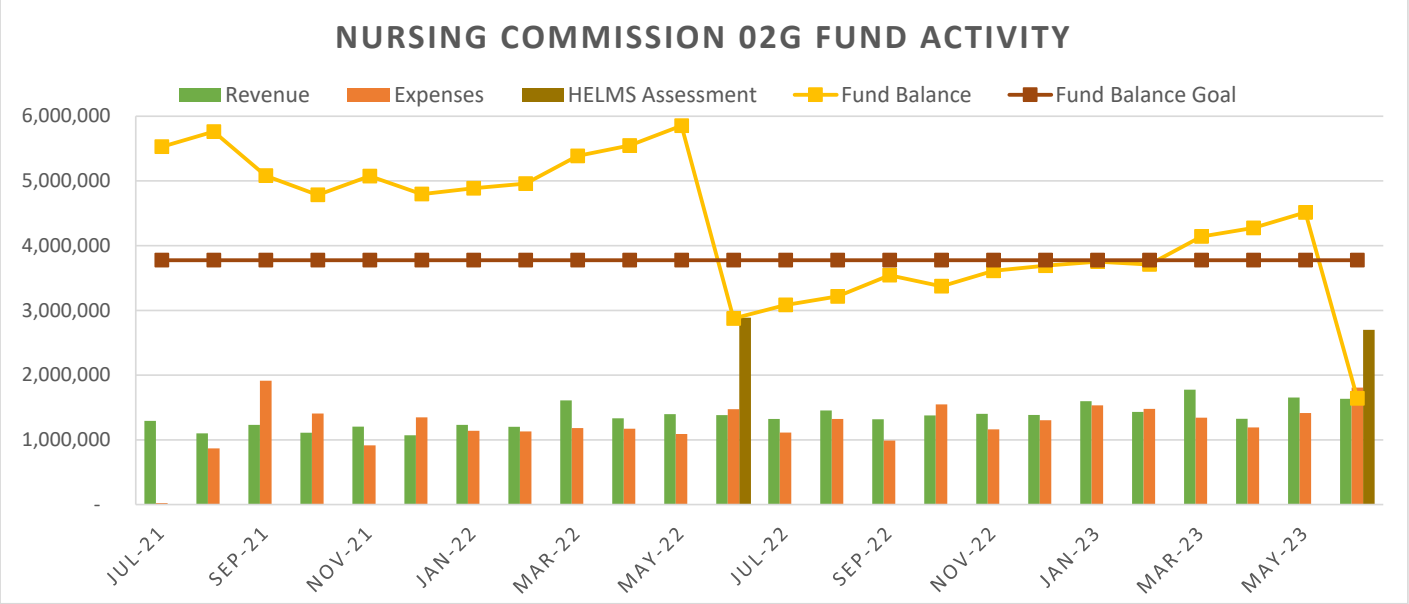
NURSING REVENUE

BEGINNING REVENUE BALANCE	$ 4,257,147
21-23 REVENUE TO-DATE	$ 32,851,331
21-23 HELMS ASSESS. TO-DATE	$ 5,586,822
21-23 EXPENDITURES TO-DATE	$ 29,880,388
ENDING REVENUE BALANCE	**$ 1,641,268**

$1,892,000 Fees to Maintain DP

Nursing Care Quality Assurance Commission
2021-23 Fund Balance Projections
Health Professions Account

FM	Month	Actual/ Projected Revenue	Actual/ Projected Expenses	Actual/ Projected HELMS Assessment	Actual/ Projected Fund Balance	Fund Balance Goal	% of Fund Balance Goal
1	Jul-21	1,292,977	22,430		5,527,693	3,775,672	146.4%
2	Aug-21	1,101,108	867,469		5,761,333	3,775,672	152.6%
3	Sep-21	1,232,003	1,912,873		5,080,463	3,775,672	134.6%
4	Oct-21	1,110,773	1,407,696		4,783,540	3,775,672	126.7%
5	Nov-21	1,205,670	914,844		5,074,367	3,775,672	134.4%
6	Dec-21	1,071,481	1,349,193		4,796,655	3,775,672	127.0%
7	Jan-22	1,230,993	1,141,480		4,886,167	3,775,672	129.4%
8	Feb-22	1,203,206	1,131,177		4,958,195	3,775,672	131.3%
9	Mar-22	1,610,012	1,182,821		5,385,386	3,775,672	142.6%
10	Apr-22	1,333,022	1,172,374		5,546,035	3,775,672	146.9%
11	May-22	1,397,552	1,090,387		5,853,200	3,775,672	155.0%
12	Jun-22	1,382,643	1,474,207	2,887,402	2,874,234	3,775,672	76.1%
13	Jul-22	1,322,765	1,113,148		3,083,851	3,775,672	81.7%
14	Aug-22	1,453,983	1,322,484		3,215,350	3,775,672	85.2%
15	Sep-22	1,318,500	990,176		3,543,675	3,775,672	93.9%
16	Oct-22	1,376,858	1,548,234		3,372,298	3,775,672	89.3%
17	Nov-22	1,401,552	1,163,257		3,610,593	3,775,672	95.6%
18	Dec-22	1,384,814	1,304,734		3,690,673	3,775,672	97.7%
19	Jan-23	1,596,542	1,533,740		3,753,476	3,775,672	99.4%
20	Feb-23	1,433,152	1,477,820		3,708,808	3,775,672	98.2%
21	Mar-23	1,776,528	1,343,980		4,141,355	3,775,672	109.7%
22	Apr-23	1,324,741	1,193,021		4,273,075	3,775,672	113.2%
23	May-23	1,655,308	1,415,276		4,513,108	3,775,672	119.5%
24	Jun-23	1,635,147	1,807,566	2,699,420	1,641,269	3,775,672	43.5%
FY1	Total	15,171,442	13,666,952	2,887,402			
FY2	Total	17,679,890	16,213,436	2,699,420			
BIEN	**Total**	**32,851,331**	**29,880,388**	**5,586,822**			



Notes:
1 Fund Balance Goal is 12.5% of biennial allotments or three month's operating expenses

E-mail: NCQAC.Rules@doh.wa.gov
Phone: (360) 236-3538
Website: https://nursing.wa.gov/support-practicing-nurses/rules-laws-and-statements/rules/rules-progress

EMERGENCY RULES (120-Day Limit)

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	LAST FILING DATE Washington State Register (WSR)
1	Initial Out-of-State Exam and Endorsement Licensing Rules	WAC 246-840-030 WAC 246-840-090	Amending specific rule language to clarify licensure requirements for registered nursing (RN) and licensed practical nursing (LPN) applicants applying for initial licensure via an out-of-state traditional nursing education program approved by another U.S. nursing board and applicants applying via interstate endorsement.	WSR: File: 9/1/2023 WSR: 23-11-015 File: 5/5/2023
2	Basic Caregiver Training Requirement	WAC 246-840-930 WAC 246-841-405	Amending specific training requirements for Nursing Assistants Registered (NARs) and Home Care Aides (HCAs). The board is adopting an emergency rule to allow a registered nurse delegator to delegate nursing tasks to a NAR or HCA based on evidence as required by DSHS and in accord with timing set by DSHS in rule. To align with the corresponding NAR rule, the board is adopting emergency language to correspond.	WSR: File: 9/1/2023 WSR: 23-11-016 File: 5/5/2023
3	Nursing Assistant Emergency Rules	WAC 246-841-420, 470, 490, 500, 510, 555	Amend specific training requirements for Nursing Assistant Certified (NAC) and Nursing Assistant Registered (NAR) in response to the COVID-19 pandemic and the critical demand for healthcare professionals.	WSR: File: 9/1/2023 WSR: 23-11-017 File: 5/5/2023

CURRENT RULES IN PROGRESS (STANDARD)

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P PERMANENT	NEXT STEPS/NOTES
1	Nursing Assistants and NAC Training Program Standards	Amendments to: Chapter 246-841 WAC (repealing) replacing with 246-841A in collaboration with DOH Secretary. Chapter 246-842 WAC (repealing)	Legislated work by WABON with key interested parties in 2018-2020 resulting in a final Long-Term Care Report to the Legislature (June 2021) confirmed the need for updating rules. The coronavirus disease 2019 (COVID-19) pandemic magnified the need and urgency for changes to eliminate barriers to career advancement for nursing assistants to help address the nursing assistant shortage in health care. WABON believes standardizing curriculum in training programs will also result in standardizing scope of practice across work settings.	WSR: 21-05-021 Filed: 2/8/2021	October 2022 through February 2023.	WSR:23-15-091 Filed: 7/18/2023	**8/30/2023**		Rule hearing for CR-102 scheduled for 8/30/2023. Filing combined CR-102 for these rules and NA Rules under Secretary Authority (See #2) in progress. Filing of CR-102 approved on March 10, 2023, WABON business meeting.
2	NA Rules (Secretary Authority)	WAC 246-841-520 WAC 246-841-720 WAC 246-841-990	Chapter 246-841 WAC is being revised. Within the chapter are three sections which are under the authority of the DOH Secretary: WAC 246-841-520 Expired licenses, 720 Mandatory reporting, 990 Fees. WAC 246-841-520 and 720 need revisions to align with the rest of the chapter revisions which are ongoing. See # 4 above.	WSR: 22-08-019 Filed: 3/28/2022	October 2022 through February 2023.	WSR:23-15-091 Filed: 7/18/2023	**8/30/2023**		Rule hearing for CR-102 scheduled for 8/30/2023. Filing combined CR-102 for these rules and NA Rules under Secretary Authority (See #2) in progress. Filing of CR-102 approved on March 10, 2023, WABON business meeting.
3	Nursing Temporary Practice Permits	Amendments to: WAC 264-840-095	When the department and board first began completing FBI fingerprint background checks on out-of-state applicants the process took several months. To remedy this delay in licensure, the board issues a temporary practice permit after the applicant meets all other licensure requirements, allowing the nurse to begin working in Washington State. Under WAC 246-840-095, the temporary practice permit is valid for 180 days or until the board issues a permanent Washington State license to the nurse. WAC 246-840-095 also allows for an additional 180-day extension of the temporary practice permit if the department has not received the fingerprint results during the initial 180-day period. **The board intends to engage in**	WSR: 22-06-057 Filed: 2/25/2022	7/7/22, 8/4/22, and 9/19/22.	In progress			Filing CR-102 in process. Proposed rule language and filing of CR-102 approved by WABON at the May 12, 2023, WABON business meeting.

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P PERMANENT	NEXT STEPS/NOTES
			rulemaking to shorten the length of a temporary practice permit and to align the internal WABON process with WAC language.						
3	Blood Glucose Delegation	Amendments to: WAC 246-840-010 WAC 246-840-700 WAC 246-840-910 WAC 246-840-920 WAC 246-840-930 WAC 246-840-940 WAC 246-840-950 WAC 246-840-960 WAC 246-840-970	SHB 1124-S.PL.pdf (wa.gov) **Nurse Delegation of Glucose Monitoring, Glucose Testing, and Insulin Injections** Identifies two areas that require WABON rulemaking: • Expands the allowance for the RN to delegate glucose monitoring and testing beyond community-based and home settings to all settings where the NA-R/NA-C and HCAs work. • Removes from statute the timelines for RN supervision and evaluation of the delegated task of administering insulin and directs the board to determine the interval in rule.	WSR: 23-02-037 Filed: 12/29/2022	2/1/2023 and 2/6/2023. Note: Additional workshops were held 5/15/2023 and 5/19/2023.	In progress			Filing CR-102 in process. Proposed rule language and filing of CR-102 approved by WABON at the **July 14, 2023, WABON business meeting.**
4	Health Equity Continuing Education	Amendments to: WAC 246-840-220 And other relevant continuing education rule sections in Chapter 246-840 WAC	ESSB 5229-S.SL.pdf (wa.gov) **Health Equity & Continuing Competency** The law, effective 7/25/2021, in Section 2 requires rule-making authorities for each health profession to adopt rules requiring a licensee to complete 2 hours of health equity continuing education training every 4 years.	WSR: 23-03-069 Filed: 1/12/2023	2/3/2023 2/8/2023 2/15/2023 2/16/2023 2/17/2023 2/22/2023 2/24/2023	In progress			Filing CR-102 in process. Proposed rule language and filing of CR-102 approved by WABON at the **July 13, 2023, WABON business meeting.**
5	Initial Out-of-State Exam and Endorsement Licensing	Amendments to: WAC 246-840-030 WAC 246-840-090 And other relevant rule sections in Chapter 246-840 WAC	Moving emergency rule language into permanent rule. Amending specific rule language to clarify licensure requirements for registered nursing (RN) and licensed practical nursing (LPN) applicants applying for initial licensure via an out-of-state traditional nursing education program approved by another U.S. nursing board and applicants applying via interstate endorsement.	WSR: 23-11-143 File: 5/24/2023	6/22/2023 6/29/2023				Draft language presented at the August 15, 2023, Licensing Subcommittee meeting. Board to review draft language on September 7, 2023, business meeting.
6	Multistate License Fee	Amendments to: WAC 246-840-990	5499-S.SL.pdf (wa.gov) Concerning the multistate nurse licensure compact. Creating a fee and updating a surcharge for a multistate nursing license. WAC 246-840-990, Fees and renewal cycle. The Department of Health (department) in consultation with the Washington State Board of Nursing (board) must update an	WSR: 23-16-127 File: 8/1/2023	8/23/2023 8/28/2023 8/29/2023				Board to review licensing fee options and make a recommendation to the department. Board approved CR-101 at the May 2023 business meeting.

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P PERMANENT	NEXT STEPS/NOTES
			existing licensing surcharge amount in rule to comply with the new surcharge amount in law. The department and the board are also considering rulemaking to create a fee for a new multi-state license option for registered nurses (RNs) and licensed practical nurses (LPNs) residing in Washington State in keeping with Substitute Senate Bill (SSB) 5499 Multistate Nurse Licensure Compact (Chapter 123, Laws of 2023), effective July 23, 2023.						
7	Nursing Credential Opportunities	Amendments to: WAC 246-840-517 WAC 246-840-534 And other relevant rule sections in Chapter 246-840 WAC	5582-S2.SL.pdf (wa.gov) Reducing barriers and expanding educational opportunities to increase the supply of nurses in Washington. The Washington State Board of Nursing (board) is considering amendments to nursing education rules in response to Engrossed Second Substitute Senate Bill (E2SSB) 5582 (Chapter 126, Laws of 2023). The board is considering amending WAC 246-840-517, 246-840-534, and other related rule sections.	WSR: 23-17-011 File: 8/4/2023	TBD				Board approved CR-101 at the May 2023 business meeting.
8	Substance Use Disorder Monitoring Program Participation	Amendments to: WAC 246-840-750 through WAC 246-840-780 And potential new rule sections in Chapter 246-840 WAC.	1255-S.SL.pdf (wa.gov) Reducing stigma and incentivizing health care professionals to participate in a substance use disorder monitoring and treatment program. The Washington State Board of Nursing (board) is considering amendments to current rule sections relating to the board's substance use disorder (SUD) monitoring program in response to Substitute House Bill (SHB) 1255 Nursing — Substance Use Disorder Monitoring Program Participation (chapter 141, Laws of 2023). The board is also considering creating new rule sections to establish a stipend program as directed by SHB 1255.	WSR: 23-17-074 File: 8/14/2023	TBD				Board approved CR-101 at the May 2023 business meeting.

RECENTLY FILED RULES (EFFECTIVE 2021-2023)

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P/CR-103E PERMANENT/ EMERGENCY
1	ARNP Opioid Prescribing Rules	Amendments to: WAC 246-840-463 WAC 246-840-4659	The rules were opened to address concerns expressed by Washington state long-term care associations and advanced practice nursing associations about the implementation of the 2018 opioid prescribing rules. On December 21, 2018, WABON adopted Interpretive Statement (NCIS 2.00), Application of WAC 246-840-4659 to nursing homes and long-term acute care hospitals. Interpretive statements are not enforceable and not subject to discipline under the Uniform Disciplinary Act.	WSR: 19-15-092 Filed: 7/22/2019	6/21/2022 and 6/30/22	WSR: 23-08-064 Filed 4/4/2023	5/12/2023	WSR: 23-14-082 Filed: 6/29/2023 Effective: 7/30/2023
2	ARNP Inactive and Expired Licenses	Amendments to: WAC 246-840-365 WAC 246-840-367	Concerns expressed at the 3/11/2022 CR-102 rules hearing (see Emergency to Perm Rules below effective 9/9/2022) caused the board to remove 365 and 367 for further consideration. The board voted to begin a new CR-101 process and consider adding other rule sections.	WSR: 22-12-090 Filed: 6/1/2022	6/21/2022 and 6/30/22.	WSR: 23-01-134 Filed: 12/20/2022	1/27/2023	WSR: 23-08-069 Filed: 4/4/2023
3	Nursing Emergency Rules	WAC 246-840-365 WAC 246-840-367	Amend specific credential and license requirements for Nurse Technicians (NT), Licensed Practical Nurses (LPN), Registered Nurses (RN), and Advanced Registered Nurse Practitioners (ARNP) in response to the COVID-19 pandemic and the critical demand for healthcare professionals.					WSR: 23-03-011 File: 1/6/2023
4	ARNP Scope of Practice	WAC 246-840-300, 700, 710	The rules were opened in response to an April 3, 2018, petition about scope of practice for advanced registered nurse practitioners. The proposed amendments to WAC 246-840-300, WAC 246-840-700 and 246-840-710 introduce new and revised language that clarify the ARNP scope of practice, update gender pronouns, and include other housekeeping changes.	WSR: 19-01-002 Filed: 12/5/2018	1/22/2019 1/23/2019 1/24/2019 1/26/2022 2/7/2022	WSR: 22-15-078 Filed: 7/18/2022	9/9/2022	WSR: 22-23-130 Filed: 11/21/2022
5	Nursing Technician Definition	WAC 246-840-010	The board Education Subcommittee determined the proposed rules are needed to align rule language with the statute, RCW 18.79.340 regarding requirements for nursing program approval.			**Expedited** WSR: 22-12-092 Filed: 6/1/2022		WSR: 22-17-144 Filed: 8/23/2022
6	Fees	WAC 246-840-990	The Secretary of the Department of Health in consultation with WABON is considering an increase in licensure fees for professions under its regulation. A fee increase is needed to address the increasing costs associated with the agency's new Healthcare Enforcement and Licensing Modernization Solution (HELMS) database, the need to increase staffing levels to meet the new legislative mandate to process nurse licenses in seven days or less, and an increase in workload associated with implementing solutions	WSR:21-23-053 Filed: 11/10/2021		WSR: 22-10-104 Filed: 5/4/2022	6/13/2022	WSR: 22-15-074 Filed: 7/18/2022

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P/CR-103E PERMANENT/ EMERGENCY
			addressing the nursing assistant and long-term care crisis.					
7	Emergency to Permanent Rules	3/11/2022 246-840-533, 930 9/17/2021 Original 246-840-365, 367, 533, 930	Create permanent rules from some of the previous emergency rules. WABON first adopted emergency rules in response to COVID-19 in April 2020. They were refiled multiple times while permanent language is being developed.	WSR: 21-19-104 Filed: 9/17/2021	11/3/2021 11/8/2021	WSR: 22-04-081 Filed: 1/31/2022	3/11/2022 WAC 246-840-365, 367 removed and will be included in a new CR-101.	WSR: 22-12-026 Filed: 5/23/2022
8	LPN/NT Practice Opportunities	WAC 246-840-010, 840, 850	Allow LPN students practice opportunities. WABON's legislative panel completed a review of the benefits of apprenticeship programs. The panel recommended opening rules to grant LPN students the same opportunity as registered nurse (RN) students to obtain a nurse technician credential.	WSR: 20-11-044 Filed: 5/18/2020	10/5/2020 and 9/2020	WSR 21-20-058 Filed: 9/28/2021	11/12/2021	WSR: 22-04-082 Filed: 1/31/2022
9	Continuing Competency	WAC 246-840-111, 120, 125, and 200 through 260	The Nursing Care Quality Assurance Commission (board) is adopting amendments to the continuing competency rules and requirements for active, inactive, expired, and retired active credential statuses. This reduces the continuing education hours from 45 hours to eight hours, the active practice hours from 531 to 96 hours and the reporting period from a three-year cycle to an annual cycle. These changes applied to the retired active rule, the active credential rule, the reactivation from expired rule, and the reactivation from inactive rule. The board also adopted changes that now allow the board to choose to audit licensees based on a random audit, or as part of the disciplinary process and the language for extensions is removed as it is no longer needed.	WSR: 19-01-001 Filed: 12/5/2018		WSR: 21-04-096 Filed: 2/1/2021		WSR: 21-11-032 Filed: 5/12/2021
10	Aids Education & Training	WAC 246-840-025, 030, 045, 090, 539, 541, 860, 905, 246-841-490, 578,585 and 610	Section 22, paragraph (11) of ESHB 1551 repeals RCW 70.24.270-Health Professionals-Rules for AIDS education and training. This repeal no longer requires health professionals to obtain AIDS education and training as a condition of licensure. The amendment of the impacted rules is to help reduce stigma toward people living with HIV/AIDS by not singling out AIDS as an exceptional disease requiring special training and education separate from other communicable health conditions.			**Expedited** WSR: 20-18-045 Filed: 8/28/2020		WSR: 21-04-016 Filed: 1/22/2021

FUTURE RULEMAKING FROM LEGISLATION

#	BILL	DESCRIPTION

Washington State Department of HEALTH

CR-101 RULE WORKSHOP NLC FEE

Washington State Board of Nursing

Introductions

Washington State Board of Nursing (WABON)

- Alison Bradywood, Executive Director
- Chris Archuleta, Director, Operations and Finance
- Amber Zawislak-Bielaski, Assistant Director, Licensing
- Jessilyn Dagum, Policy Analyst
- Bonnie King, Health Services Consultant

Reasons for Possible Rulemaking

RCW 43.70.250 requires that the costs of licensing each profession be fully borne by members of that profession.

Rulemaking is needed:

1. To bring the rule in compliance with the law as amended by SSB 5499, effective July 23, 2023, which changes an existing surcharge from $5 to $8 on all license types for RNs and LPNs.
   - Advanced registered nurse practitioners will only pay the surcharge on their RN licenses.
   - The surcharge provides grants to a central nursing resource center.

2. To enact provisions in SSB 5499 to include Washington State in a Nurse Licensure Compact, creating a new multistate license (MSL) option for RNs and LPNs whose primary state of residence is Washington.
   - **The department and board will consider the fee to be charged for the new license type.**

Workshops

Three public rules workshops will be held to receive input on a Washington State MSL fee.

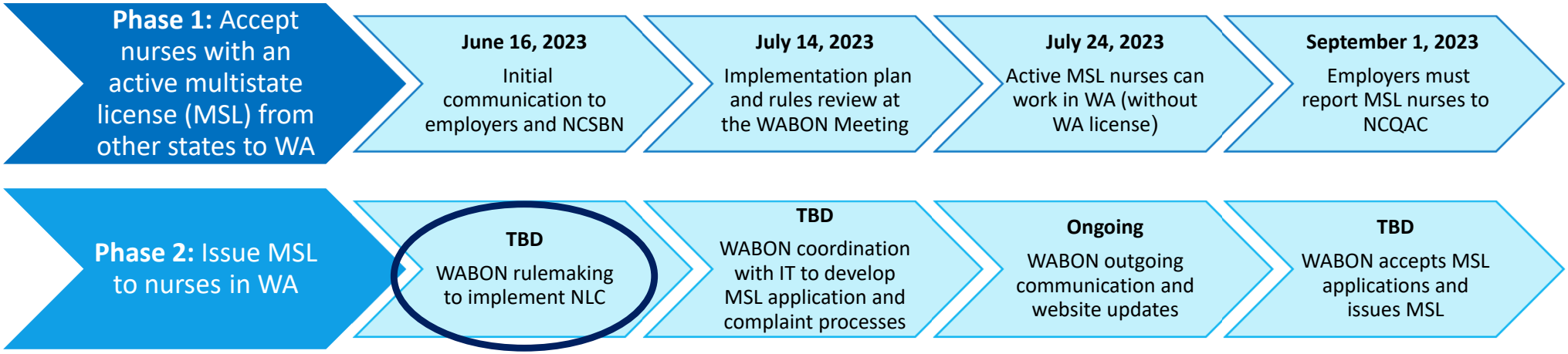
- Wednesday, August 23, 2023, 4-5 p.m.
- Monday, August 28, 2023, 5-6 p.m.
- Tuesday, August 29, 2023, 12-1 p.m.

What is the Nurse Licensure Compact?

On April 21, 2023, Gov. Jay Inslee signed the Substitute Senate Bill (SSB) 5499 Multistate Nurse Licensure Compact (NLC) into law. Washington is the 40th jurisdiction to enact the NLC.

The NLC increases access to care while maintaining public protection at the state level. **Under the NLC, nurses with an active MSL can practice in other NLC states/ territories, without obtaining additional licenses.** The state which is the primary state of residency (or home state license for military) issues MSLs.

Washington State
Nurse Licensure Compact Implementation Plan



Additional 2023 Key Dates:

- **July 24:** WABON Name Change, WCN surcharge begins
- **September 30:** Comparison of Nurse Practice Acts by NLC State, link to all NLC rules, and display Interstate Commission meeting information on BON website.

Updated June 15, 2023

Considerations for the MSL Fee

- Prior to 2018, states converted all eligible licensees to MSL upon implementation of the NLC.
- After 2018, states are allowed to offer the MSL as an option, not the default license type.
- Nursing populations and average nursing salaries vary state to state.
- The NLC has been around for over 20 years. Implementation has evolved over time and varies state to state.
- Number of member states already in the compact: Washington was the 40TH of currently 41 jurisdictions to pass the legislation.

What Have Other States Done?

- According to NCSBN, two common fee practices:
  - One-time “upgrade” or conversion fee
  - Increased fee for MSL

- Most states that implemented the NLC after 2018 charge a conversion/upgrade fee. Fees range from $5 to $100; most common is $50 or $100.

- Some states charge $0-$50 more for a MSL than a single-state license.

What Have Other States Done? (Examples)

Kansas

- $25 additional fee for an RN MSL application and $50 additional fee for an LPN MSL application.
- One standard biennial renewal for all licensees (same for single and MSL)

Arizona

- Same fee for all RN and LPN applications/renewals.

Oklahoma

- $65 additional fee for an RN and LPN MSL application compared to a single state application.

Ohio

- One-time conversion fee for a MSL RN and LPN of $100.
- MSL renewal fee is different than single state renewal fee.

Proposed Fee Scenarios

Chris Archuleta, Director, Operations and Finance
Amber Zawislak-Bielaski, MPH, Assistant Director, Licensing

- **HSQA Policy 01.001:**
  - *…The department evaluates fee revenues and expenditures annually to ensure that fees for each profession, occupation, or business are set at a rate to ensure program full cost recovery. A program is considered to be fully cost recovering if its revenue fund balance is projected to be within its calculated reserve fund balance standard deviance range within a six-year period.*

- **OFM Recommended Reserve Fund Balance = 12.5% of total biennial allotments**
  - HSQA Policy 01.001: *The revenue reserve of a program that OFM requires to maintain in order to ensure uninterrupted operations. The reserve is determined based on a multitude of variables to manage financial risk or potential expenditure increases and revenue decreases.*

Possible MSL Fee Scenario Assumptions

- **Loss of licensee count and associated revenues with implementation of NLC:**
  - Approximately 23K Washington State RN and LPN license holders have a home address in a compact state (data provided by NCSBN in November 2022)
  - Approximately $2.3M in lost revenue each year
- **Expenditures**
  - Standard 3-4% growth rate
- **Revenues from Fees**
  - 1-2% growth rate on RN and LPN applications single state and multistate

Possible MSL Fee Scenario Assumptions Cont.

- **Assumed Conversion Rates (RN and LPN)**
  - 50% of current single state licensees will convert to MSL each year
  - 95% of new applications will choose MSL over the single state license
- **Date to begin issuing Washington MSL – Anticipated 7/1/2024**
  - Fee calculation scenarios are based upon a July 2024 implementation date. Early implementation would move up cost recovery dates
- **No change to single state license fees**
- **No Downgrade fee for multistate converting back to single state**

Proposed Scenarios/Options for MSL Fees

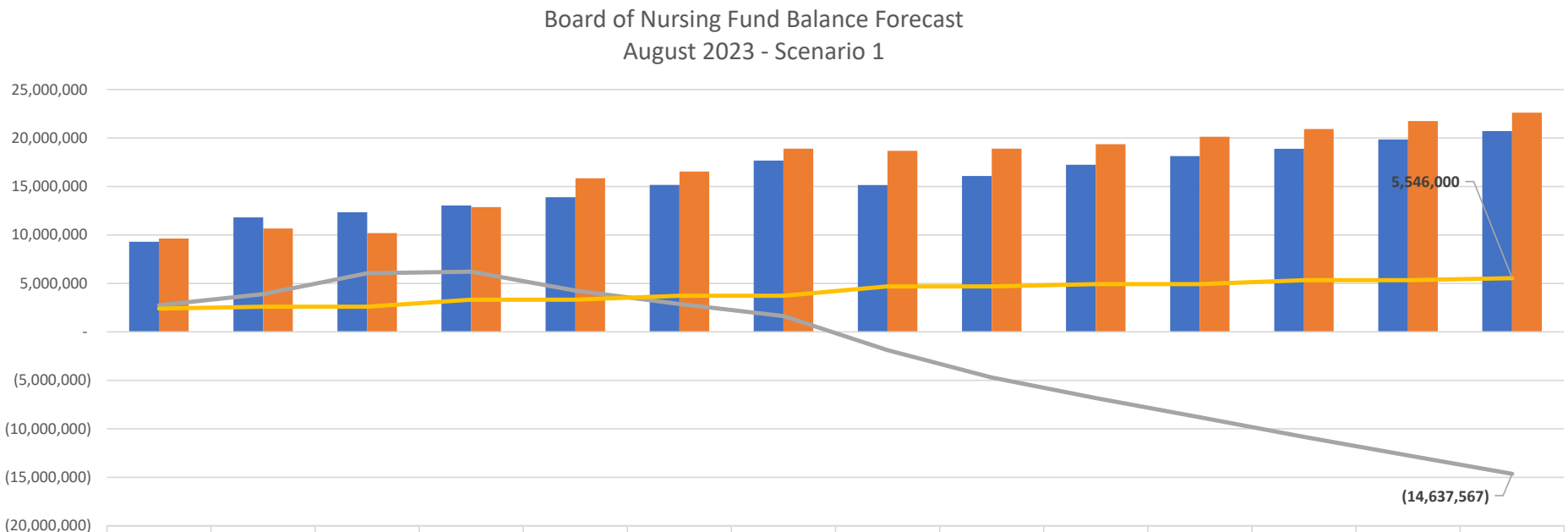
Scenario 1 (No Change): No additional fee, assess the same fee we currently assess on single state licenses for MSL applications and renewals

Scenario 2 (Conversion Only): Create a one-time fee for the conversion/upgrade to a MSL. Renewal fees would remain same as current

Scenario 3 (License Only): Create an increased fee for all MSL applications and ongoing MSL renewals

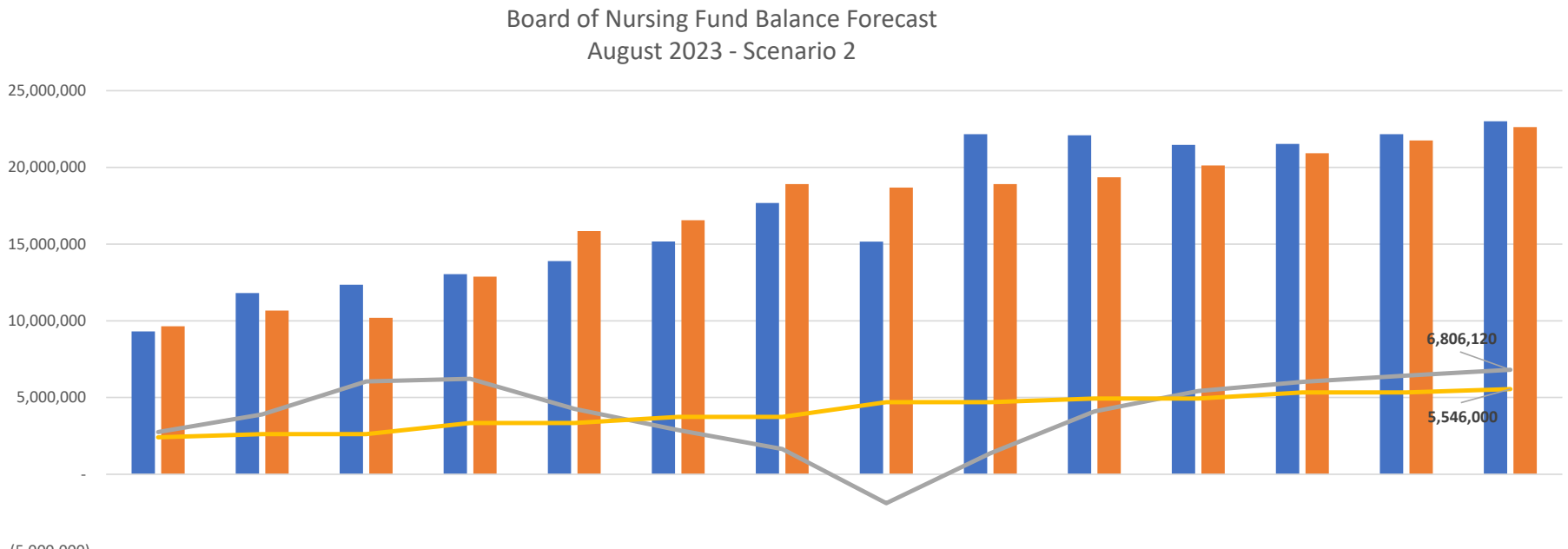
Scenario 4 (Conversion & License): Combination of adding a conversion/upgrade fee and additional fee to renewals for MSL

Scenario 1
No additional fee charged for MSL
$0 additional fee



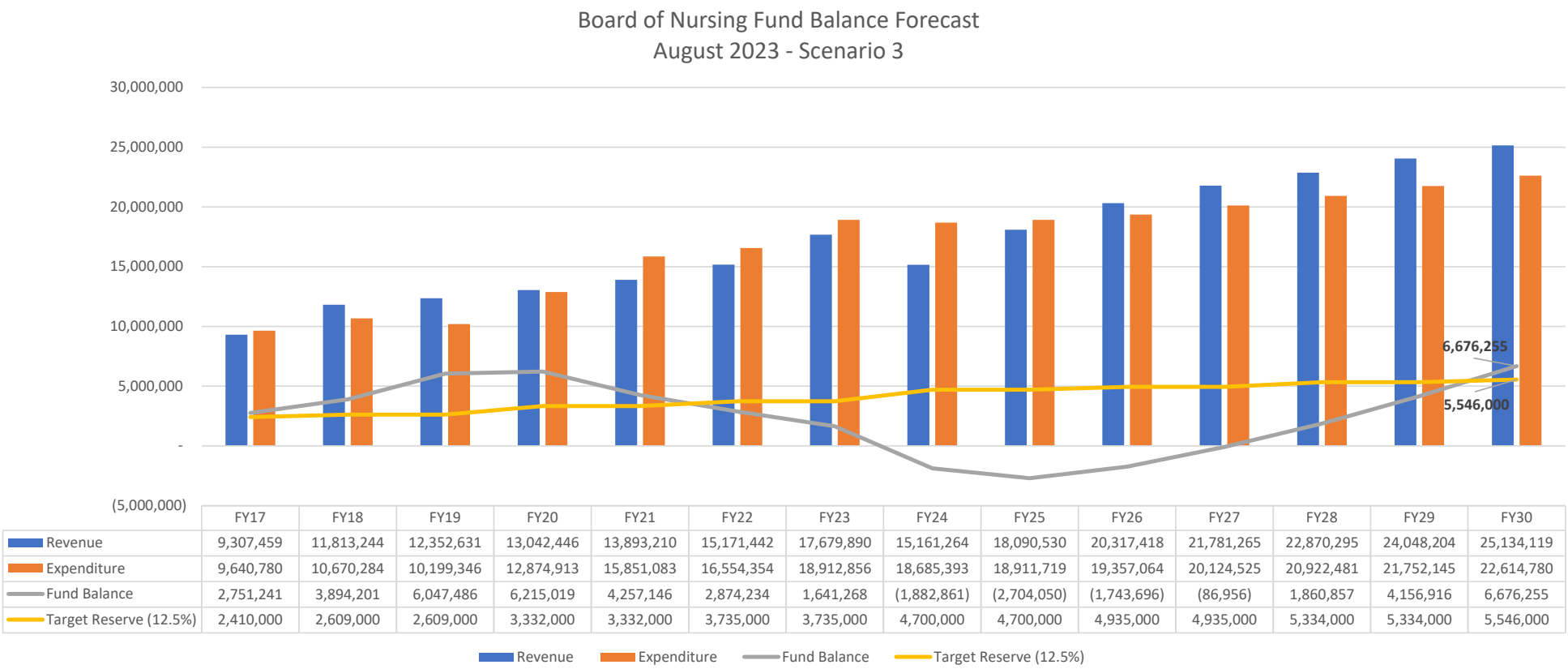
	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30
Revenue	9,307,459	11,813,244	12,352,631	13,042,446	13,893,210	15,171,442	17,679,890	15,161,264	16,091,595	17,244,070	18,138,919	18,891,578	19,842,655	20,719,192
Expenditures	9,640,780	10,670,284	10,199,346	12,874,913	15,851,083	16,554,354	18,912,856	18,685,393	18,911,719	19,357,064	20,124,525	20,922,481	21,752,145	22,614,780
Fund Balance	2,751,241	3,894,201	6,047,486	6,215,019	4,257,146	2,874,234	1,641,268	(1,882,861)	(4,702,985)	(6,815,979)	(8,801,585)	(10,832,488	(12,741,979	(14,637,567
Target Reserve	2,410,000	2,609,000	2,609,000	3,332,000	3,332,000	3,735,000	3,735,000	4,700,000	4,700,000	4,935,000	4,935,000	5,334,000	5,334,000	5,546,000

Scenario 2
One-time fee for the conversion/upgrade to MSL
$85 conversion/upgrade fee



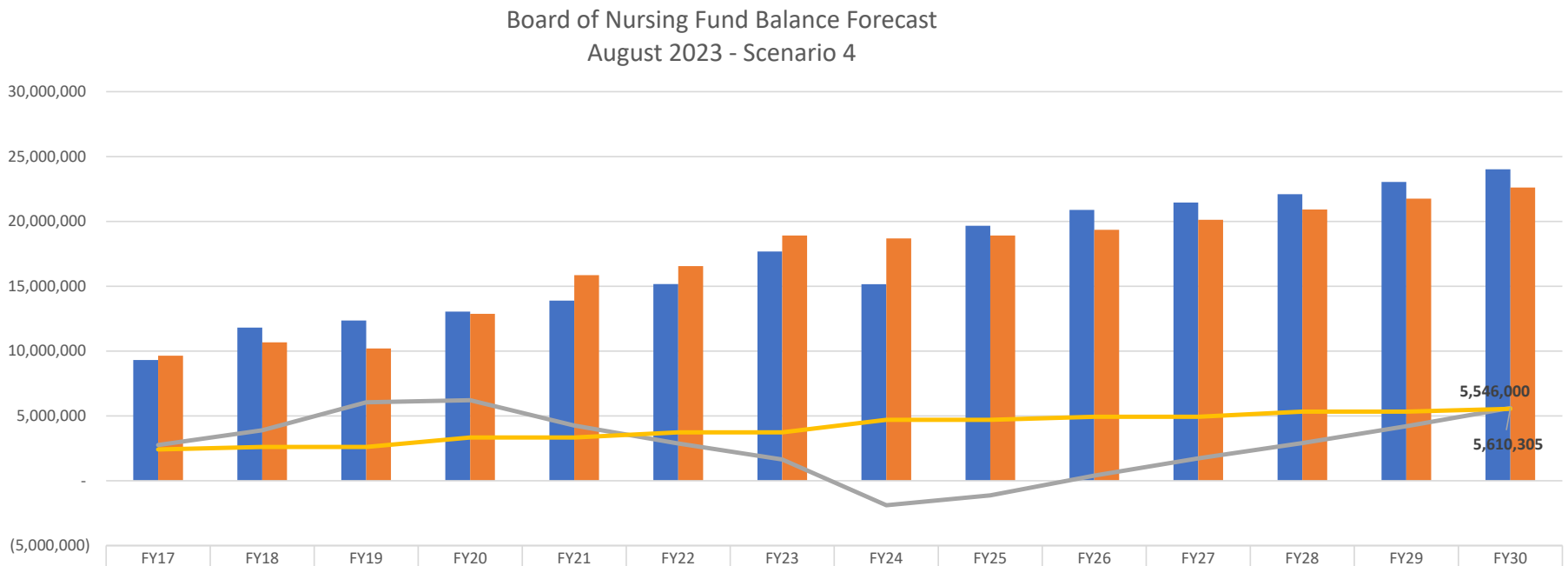
	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30
Revenue	9,307,459	11,813,244	12,352,631	13,042,446	13,893,210	15,171,442	17,679,890	15,161,264	22,159,791	22,082,082	21,458,400	21,520,789	22,155,423	22,995,211
Expenditure	9,640,780	10,670,284	10,199,346	12,874,913	15,851,083	16,554,354	18,912,856	18,685,393	18,911,719	19,357,064	20,124,525	20,922,481	21,752,145	22,614,780
Fund Balance	2,751,241	3,894,201	6,047,486	6,215,019	4,257,146	2,874,234	1,641,268	(1,882,861)	1,365,210	4,090,228	5,424,103	6,022,411	6,425,689	6,806,120
Target Reserve (12.5%)	2,410,000	2,609,000	2,609,000	3,332,000	3,332,000	3,735,000	3,735,000	4,700,000	4,700,000	4,935,000	4,935,000	5,334,000	5,334,000	5,546,000

Scenario 3
Additional fee for all MSL conversions, applications, and renewals
$28 additional fee



	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30
Revenue	9,307,459	11,813,244	12,352,631	13,042,446	13,893,210	15,171,442	17,679,890	15,161,264	18,090,530	20,317,418	21,781,265	22,870,295	24,048,204	25,134,119
Expenditure	9,640,780	10,670,284	10,199,346	12,874,913	15,851,083	16,554,354	18,912,856	18,685,393	18,911,719	19,357,064	20,124,525	20,922,481	21,752,145	22,614,780
Fund Balance	2,751,241	3,894,201	6,047,486	6,215,019	4,257,146	2,874,234	1,641,268	(1,882,861)	(2,704,050)	(1,743,696)	(86,956)	1,860,857	4,156,916	6,676,255
Target Reserve (12.5%)	2,410,000	2,609,000	2,609,000	3,332,000	3,332,000	3,735,000	3,735,000	4,700,000	4,700,000	4,935,000	4,935,000	5,334,000	5,334,000	5,546,000

Scenario 4
Conversion fee and additional fee to renewals for MSL
$50 conversion/upgrade fee and $15 renewal fee



	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30
Revenue	9,307,459	11,813,244	12,352,631	13,042,446	13,893,210	15,171,442	17,679,890	15,161,264	19,661,122	20,882,629	21,457,021	22,105,650	23,047,944	24,021,516
Expenditure	9,640,780	10,670,284	10,199,346	12,874,913	15,851,083	16,554,354	18,912,856	18,685,393	18,911,719	19,357,064	20,124,525	20,922,481	21,752,145	22,614,780
Fund Balance	2,751,241	3,894,201	6,047,486	6,215,019	4,257,146	2,874,234	1,641,268	(1,882,861)	(1,133,458)	392,106	1,724,602	2,907,771	4,203,570	5,610,305
Target Reserve (12.5%)	2,410,000	2,609,000	2,609,000	3,332,000	3,332,000	3,735,000	3,735,000	4,700,000	4,700,000	4,935,000	4,935,000	5,334,000	5,334,000	5,546,000

Fee Rule Process

Preproposal CR 101

Filed CR 101 – August 1, 2023

-GovDelivery Notice

-Post on DOH website

Workshops/ Legislative Session

Workshops

-Conduct rules workshops

-Gather input from interested parties on the preproposal

-

Proposal CR 102

File CR 102

Public hearing

-WABON votes on proposed fee increase

CR-102 filed

-Public Hearing conducted by DOH

Fill in Tentative dates

Rule Filed CR 103

File CR 103

-Complete summary of public comments and DOH response.

-Internal review of CR 103 materials

-File CR 103

Rule usually effective 31 days after filing unless otherwise indicated.

Implementation

Fee effective

-Distribute filed rule

-Update web pages

-Make possible changes to licensing system

-Update customer service

-Update any forms/trainings/etc.

Questions and Comments?

WABON will continue to notify interested parties of rulemaking on the DOH WABON website and GovDelivery.
Interested parties may sign up at Washington State Department of Health (govdelivery.com).
If you have additional questions or comments, please email: NCQAC.Rules@doh.wa.gov

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Standard Rulemaking Process

Number of Months

CR-101

- The Washington State Board of Nursing (board) identifies a need for rulemaking by legislation or regulatory reform, petition, patient safety, need or problem, change in technology, etc.
- Internal meetings with impacted offices to plan rule timeline and implementation are scheduled and a list of interested parties is developed.
- The board assigns the potential rulemaking to a subcommittee or panel who may recommend the board initiates rulemaking at a regular scheduled business meeting.
- If the board approves, the rulemaking process will begin.
- Staff draft the CR-101 (Preproposal Statement of Inquiry) and rule package for review.
- The draft CR-101 and rule package are reviewed internally by the board's content experts and legal staff. Afterwards, the draft documents go forward for DOH to review, approve, and file with the Office of the Code Reviser.

1-2 months

Rule Workshops

- After the CR-101 is filed, staff conducts research, gathers data, develops initial draft framework, and list of questions to answer.
- Public rule workshops are held to provide the opportunity for interested party engagement, rule clarification, and discussion of possible amendments.

2-12 months

CR-102

- Based on the feedback from the rule workshops, staff develop a matrix of comments, draft rule language, and CR-102 (Notice of Proposed Rule Making).
- The draft documents are reviewed internally by the board's content experts and legal staff. Afterwards, the draft documents go forward for the assigned subcommittee or panel to review. The subcommittee or panel then determines whether or not to bring the draft documents to the next regular scheduled business meeting for the board's approval.
- At the next regular scheduled business meeting, the board reviews the draft documents and determines whether or not to move forward with the filing of the CR-102. If approved, staff proceed with the rulemaking process.
- The draft documents then go forward for DOH to review and file with the Office of the Code Reviser.

3-4 months

Rule Hearing

- Per RCW 34.05.320, a CR-102 must be published in the state register at least 20 days before a hearing. Rule hearings are typically held at a regular scheduled business meeting. The time period prior the rule hearing is referred to as the public comment period. The deadline for comments is often 2 weeks prior to the public hearing.

1-2 months

CR-103

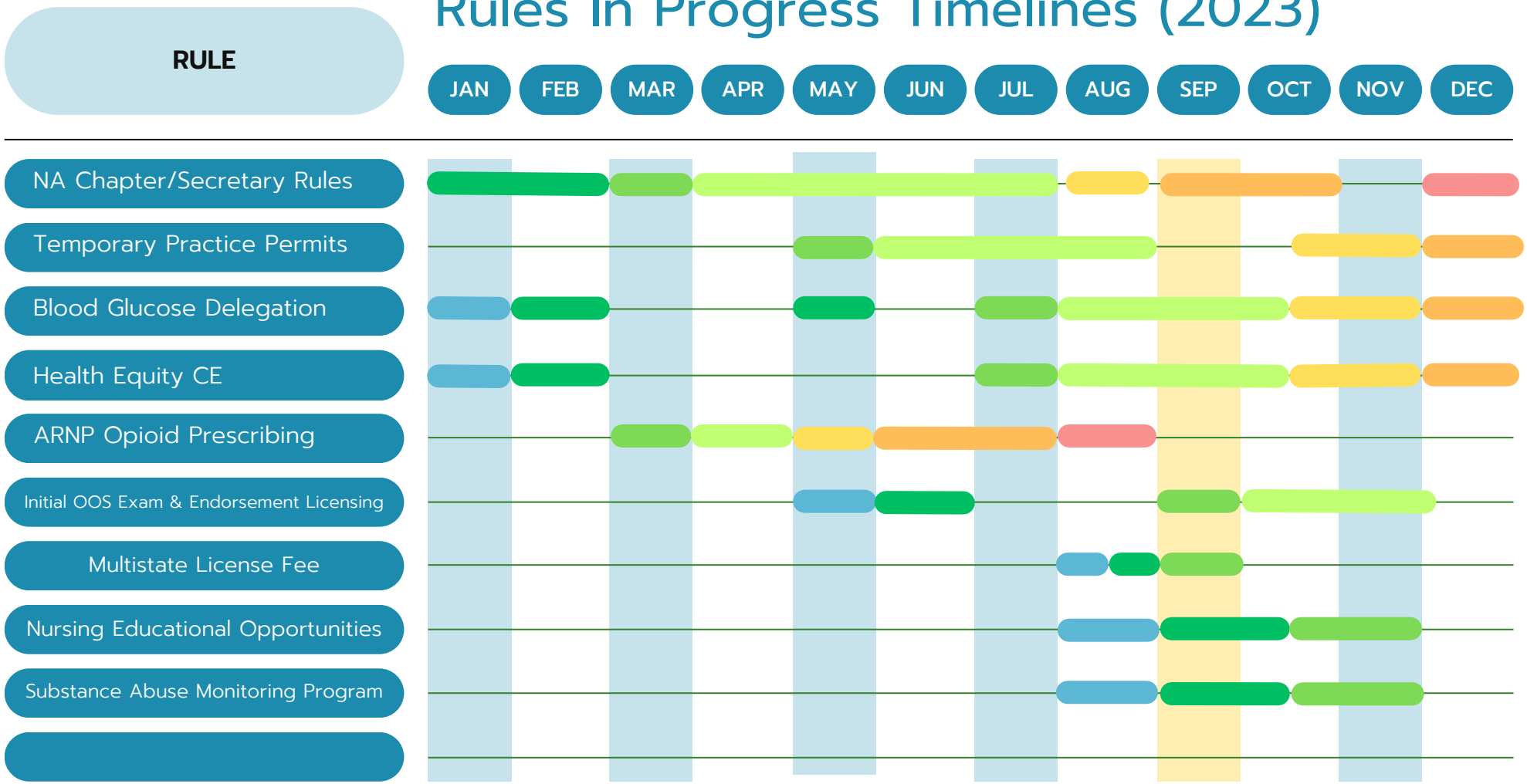
- If approved at the rule hearing, staff proceed with the rulemaking process and the filing of the CR-103 (Rulemaking Order).
- The adopted language, CR-103, and rule package are reviewed internally by the board's content experts and legal staff. Afterwards, the documents go forward for DOH to review, approve, and file with the Office of the Code Reviser.

1-2 months

Note: The number of months reflect each stage of our rules process *in the best case scenario*.

Washington State's Board of Nursing
NCQAC
Nursing Care Quality Assurance Commission

Rules In Progress Timelines (2023)



Change to the APRN from ARNP as protected titles

RCW 18.79.030 Licenses required—Titles.

DRAFT

Problem

Washington State is one of only nine states and one territory that does not use the nationally accepted term Advanced Practice Registered Nurse (APRN). This potentially creates confusion for Advanced Practice Nurse Practitioners (ARNP) in WA state and for APRNs across state lines. The confusion may increase with implementation of the RN/LPN compact and in telehealth practices. **(RCW 18.79.030 Licenses required—Titles).** APRN Title Map | NCSBN

Solution (language not yet final)

1) Submit bill changing APRN as a protected title in the state of WA.

(2) It is unlawful for a person to practice or to offer to practice as an advanced practice registered nurse ~~practitioner~~ or as a nurse practitioner in this state unless that person has been licensed under this chapter. A person who holds a license to practice as an advanced practice registered nurse ~~practitioner~~ in this state may use the titles "advanced practice registered nurse ~~practitioner~~," "nurse practitioner," and "nurse" and the abbreviations "A.PR~~.~~.RN~~.~~.NP~~.~~." and "N.P." No other person may assume those titles or use those abbreviations or any other words, letters, signs, or figures to indicate that the person using them is an advanced practice registered nurse ~~practitioner~~ or nurse practitioner.

(4) Nothing in this section shall prohibit a person listed as a Christian Science nurse in the Christian Science Journal published by the Christian Science Publishing Society, Boston, Massachusetts, from using the title "Christian Science nurse," so long as such person does not hold himself or herself out as a registered nurse, advanced practice registered nurse ~~practitioner~~, nurse practitioner, or licensed practical nurse, unless otherwise authorized by law to do so.

2) Add section 2; This bill shall take effect on June 30, 2027.

Sec 2; This bill shall take effect on June 30, 2027.

Impact

There is general agreement on the need to adopt the nationally recognized title. Since the ARNP title is so embedded in the laws and rules, it could disrupt practice and cause consumer confusion to remove one title (ARNP) and replace with another (APRN) without a transition period. The result is the current recommendation to allow for implementation of the new required title of APRN by June 30, 2027.

BILL REQUEST - CODE REVISER'S OFFICE

BILL REQ. #: Z-0356.1/23

ATTY/TYPIST: CC:eab

BRIEF DESCRIPTION: Changing the legal title for advanced practice nurses.

AN ACT Relating to changing the legal title for advanced practice nurses; amending RCW 18.79.030; and providing an effective date.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

Sec. 1. RCW 18.79.030 and 1997 c 177 s 1 are each amended to read as follows:

(1) It is unlawful for a person to practice or to offer to practice as a registered nurse in this state unless that person has been licensed under this chapter or holds a valid multistate license under chapter 18.--- RCW (the new chapter created in section 32, chapter 123, Laws of 2023). A person who holds a license to practice as a registered nurse in this state may use the titles "registered nurse" and "nurse" and the abbreviation "R.N." No other person may assume those titles or use the abbreviation or any other words, letters, signs, or figures to indicate that the person using them is a registered nurse.

(2) It is unlawful for a person to practice or to offer to practice as an advanced practice registered nurse ((~~practitioner~~)) or as a nurse practitioner in this state unless that person has been licensed under this chapter. A person who holds a license to practice as an advanced practice registered nurse ((~~practitioner~~)) in this state may use the titles "advanced practice registered nurse

((~~practitioner~~))," "nurse practitioner," and "nurse" and the abbreviations "((~~A.R.N.P.~~)) A.P.R.N." and "N.P." No other person may assume those titles or use those abbreviations or any other words, letters, signs, or figures to indicate that the person using them is an advanced practice registered nurse ((~~practitioner~~)) or nurse practitioner.

(3) It is unlawful for a person to practice or to offer to practice as a licensed practical nurse in this state unless that person has been licensed under this chapter or holds a valid multistate license under chapter 18.--- RCW (the new chapter created in section 32, chapter 123, Laws of 2023). A person who holds a license to practice as a licensed practical nurse in this state may use the titles "licensed practical nurse" and "nurse" and the abbreviation "L.P.N." No other person may assume those titles or use that abbreviation or any other words, letters, signs, or figures to indicate that the person using them is a licensed practical nurse.

(4) Nothing in this section shall prohibit a person listed as a Christian Science nurse in the Christian Science Journal published by the Christian Science Publishing Society, Boston, Massachusetts, from using the title "Christian Science nurse," so long as such person does not hold himself or herself out as a registered nurse, advanced practice registered nurse ((~~practitioner~~)), nurse practitioner, or licensed practical nurse, unless otherwise authorized by law to do so.

NEW SECTION. **Sec. 2.** This act takes effect June 30, 2027.

--- END ---

Advisory Opinion: Registered Nursing Delegation to the Nursing Assistant-Registered/Nursing Assistant-Certified, and Home-Care Aide-Certified

Purpose

This advisory opinion provides guidelines about registered nursing delegation to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) and home care aide-certified (HCA-C). The registered nurse (RN) must follow the principles of nursing delegation and nursing laws and rules specific to the setting.

Background

Nursing delegation is a complex, formal process requiring the RN to reach a clinical decision based on the analysis of evidence or data specific to the patient's response, the task, the competencies of the available care provider, and the location where the procedure will be performed. The RN must determine the status of each component and whether it meets the standards for safe delegation.

The Washington State laws and rules provide the legal requirements about nursing delegation. These can be difficult to understand as there are many exceptions and differences within laws and rules, often based on the credential and the setting.

RN delegation is when the nurse transfers the performance of a nursing task that would not within the scope of the NA-R/NA-C or HCA-C. RN delegation is required if the task is not within the legal scope of the NA-R/NA-C or HCA-C. The delegating RN is responsible and accountable for the patient's nursing care and supervising the NA-R/NA-C or HCA-C to make sure the task was performed correctly and/or make corrective action. Routine care and activities based on core competencies do not require nursing delegation.

Factors that that Impact the Efficacy and Need for Delegation

1. Mutual Respect: As part of the observation and assessment process, consider aligning patients who share a similar identity or cultural background. This provides an opportunity to create a more respectable and inclusive environment for patients receiving care.

2. RN scope of practice: Includes nursing consideration that the delegating RN must be qualified, trained, and competent to perform the task they are delegating.
3. Clinical context: Includes but is not restricted to environmental considerations especially access to and availability of appropriate resources (including staff) to safely achieve quality health care relative to the consumer population and needs.
4. Personnel considerations: Relate to the scope of practice and skill levels. Balancing staff levels and skill mix to meet varied patient needs influences delegation. Nursing communication styles, collegial respect, confidence in team member capabilities, and team dynamics also significantly contribute to delegation outcomes. Delegation involves mutual respect. As part of the observation and assessment process consider aligning patients who share a similar identity or cultural background with AP of the same background. This provides an opportunity to create a more respectful and inclusive environment for patients receiving care.
5. Changing consumer needs and complexity: Greater acuity levels lead to more complex care than those with stable, chronic health conditions.
6. Legal and professional responsibilities: Accountability and responsibility for all nursing practices mandated in the laws and rules.
7. Setting-specific considerations: Whether RN delegation is allowed in a specific setting, what tasks may or may not be delegated, and required credentials.

Statement of Scope

It is within the scope of practice of the RN to delegate routine and non-complex tasks to the NA-R/NA-C or HCA-C. for patients in a stable condition with a predictable outcome that do not require nursing judgment. A stable and predictable condition means a situation in when the individual's clinical and behavioral status is known and does not require the frequent presence and evaluation by the RN. A patient's status may be stable and predictable with an order for sliding scale insulin or terminal condition. Delegation must be within the legal parameters and scope of practice and competencies of the RN. It is not within the scope of practice of the LPN to delegate tasks to the NA-R/NA-C, HCA-C, or other AP in any setting.

The laws and rules allow RN delegation to the NA-R/NA-C and HCA-C of the following tasks, unless there is an exception allowed:

- Tasks that require nursing judgment.
- Administration of medications:
    - Exception: The RN may delegate administration of injectable insulin or non-insulin medications for treatment of diabetes in community-based (adult family homes,

assistant living facilities, and community residential facilities for individuals with developmental disabilities), and in-home care settings.

- Tasks that involve piercing of the skin:
  - Exception: The RN may delegate performing a Clinical Laboratory Improvement Amendment (CLIA)-waived blood glucose test to the NA-R/NA-C in any setting that delivers health care services.
- Central line maintenance.

The RN may delegate nursing tasks to the NA-R/NA-C or HCA-C in any setting where nursing care is provided following the delegation process. Delegation in community and in-home care settings is outlined in WAC 246-840-910 through WAC 246-840-970.

NA-R/NA-C Credentials and Practice Settings

The scope of practice is the same for the NA-R and NA-C. RCW 18.88A.020 states the settings that the NA-R and NA-C may provide care a nursing home, community-based facility hospital, hospice care facility, home care agency, hospice agency, community behavioral health program, or other facilities defined by the NCQAC. The NCQAC expanded the setting (November 13, 2020) to include any entity for delivering of health care services that have licensed nurses supervising the NA-R/NA-C performing within the nursing assistant scope of practice. State facility laws and rules may require a specific credential to provide care in that setting, such as enhanced service facility rules (WAC 388-107-0250) that allow the NA-C or HCA-C to work in that setting. Skilled Nursing Facilities require the NA-R to get the NA-C credential within four months from the date of employment. If there are no legal requirements for the NA-R to get the NA-C credential, the employer/facility may stipulate the requirement of the NA-R or NA-C.

Requirements and Recommendations

RN Delegation Process

The RN must:

- Understand the responsibility, authority, accountability, and legal parameters specific to setting related to making delegation decisions.
- Understand and follow the delegation process and requirements defined in the nursing laws.
- Use the Criteria for Nursing Delegation (Chapter 246-840 WAC) and the Nursing Delegation Decision Tree (WAC 246-840-940) when delegating tasks to AP.

- Follow clinical practice standards.
- Complete an initial assessment or reassessment of the patient using clinical judgment, analysis of the assessment data to determine actual problems or issues, the RN's prioritization of identified problems, and identification of expected outcomes related to the problems, and the development of a plan of care for the patient that identifies strategies to assist the patient to attain expected outcomes.

The RN may not delegate tasks for patients that require accompanying assessment and evaluation or whose condition the task is unstable and unpredictable.

HCA-C Credentials and Practice Settings

The HCA-C provides personal care services defined as, "Physical or verbal assistance with activities of daily living and instrumental activities of daily living provided because of a person's functional disability." RCW 74.39A.009.

Training Requirements

Agencies and employers may establish nurse delegation training requirements. The RN, NA-R/NA-C, and HCA-C must be knowledgeable about credentialing and training requirements related to the specific work settings. The RN, NA-R/NA-C, and HCA-C must meet the training requirements as required by their employer or required by the laws or rules. Specific laws and rules define the requirements for nurse delegation training in some settings:

- Chapter 18.88B RCW: Long-Term Care Workers
- Chapter 388-112A WAC: Residential Long-Term Training Services Training
- The Washington State Department of Social and Health Services (DSHS) has authority regarding the training requirements and classes for RN Delegator's (RND's) DSHS Nurse Delegation Program Training Course.
- The NA-R/NA-C and HCA receiving delegation in community-based, in-home care settings, and enhanced services facilities must complete the Core Nursing Delegation Program prior to nursing delegation. The NA-R/NA-C and HCA in these settings must also complete the Special Focus on Diabetes Training if they are delegated to administer insulin or non-insulin injectable medications to treat Diabetes. Training Requirements and Classes | DSHS (wa.gov)

Employer Recommendations

The NCQAC does not have authority regarding facility licensing requirements or other state or federal laws and rules that may apply. The NCQAC recommends the following to ensure safe nursing delegation:

- Provide a clear role description of the NA-R/NA-C or HCA-C based on the training program completed.
- Develop policies and procedures for deviation, including a clear description of each person's role, responsibility, and accountability.
- Ensure adequate time for the RN to carry out patient assessment and provide ongoing patient care.
- Ensure adequate time for the nurse to train the NA-R/NA-C or HCA-C and provide ongoing supervision, including support as needed.
- Provide educational opportunities for the RN to develop the competence to delegate.
- Provide consultation from RNs who can provide expert clinical consultation on delegation as appropriate.
- Collaborate and communicate with outside agencies as necessary.

Patient Rights

The delegating RN is responsible for advocating for the patient's right to receive appropriate care and accurate information. The nurse must obtain consent from the patient for the NA-R/NA-C or HCA-C to perform the task. The RN must inform the patient about who they can contact regarding concerns about the NA-R/NA-C or HCA-C, performance of the task, or their condition. The nurse is responsible for answering any questions or concerns the patient may have regarding the delegation process.

Rescinding Delegation

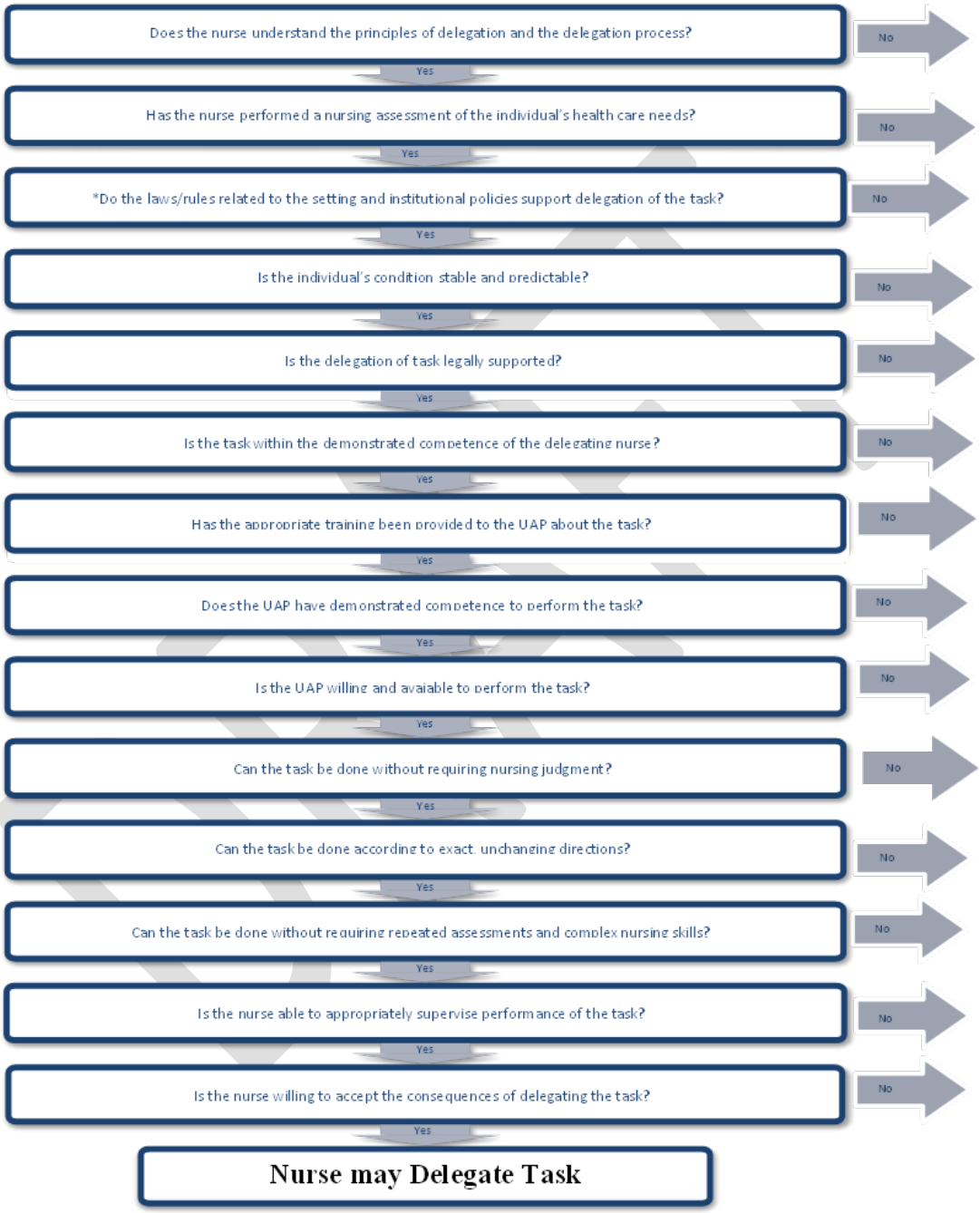
WAC 246-840-960 defines the requirements when rescinding delegation to perform a task for a patient to the NA-R/NA-C or HCA-C. The RN must be knowledgeable and follow these steps when rescinding delegation regardless of the reason.

Documentation

The delegating nurse must document delegation process decisions, actions, and outcomes following employer, agency, or facility policies and procedures, using the fundamental principles of nursing documentation:

- Instructions for the task should be specific to the patient and broken into individual components,
- Document specific steps or the delegated task,
- Document date(s), training, and competency assessment, and credential verification.

The NA-R/NA-C and HCA-C must document care provided following the employer, agency, or facility policies and procedures. Preconstructed forms may be used. If the RN uses a pre-constructed form to document a delegation, the RN remains responsible for ensuring that retrievable evidence supports all actions and decisions recorded on the form. The NCQAC does not have an approved delegation "form." The NCQAC holds no legal authority to approve or endorse forms. There may be other documentation requirements as a function of the RN's practice setting, governing the setting, position description, agency policies, and procedures. An example is the Washington State DSHS Program.


Does the nurse understand the principles of delegation and the delegation process?
No
Yes
Has the nurse performed a nursing assessment of the individual's health care needs?
No
Yes
*Do the laws/rules related to the setting and institutional policies support delegation of the task?
No
Yes
Is the individual's condition stable and predictable?
No
Yes
Is the delegation of task legally supported?
No
Yes
Is the task within the demonstrated competence of the delegating nurse?
No
Yes
Has the appropriate training been provided to the UAP about the task?
No
Yes
Does the UAP have demonstrated competence to perform the task?
No
Yes
Is the UAP willing and avaiable to perform the task?
No
Yes
Can the task be done without requiring nursing judgment?
No
Yes
Can the task be done according to exact, unchanging directions?
No
Yes
Can the task be done without requiring repeated assessments and complex nursing skills?
No
Yes
Is the nurse able to appropriately supervise performance of the task?
No
Yes
Is the nurse willing to accept the consequences of delegating the task?
No
Yes
Nurse may Delegate Task

References

Chapter 18.79 RCW: Nursing Care (Nurse Practice Act)

Chapter 246-840 WAC: Practical and Registered Nursing

Chapter 18.88A RCW: Nursing Assistants

Chapter 246-841 WAC: Nursing Assistants

Chapter 18.88b RCW: Long-Term Care Workers

Chapter 246-980 WAC: Home Care Aide

Washington State Department of Social and Health Services Nurse Delegation Program

National Guidelines for Nursing Delegation - National Council State Boards of Nursing and American Nurses Association (April 28, 2019)

Assessment Tools for the Nurse Delegation Process - University of Washington School of Nursing

National Guidelines for Nursing Delegation - National Council State Boards of Nursing Journal of Nursing Regulations (Volume 7/Issue 1 April 2016)

Assigning and Delegating Care to Unregulated Care Providers – British Columbia College of Nurses and Midwives (March 2021)

Advisory Opinion: Nursing Delegation of Enteral Tube Feedings and Related Tasks to Assistive Personnel (AP)

Purpose

This advisory opinion provides guidelines that define when the Registered Nurse (RN) may delegate enteral tube feedings and related care to assistive personnel (AP). The RN must follow the principles of nursing delegation and nursing laws and rules specific to the setting. Examples of AP include the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C), home care aide-certified (HCA-C), or non-credentialed assistive personnel (AP) in schools (Kindergarten-twelve grades, public and private).

Background

There are a variety of access routes into the gastrointestinal tract and a range of feeding tube types used for enteral feeding. There are many different types of enteral tubes based on their location in the gastrointestinal system, as well as their function. Three commonly used enteral tubes are the nasogastric/orogastric (NG/OG)**,** Gastric-Button (G-Button), the percutaneous endoscopic gastrostomy (PEG) tube, and the percutaneous endoscopic jejunostomy (PEJ) tube. Examples of activities include insertion, reinsertion of a displaced tube, removal, tube feedings, flushing, medication administration, placement verification using pH testing, and routine maintenance.

Statement of Scope

It is within the scope of practice of the appropriately trained and competent RN to perform enteral tube feedings and related care following clinical practice standards under the direction of an authorized health care practitioner. It is not within the scope of practice of the Licensed Practical Nurse (LPN) to delegate tasks to the NA-R/NA-C, HCA-C, or non-credentialed AP.

It is within the scope of practice of the RN to delegate non-complex enteral tube feedings and related tasks for patients with a stable condition and predictable outcome to the NA-R/NA-C, HCA-C, or non-credentialed AP allowed within Washington State laws and rules. The delegating RN must be appropriately trained and competent to perform enteral tube feedings and related care.

Community-Based and In-Home Care Settings

The RN may delegate enteral tube feedings and related tasks (including medication administration) in community-based settings, and in-home care settings to the NA-R/NA-C and HCA-C. RCW 18.79.260 defines a community-based setting as an adult family home (AFH), assisted living facility (ALF), or community residential facilities for the developmentally disabled certified by the Washington State Department of Health and Social Services. A community-based setting does not include adult day care, early childhood education programs, community behavioral health care facility, public or private kindergarten-twelve (K-12) grade schools, jail/correction center, medically fragile group homes, nursing homes, or any other settings in which health care might be provided. RCW 18.79.260 defines an in-home care setting as a temporary or permanent residence.

School Settings, Kindergarten-Twelve (K-12) Grades, Public and Private Settings

The laws and rules do not prohibit the school RN from delegating enteral tube feedings and related tasks (including medication administration) in K-12 grades, public and private settings to non-credentialed AP (RCW 28A.210). While the law does not prohibit the NA-R/NA-C from providing care in schools, their scope of practice does not allow nursing delegation of medications to the NA-R/NA-C in this setting. A person with NA-R/NA-C may work in the school as a non-credentialed AP but cannot identify themselves with the credential if they are performing tasks outside the NA-R/NA-C scope of practice

Other Settings

The RN may delegate enteral tube feedings and related care to the NA-R/NA-C or HCA-C in any setting where nursing care is provided. Examples include hospitals, acute care clinics, private clinics, ambulatory care facilities, adult daycares, jails/correctional centers, community behavioral health facilities, state psychiatric hospitals, early childhood programs (childcare facilities, preschools, head start, or early head start programs), camps (unless sponsored by a K-12 school), medically fragile group homes, and enhanced service facilities. Delegation of medication administration to the NA-R/NA-C or HCA is not permitted in settings other than community-based and in-home care settings. Nursing delegation of medication administration, enteral tube feedings, and related care to non-credentialed assistive personnel is not allowed except in the school (K-12) settings.

Delegation of Medication Administration via Enteral Tubes

Nursing delegation of medication administration via an enteral feeding tube may only be done by the RN in community-based settings (adult family homes, assisted living facilities, community residential homes for individuals with developmental disabilities) and in-home care settings to the NA-R/NA-C or HCA-C. Nursing delegation of medication administration via an enteral feeding tube may only be done by the RN in schools, grades kindergarten-twelve (K-12) to non-credentialed AP. Medication administration via enteral tubes in any other setting is not allowed.

Delegation Requirements and Recommendations

The RN must understand the responsibility, authority, accountability, and legal parameters specific to setting related to making delegation decisions. The RN must understand and follow the nursing delegation process and requirements defined in the nursing laws and rules considering the setting. The RN must use the Criteria for Nursing Delegation (Chapter 246-840 WAC) and the Nursing Delegation Decision Tree (WAC 246-840-940) when delegating tasks to AP.

The RN must be competent in performing this activity. The RN may not delegate enteral tube feedings or related tasks for patients that require accompanying assessment and evaluation or whose condition is unstable and unpredictable. The RN must follow clinical practice standards.

References and Resources

- RCW 18.79 Nursing Care
- WAC 246-840 Practical and Registered Nursing
- Support for Practicing Nurses | Nursing Care Quality Assurance Commission (wa.gov)
- Practice Guidance | Nursing Care Quality Assurance Commission (wa.gov)
- Practice Information | Nursing Care Quality Assurance Commission (wa.gov)
- Support for Practicing Nurses | Nursing Care Quality Assurance Commission (wa.gov)
- My American Nurse: Enteral Nutrition-Evidence-based Strategies to Avoid Complications
- American Society for Parental and Enteral Nutrition (ASPEN) Resources
- National Institutes of Health (NIH): Gastrostomy Tube Replacement

Department of Health
Nursing Care Quality Assurance Commission

Advisory Opinion

The Nursing Care Quality Assurance Commission (NCQAC) issues this advisory opinion in accordance with WAC 246-840-800. An advisory opinion adopted by the NCQAC is an official opinion about safe nursing practice. The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the NCQAC. Institutional policies may further restrict practice in that facility's setting and/or impose additional requirements to assure patient safety and//or decrease risk.

Title:	Delegation of Blood Glucose Monitoring to Nursing Assistants or Health Care Aides in Community-Based Settings	*Number:* NCAO 14.01
References:	RCW 18.79 Nursing Care WAC 246-840 Practical and Registered Nursing Nursing Scope of Practice Decision Tree	
Contact:	Deborah Carlson, MSN, RN	
Phone:	360-236-4703	
Email:	NursingPractice@doh.wa.gov	
Effective Date:	November 8, 2019	
Supersedes:	July 4, 2017	
Approved By:	Nursing Care Quality Assurance Commission	

Conclusion Statement

The Nursing Care Quality Assurance Commission determines it is within the scope of practice of an appropriately prepared and competent registered nurse (RN) to delegate to the nursing assistant-registered (NA-R), nursing assistant-certified (NA-C), or certified-home care aide (C-HCA) the following tasks in community-based settings:

- Pierce the skin to get a blood sample to measure blood glucose using a Clinical Laboratory Improvements Amendments (CLIA) Clinical Laboratory Improvements Amendments (CLIA) waived test to monitor treatment response and/or for administering medications for the treatment of diabetes.
- Give insulin injections and non-insulin injections, such as exanatide (Byetta®, liraglutide (Victoza®, dulaglutide (Trulicity®), and albiglutide (Tanzeum®), approved by the Food and Drug Administration (FDA) and prescribed with similar purpose and effect for treatment of diabetes.

Background and Analysis

RCW 18.79.260 allows registered nurses to delegate to a Washington State NA-R, NA-C, or C-HCA blood glucose monitoring and insulin injection in community based settings. The definition of community-based settings includes:

- In-home care settings,
- Adult family homes,
- Assisted living facilities, and
- Community residential programs for people with developmental disabilities certified by the Washington State Department of Social and Health Services.

RCW 18.79.260 prohibits delegation of any activity that requires piercing or severing of the tissues, with the exception of insulin injection in community-based settings. The laws and rules do not define the term, "monitoring" used in the laws and rules. The commission determined that "monitoring" includes performing a Clinical Laboratory Improvement Amendments (CLIA)-waived blood glucose test involving puncturing of the skin, and that this activity is an exception to the law.

Recommendations

The delegating nurse must follow the delegation laws and rules, the delegation process, and clinical care standards.

Prior to delegation of a CLIA-waived blood glucose test for a client who is **NOT** receiving insulin injections, the delegating nurse must:

- Evaluate the appropriateness of the delegation;
- Verify completion of the "Fundamentals of Caregiving" and the "Core Nurse Delegation Program" through the Washington State Department of Social and Health Services (DSHS). The Washington State DSHS "Diabetic Training Program" is not required, but recommended;
- Determine the competency of the individual to perform the task; and
- Supervise the NA-R, NA-C, or C-HCA carrying out the task.

Prior to delegation of g a CLIA-waived blood glucose test for a client who **IS** receiving insulin injections, the delegating RN must:

- Evaluate the appropriateness of the delegation;
- Verify completion of the "Fundamentals of Caregiving", the "Core Nurse Delegation Program", and the "Diabetic Training Program" through the Washington State DSHS;
- Teach the individual about proper injection procedures and the use of insulin, demonstrate proper injection procedures,
- Supervise the NA-R, NA-C, or C-HCA carrying out the task

- Supervise and evaluate the NA-R, NA-C, or C-HCA weekly during the first four weeks of delegation of insulin injections. If the delegating RN determines that the individual is competent to perform the injection properly and safely, supervision and evaluation shall occur at least every ninety days.

Conclusion

The delegating nurse may delegate administration of insulin and non-insulin medications for treatment of diabetes; the delegating nurse may delegate CLIA-waived blood glucose testing following the delegation laws and rules, the delegation process, and clinical care standards.

References

RCW 18.79.260 – Registered Nursing – Activities Allowed – Delegation of Tasks: http://app.leg.wa.gov/rcw/default.aspx?cite=18.79.260

WAC 246-841-405 – Nursing Assistant Delegation: https://apps.leg.wa.gov/WAC/default.aspx?cite=246-841-405

WAC 246-840-930: Criteria for Delegation: http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-930

WAC 246-841-405: http://apps.leg.wa.gov/wac/default.aspx?cite=246-841&full=true#246-841-405

CLIA-Waived Test – U.S. Food and Drug Administration: https://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/IVDRegulatoryAssistance/ucm124105.htm

Washington State DSHS Long-Term Worker Training Curriculums: https://www.dshs.wa.gov/altsa/training/dshs-curriculum-available

Advisory Opinion: Registered Nurse Delegation of Blood Glucose Testing/Monitoring and Insulin Injection to the Nursing Assistant or Home Care Aide in Community-Based and Home Care Settings

Purpose

This advisory opinion provides an overview of the requirements and recommendations for the registered nurse (RN) to delegate monitoring and insulin/non-insulin administration for diabetes treatment to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) in community-based settings (adult family homes, assisted living facilities, and community residential programs for people with developmental disabilities certified by the Washington State Department of Social and Health Services):

Background

While capillary blood glucose monitoring (BGM) commonly used in home settings, diabetes technology has rapidly evolved. The use of continuous subcutaneous insulin infusion (CSII or insulin pump) and continuous glucose monitoring (CGM) systems. Integrated sensor augmented pump (SAP) therapy systems combine CGM with CSII and are connect to smart devices.

The Washington State laws and rules provide the legal requirements about nursing delegation in community-based and home care settings. RCW 18.79.260 prohibits nursing delegation of any activity that requires piercing or severing of the tissues, with the following exceptions:

- Allows the RN to delegate glucose monitoring to the NA-R/NA-C or HCA-C in community-based and home care settings. The term "monitoring" is not defined. The laws do not address delegation of tasks involving CSII or CGM systems. The law allows the RN to delegate tasks that are not complex, do not require nursing judgment, do not require sterile technique (and other than insulin injection) do not allow administration of medications by injection.

- Allows the RN may delegate to the NA-R/NA-C or HCA-C insulin injection in community-based and home care settings. and non-insulin medications for the treatment of diabetes in community-based and home care settings. There are several non-insulin injectable medications used for the treatment of diabetes. Examples include exanatide (Byetta®, liraglutide (Victoza®, dulaglutide (Trulicity®), and albiglutide (Tanzeum®) approved by the Food and Drug Administration (FDA) and prescribed with similar purpose and effect for treatment of diabetes as insulin.

Statement of Scope

It is within the scope of practice of a trained and competent RN to delegate to the NA-R/NA-C or HCA-C the following tasks in community-based settings (adult family homes, assisted living facilities, and community residential programs for people with developmental disabilities certified by the Washington State Department of Social and Health Services (DSHS) and home care settings:

- Perform a capillary BGM test using a Clinical Laboratory Improvements Amendments (CLIA) waived test. The term, "monitoring" is not defined. The commission determines that "monitoring" includes performing a CLIA-waived blood glucose test involving puncturing of the skin. The commission determines that monitoring may include checking, recording and/or reporting blood glucose tests from a CSII/SAP/CGM based on specific instructions such as instructions. The RN may also delegate performing a capillary BGM in specific circumstances, such as if there are warning messages, the CSII/CGM/SAP is not working, or if the blood glucose result is below or above a certain level.
- Give insulin injections and non-insulin prescribed with similar purpose and effect for treatment of diabetes. and non-insulin medications for the treatment of diabetes in community-based and home care settings. It is not within the scope of the RN to delegate bolus doses.

Delegation Requirements and Recommendations

The nurse must understand the responsibility, authority, accountability, and legal parameters specific to setting related to making delegation decisions. The nurse must understand and follow the nursing delegation process and requirements defined in the nursing laws and rules.

Prior to delegation of a CLIA-waived blood glucose test for a patient who is **NOT** receiving insulin injections, the delegating nurse must:

- Evaluate the appropriateness of the delegation.
- Verify completion of the "Fundamentals of Caregiving" and the "Core Nurse Delegation Program" through the Washington State DSHS. The DSHS "Diabetic Training Program" while not required, is recommended.
- Demonstrate proper technique of performing the task.
- Determine the competency of the individual.
- Supervise and evaluate the NA-R/NA-C or HCA-C carrying out the task.

Prior to delegation of a CLIA-waived capillary BGM for a patient who **IS** receiving insulin injections, the delegating RN must:

- Evaluate the appropriateness of the delegation.
- Verify completion of the "Fundamentals of Caregiving", the "Core Nurse Delegation Program", and the "Diabetic Training Program" through the Washington State DSHS.
- Teach the individual about proper injection procedures and the use of insulin.
- Demonstrate proper injection procedures.
- Determine the competency of the individual.
- Supervise and evaluate the NA-R/NA-C, or HCA-C carrying out the task.

Prior to delegation of insulin administration by subcutaneous injection or via a CSII/CGM/SAP, The delegating RN must:

- Evaluate the appropriateness of the delegation.
- Verify completion of the "Fundamentals of Caregiving", the "Core Nurse Delegation Program", and the "Diabetic Training Program" through the Washington State DSHS.
- Teach the individual of all aspects of subcutaneous insulin administration via syringe/pre-filled pen or via CSII/CGM/SAP (including preparation and proper care of device/sensors).
- Demonstrate proper injection procedures (or administration procedures involving the CSII/CGM/SAP.

- Supervise and evaluate the NA-R/NA-C, or HCA-C carrying out the task. If the delegating RN determines that the individual is competent to perform the injection properly and safely, supervision and evaluation must occur weekly for the first four weeks, and then at least every ninety days.
- Determine the competency of the individual.

References and Resources

- Chapter 18.79 RCW: Nursing Care (Nurse Practice Act)
- Chapter 246-840 WAC: Practical and Registered Nursing
- Chapter 18.88A RCW: Nursing Assistants
- Chapter 246-841 WAC: Nursing Assistants
- Chapter 18.88b RCW: Long-Term Care Workers
- Chapter 246-980 WAC: Home Care Aide
- Support for Practicing Nurses | Washington State Board of Nursing
- Practice Guidance | Washington State Board of Nursing
- Practice Information | Washington State Board of Nursing
- Washington State Department of Social and Health Services Nurse Delegation Program
- DSHS Curriculum and Materials Available | DSHS (wa.gov)
- Clinical Laboratory Improvement Amendments (CLIA) | FDA
- (CGM) Continuous glucose monitoring: just the basics (myamericannurse.com)
- Section 225.12 - Delegation of Insulin or Other Injectable Medications Prescribed in the Treatment of Diabetes Mellitus, 22 Tex. Admin. Code § 225.12 | Casetext Search + Citator

ENGROSSED SUBSTITUTE SENATE BILL 5179

State of Washington 68th Legislature 2023 Regular Session

By Senate Health & Long Term Care (originally sponsored by Senators Pedersen, King, Cleveland, Dhingra, Frame, Hunt, Keiser, Kuderer, Liias, Lovelett, Lovick, Mullet, Nobles, Robinson, Saldaña, Stanford, Valdez, Van De Wege, Wellman, and C. Wilson)

READ FIRST TIME 02/10/23.

AN ACT Relating to increasing access to the provisions of the Washington death with dignity act; amending RCW 70.245.010, 70.245.020, 70.245.030, 70.245.040, 70.245.050, 70.245.060, 70.245.070, 70.245.080, 70.245.090, 70.245.100, 70.245.110, 70.245.120, 70.245.150, 70.245.180, 70.245.190, 70.245.220, and 70.41.520; adding a new section to chapter 70.245 RCW; and adding a new section to chapter 70.127 RCW.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

Sec. 1. RCW 70.245.010 and 2009 c 1 s 1 are each amended to read as follows:

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Adult" means an individual who is ((~~eighteen~~)) 18 years of age or older.

(2) "Attending ((~~physician~~)) qualified medical provider" means the ((~~physician~~)) qualified medical provider who has primary responsibility for the care of the patient and treatment of the patient's terminal disease.

(3) "Competent" means that, in the opinion of a court or in the opinion of the patient's attending ((~~physician or~~)) qualified medical provider, consulting ((~~physician~~)) qualified medical provider,

psychiatrist, or psychologist, a patient has the ability to make and communicate an informed decision to health care providers, including communication through persons familiar with the patient's manner of communicating if those persons are available.

(4) "Consulting ((~~physician~~)) qualified medical provider" means a ((~~physician~~)) qualified medical provider who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's disease.

(5) "Counseling" means one or more consultations as necessary between a state licensed psychiatrist ((~~or~~)), psychologist, independent clinical social worker, advanced social worker, mental health counselor, or psychiatric advanced registered nurse practitioner and a patient for the purpose of determining that the patient is competent and not suffering from a psychiatric or psychological disorder or depression causing impaired judgment.

(6) "Health care provider" means a person licensed, certified, or otherwise authorized or permitted by law to administer health care or dispense medication in the ordinary course of business or practice of a profession, and includes a health care facility.

(7) "Informed decision" means a decision by a qualified patient, to request and obtain a prescription for medication that the qualified patient may self-administer to end his or her life in a humane and dignified manner, that is based on an appreciation of the relevant facts and after being fully informed by the attending ((~~physician~~)) qualified medical provider of:

(a) His or her medical diagnosis;

(b) His or her prognosis;

(c) The potential risks associated with taking the medication to be prescribed;

(d) The probable result of taking the medication to be prescribed; and

(e) The feasible alternatives including, but not limited to, comfort care, hospice care, and pain control.

(8) "Medically confirmed" means the medical opinion of the attending ((~~physician~~)) qualified medical provider has been confirmed by a consulting ((~~physician~~)) qualified medical provider who has examined the patient and the patient's relevant medical records.

(9) "Patient" means a person who is under the care of ((~~a physician.~~

~~(10) "Physician" means a doctor of medicine or osteopathy licensed to practice medicine in the state of Washington.~~

~~(11)~~)) an attending qualified medical provider.

(10) "Qualified medical provider" means a physician licensed under chapter 18.57 or 18.71 RCW, a physician assistant licensed under chapter 18.71A RCW, or an advanced registered nurse practitioner licensed under chapter 18.79 RCW.

(11) "Qualified patient" means a competent adult who is a resident of Washington state and has satisfied the requirements of this chapter in order to obtain a prescription for medication that the qualified patient may self-administer to end his or her life in a humane and dignified manner.

(12) "Self-administer" means a qualified patient's act of ingesting medication to end his or her life in a humane and dignified manner.

(13) "Terminal disease" means an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months.

NEW SECTION. **Sec. 2.** A new section is added to chapter 70.245 RCW to read as follows:

(1) Subject to the provisions in subsection (2) of this section, a qualified patient may select the attending or consulting qualified medical provider of the qualified patient's choosing.

(2)(a) If a qualified patient selects an attending qualified medical provider who is a licensed professional other than a physician, the qualified patient must select a physician to serve as the qualified patient's consulting qualified medical provider.

(b) A qualified patient may select a consulting qualified medical provider who is a licensed professional other than a physician, only if the qualified patient's attending qualified medical provider is a physician.

(c) The attending qualified medical provider and the consulting qualified medical provider selected by the qualified patient may not have a direct supervisory relationship with each other.

Sec. 3. RCW 70.245.020 and 2009 c 1 s 2 are each amended to read as follows:

(1) An adult patient who is competent, is a resident of Washington state, and has been determined by the attending

((~~physician and consulting physician~~)) qualified medical provider to be suffering from a terminal disease, and who has voluntarily expressed his or her wish to die, may make a written request for medication that the patient may self-administer to end ((~~his or her~~)) the patient's life in a humane and dignified manner in accordance with this chapter.

(2) A person does not qualify under this chapter solely because of age or disability.

Sec. 4. RCW 70.245.030 and 2009 c 1 s 3 are each amended to read as follows:

(1) A valid request for medication under this chapter shall be in substantially the form described in RCW 70.245.220, signed and dated by the patient and witnessed by at least two individuals who, in the presence of the patient, attest that to the best of their knowledge and belief the patient is competent, acting voluntarily, and is not being coerced to sign the request.

(2) One of the witnesses shall be a person who is not:

(a) A relative of the patient by blood((~~, marriage, or adoption~~)) or by law;

(b) A person who at the time the request is signed would be entitled to any portion of the estate of the qualified patient upon death under any will or by operation of law; or

(c) An owner, operator, or employee of a health care facility where the qualified patient is receiving medical treatment or is a resident.

(3) The patient's attending ((~~physician~~)) qualified medical provider at the time the request is signed shall not be a witness.

((~~(4) If the patient is a patient in a long-term care facility at the time the written request is made, one of the witnesses shall be an individual designated by the facility and having the qualifications specified by the department of health by rule.~~))

Sec. 5. RCW 70.245.040 and 2009 c 1 s 4 are each amended to read as follows:

(1) The attending ((~~physician~~)) qualified medical provider shall:

(a) Make the ((~~initial~~)) determination of whether a patient has a terminal disease, is competent, and has made the request voluntarily;

(b) Request that the patient demonstrate Washington state residency under RCW 70.245.130;

(c) To ensure that the patient is making an informed decision, inform the patient of:

(i) ((~~His or her~~)) The patient's medical diagnosis;

(ii) ((~~His or her~~)) The patient's prognosis;

(iii) The potential risks associated with taking the medication to be prescribed;

(iv) The probable result of taking the medication to be prescribed; and

(v) The feasible alternatives including, but not limited to, comfort care, hospice care, and pain control;

(d) Refer the patient to a consulting ((~~physician~~)) qualified medical provider for medical confirmation of the diagnosis, and for a determination that the patient is competent and acting voluntarily;

(e) Refer the patient for counseling if appropriate under RCW 70.245.060;

(f) Recommend that the patient notify next of kin;

(g) Counsel the patient about the importance of having another person present when the patient takes the medication prescribed under this chapter and of not taking the medication in a public place;

(h) Inform the patient that he or she has an opportunity to rescind the request at any time and in any manner, and offer the patient an opportunity to rescind at the end of the ((~~fifteen-day~~)) relevant waiting period under RCW 70.245.090;

(i) Verify, immediately before writing the prescription for medication under this chapter, that the patient is making an informed decision;

(j) Fulfill the medical record documentation requirements of RCW 70.245.120;

(k) Ensure that all appropriate steps are carried out in accordance with this chapter before writing a prescription for medication to enable a qualified patient to end his or her life in a humane and dignified manner; and

(l)(i) Dispense medications directly, including ancillary medications intended to facilitate the desired effect to minimize the patient's discomfort, if the attending ((~~physician~~)) qualified medical provider is authorized under statute and rule to dispense and has a current drug enforcement administration certificate; or

(ii) ((~~With the patient's written consent:~~)) (A) Contact a pharmacist and inform the pharmacist of the prescription; and

(B) Deliver the written prescription personally, by mail ((~~or~~)), facsimile, or electronically to the pharmacist, who will dispense the medications directly to either the patient, the attending ((~~physician~~)) qualified medical provider, or ((~~an expressly identified agent of the patient. Medications dispensed pursuant to this subsection shall not be dispensed by mail or other form of courier~~)) another person as requested by the qualified patient.

(2) The attending ((~~physician~~)) qualified medical provider may sign the patient's death certificate which shall list the underlying terminal disease as the cause of death.

(3) Delivery of the dispensed drug to the qualified patient, the attending qualified medical provider, or another person as requested by the qualified patient may be made only:

(a) By personal delivery, messenger service, or the United States postal service or a similar private parcel delivery entity; and

(b) Upon the receipt of the signature of the addressee or an authorized person at the time of delivery by an entity listed in (a) of this subsection.

Sec. 6. RCW 70.245.050 and 2009 c 1 s 5 are each amended to read as follows:

Before a patient is qualified under this chapter, a consulting ((~~physician~~)) qualified medical provider shall examine the patient and his or her relevant medical records and confirm, in writing, the attending ((~~physician's~~)) qualified medical provider's diagnosis that the patient is suffering from a terminal disease, and verify that the patient is competent, is acting voluntarily, and has made an informed decision.

Sec. 7. RCW 70.245.060 and 2009 c 1 s 6 are each amended to read as follows:

If, in the opinion of either the attending ((~~physician~~)) qualified medical provider or the consulting ((~~physician~~)) qualified medical provider, a patient may be suffering from a psychiatric or psychological disorder or depression causing impaired judgment, ((~~either physician~~)) the qualified medical provider shall refer the patient for counseling. Medication to end a patient's life in a humane and dignified manner shall not be prescribed until the person performing the counseling determines that the patient is not

suffering from a psychiatric or psychological disorder or depression causing impaired judgment.

Sec. 8. RCW 70.245.070 and 2009 c 1 s 7 are each amended to read as follows:

A person shall not receive a prescription for medication to end his or her life in a humane and dignified manner unless he or she has made an informed decision. Immediately before writing a prescription for medication under this chapter, the attending ((~~physician~~)) qualified medical provider shall verify that the qualified patient is making an informed decision.

Sec. 9. RCW 70.245.080 and 2009 c 1 s 8 are each amended to read as follows:

The attending ((~~physician~~)) qualified medical provider shall recommend that the patient notify the next of kin of his or her request for medication under this chapter. A patient who declines or is unable to notify next of kin shall not have his or her request denied for that reason.

Sec. 10. RCW 70.245.090 and 2009 c 1 s 9 are each amended to read as follows:

(1) To receive a prescription for medication that the qualified patient may self-administer to end his or her life in a humane and dignified manner, a qualified patient shall have made an oral request and a written request, and reiterate the oral request to his or her attending ((~~physician~~)) qualified medical provider at least ((~~fifteen~~)) seven days after making the initial oral request.

(2) At the time the qualified patient makes his or her second oral request, the attending ((~~physician~~)) qualified medical provider shall offer the qualified patient an opportunity to rescind the request.

(3) A transfer of care or medical records does not restart any waiting period under this section.

Sec. 11. RCW 70.245.100 and 2009 c 1 s 10 are each amended to read as follows:

A patient may rescind his or her request at any time and in any manner without regard to his or her mental state. No prescription for medication under this chapter may be written without the attending

((~~physician~~)) qualified medical provider offering the qualified patient an opportunity to rescind the request.

Sec. 12. RCW 70.245.110 and 2009 c 1 s 11 are each amended to read as follows:

((~~(1)~~)) At least ((~~fifteen~~)) seven days shall elapse between the patient's initial oral request and the writing of a prescription under this chapter((~~.~~

~~(2) At least forty-eight hours shall elapse between the date the patient signs the written request and the writing of a prescription under this chapter~~)).

Sec. 13. RCW 70.245.120 and 2009 c 1 s 12 are each amended to read as follows:

The following shall be documented or filed in the patient's medical record:

(1) All oral requests by a patient for medication to end his or her life in a humane and dignified manner;

(2) All written requests by a patient for medication to end his or her life in a humane and dignified manner;

(3) The attending ((~~physician's~~)) qualified medical provider's diagnosis and prognosis, and determination that the patient is competent, is acting voluntarily, and has made an informed decision;

(4) The consulting ((~~physician's~~)) qualified medical provider's diagnosis and prognosis, and verification that the patient is competent, is acting voluntarily, and has made an informed decision;

(5) A report of the outcome and determinations made during counseling, if performed;

(6) The attending ((~~physician's~~)) qualified medical provider's offer to the patient to rescind his or her request at the time of the patient's second oral request under RCW 70.245.090; and

(7) A note by the attending ((~~physician~~)) qualified medical provider indicating that all requirements under this chapter have been met and indicating the steps taken to carry out the request, including a notation of the medication prescribed.

Sec. 14. RCW 70.245.150 and 2009 c 1 s 15 are each amended to read as follows:

(1)(a) The department of health shall annually review all records maintained under this chapter.

(b) The department of health shall require any health care provider upon writing a prescription or dispensing medication under this chapter to file a copy of the dispensing record and such other administratively required documentation with the department. All administratively required documentation shall be transmitted electronically, mailed, or otherwise transmitted as allowed by department of health rule to the department no later than ((~~thirty~~)) 30 calendar days after the writing of a prescription and dispensing of medication under this chapter, except that all documents required to be filed with the department by the prescribing ((~~physician~~)) qualified medical provider after the death of the patient shall be transmitted electronically, mailed, or faxed no later than ((~~thirty~~)) 30 calendar days after the date of death of the patient. In the event that anyone required under this chapter to report information to the department of health provides an inadequate or incomplete report, the department shall contact the person to request a complete report.

(2) The department of health shall adopt rules to facilitate the collection of information regarding compliance with this chapter. Except as otherwise required by law, the information collected is not a public record and may not be made available for inspection by the public.

(3) The department of health shall generate and make available to the public an annual statistical report of information collected under subsection (2) of this section.

Sec. 15. RCW 70.245.180 and 2009 c 1 s 18 are each amended to read as follows:

(1) Nothing in this chapter authorizes ((~~a physician~~)) an attending qualified medical provider, consulting qualified medical provider, or any other person to end a patient's life by lethal injection, mercy killing, or active euthanasia. Actions taken in accordance with this chapter do not, for any purpose, constitute suicide, assisted suicide, mercy killing, or homicide, under the law. State reports shall not refer to practice under this chapter as "suicide" or "assisted suicide." Consistent with RCW 70.245.010 (7), (11), and (12), 70.245.020(1), 70.245.040(1)(k), 70.245.060, 70.245.070, 70.245.090, 70.245.120 (1) and (2), 70.245.160 (1) and (2), 70.245.170, 70.245.190(1) (a) and (d), and 70.245.200(2), state reports shall refer to practice under this chapter as obtaining and self-administering life-ending medication.

(2) Nothing contained in this chapter shall be interpreted to lower the applicable standard of care for the attending ((~~physician~~)) qualified medical provider, consulting ((~~physician~~)) qualified medical provider, psychiatrist or psychologist, or other health care provider participating under this chapter.

Sec. 16. RCW 70.245.190 and 2009 c 1 s 19 are each amended to read as follows:

(1) Except as provided in RCW 70.245.200 and subsection (2) of this section:

(a) A person shall not be subject to civil or criminal liability or professional disciplinary action for participating in good faith compliance with this chapter. This includes being present when a qualified patient takes the prescribed medication to end his or her life in a humane and dignified manner;

(b) A professional organization or association, or health care provider, may not subject a person to censure, discipline, suspension, loss of license, loss of privileges, loss of membership, or other penalty for participating or refusing to participate in good faith compliance with this chapter;

(c) A patient's request for or provision by an attending ((~~physician~~)) qualified medical provider of medication in good faith compliance with this chapter does not constitute neglect for any purpose of law or provide the sole basis for the appointment of a guardian or conservator; and

(d) Only willing health care providers shall participate in the provision to a qualified patient of medication to end his or her life in a humane and dignified manner. If a health care provider is unable or unwilling to carry out a patient's request under this chapter, and the patient transfers his or her care to a new health care provider, the prior health care provider shall transfer, upon request, a copy of the patient's relevant medical records to the new health care provider.

(2)(a) A health care provider may prohibit another health care provider from participating under chapter 1, Laws of 2009 on the premises of the prohibiting provider if the prohibiting provider has given notice to all health care providers with privileges to practice on the premises and to the general public of the prohibiting provider's policy regarding participating under chapter 1, Laws of 2009. A health care provider may not, by contract or other form of

agreement, prohibit another health care provider from participating under chapter 1, Laws of 2009 while acting outside the course and scope of the provider's capacity as an employee or independent contractor of the prohibiting health care provider and while at a location that is not on the prohibiting health care provider's premises and not on property that is owned by, leased by, or under the direct control of the prohibiting health care provider. This subsection does not prevent a health care provider from providing health care services to a patient that do not constitute participation under chapter 1, Laws of 2009.

(b) A health care provider may subject another health care provider to the sanctions stated in this subsection if the sanctioning health care provider has notified the sanctioned provider before participation in chapter 1, Laws of 2009 that it prohibits participation in chapter 1, Laws of 2009:

(i) Loss of privileges, loss of membership, or other sanctions provided under the medical staff bylaws, policies, and procedures of the sanctioning health care provider if the sanctioned provider is a member of the sanctioning provider's medical staff and participates in chapter 1, Laws of 2009 while on the health care facility premises of the sanctioning health care provider, but not including the private medical office of a ((~~physician~~)) qualified medical provider or other provider;

(ii) Termination of a lease or other property contract or other nonmonetary remedies provided by a lease contract, not including loss or restriction of medical staff privileges or exclusion from a provider panel, if the sanctioned provider participates in chapter 1, Laws of 2009 while on the premises of the sanctioning health care provider or on property that is owned by or under the direct control of the sanctioning health care provider; or

(iii) Termination of a contract or other nonmonetary remedies provided by contract if the sanctioned provider participates in chapter 1, Laws of 2009 while acting in the course and scope of the sanctioned provider's capacity as an employee or independent contractor of the sanctioning health care provider. Nothing in this subsection (2)(b)(iii) prevents:

(A) A health care provider from participating in chapter 1, Laws of 2009 while acting outside the course and scope of the provider's capacity as an employee or independent contractor and while at a location that is not on the sanctioning health care provider's

facility premises and is not on property that is owned by, leased by, or under the direct control of the sanctioning health care provider; or

(B) A patient from contracting with his or her attending ((~~physician~~)) qualified medical provider and consulting ((~~physician~~)) qualified medical provider to act outside the course and scope of the provider's capacity as an employee or independent contractor of the sanctioning health care provider and while at a location that is not on the sanctioning health care provider's facility premises and is not on property that is owned by, leased by, or under the direct control of the sanctioning health care provider.

(c) A health care provider that imposes sanctions under (b) of this subsection shall follow all due process and other procedures the sanctioning health care provider may have that are related to the imposition of sanctions on another health care provider.

(d) For the purposes of this subsection:

(i) "Notify" means a separate statement in writing to the health care provider specifically informing the health care provider before the provider's participation in chapter 1, Laws of 2009 of the sanctioning health care provider's policy about participation in activities covered by this chapter.

(ii) "Participate in chapter 1, Laws of 2009" means to perform the duties of an attending ((~~physician~~)) qualified medical provider under RCW 70.245.040, the consulting ((~~physician~~)) qualified medical provider function under RCW 70.245.050, or the counseling function under RCW 70.245.060. "Participate in chapter 1, Laws of 2009" does not include:

(A) Making an initial determination that a patient has a terminal disease and informing the patient of the medical prognosis;

(B) Providing information about the Washington death with dignity act to a patient upon the request of the patient;

(C) Charting a patient's first request, as referenced in RCW 70.245.020, to services as provided in chapter 1, Laws of 2009;

(D) Providing a patient, upon the request of the patient, with a referral to another ((~~physician~~)) attending or consulting qualified medical provider; or

((~~(D)~~)) (E) A patient contracting with his or her attending ((~~physician~~)) qualified medical provider and consulting ((~~physician~~)) qualified medical provider to act outside of the course and scope of

the provider's capacity as an employee or independent contractor of the sanctioning health care provider.

(3) Suspension or termination of staff membership or privileges under subsection (2) of this section is not reportable under RCW 18.130.070. Action taken under RCW 70.245.030, 70.245.040, 70.245.050, or 70.245.060 may not be the sole basis for a report of unprofessional conduct under RCW 18.130.180.

(4) References to "good faith" in subsection (1)(a), (b), and (c) of this section do not allow a lower standard of care for health care providers in the state of Washington.

Sec. 17. RCW 70.245.220 and 2009 c 1 s 22 are each amended to read as follows:

A request for a medication as authorized by this chapter shall be in substantially the following form:

REQUEST FOR MEDICATION TO END MY LIFE IN A ((~~HUMAN [HUMANE]~~)) HUMANE AND DIGNIFIED MANNER

I, ..., am an adult of sound mind.

I am suffering from . . . . . ., which my attending ((~~physician~~)) qualified medical provider has determined is a terminal disease ((~~and which has been medically confirmed by a consulting physician~~)) that will result in death within six months.

I have been fully informed of my diagnosis, prognosis, the nature of medication to be prescribed and potential associated risks, the expected result, and the feasible alternatives, including comfort care, hospice care, and pain control.

I request that my attending ((~~physician~~)) qualified medical provider prescribe medication that I may self-administer to end my life in a humane and dignified manner and to contact any pharmacist to fill the prescription.

INITIAL ONE:

. . . . . I have informed my family of my decision and taken their opinions into consideration.

. . . . . I have decided not to inform my family of my decision.

. . . . . I have no family to inform of my decision.

I understand that I have the right to rescind this request at any time.

I understand the full import of this request and I expect to die when I take the medication to be prescribed. I further understand

that although most deaths occur within three hours, my death may take longer and my ((~~physician~~)) qualified medical provider has counseled me about this possibility.

I make this request voluntarily and without reservation, and I accept full moral responsibility for my actions.

Signed: . . . . . .

Dated: . . . . . .

DECLARATION OF WITNESSES

By initialing and signing below on or after the date the person named above signs, we declare that the person making and signing the above request:

Witness 1 Initials	Witness 2 Initials	
.....	.....	1. Is personally known to us or has provided proof of identity;
.....	.....	2. Signed this request in our presence on the date of the person's signature;
.....	.....	3. Appears to be of sound mind and not under duress, fraud, or undue influence;
.....	.....	4. Is not a patient for whom either of us is the attending ((~~physician~~)) qualified medical provider.

Printed Name of Witness 1:. . . . . .

Signature of Witness 1/Date:. . . . . .

Printed Name of Witness 2:. . . . . .

Signature of Witness 2/Date:. . . . . .

NOTE: One witness shall not be a relative by blood, marriage, or adoption of the person signing this request, shall not be entitled to any portion of the person's estate upon death, and shall not own, operate, or be employed at a health care facility where the person is

a patient or resident. ((~~If the patient is an inpatient at a health care facility, one of the witnesses shall be an individual designated by the facility.~~))

Sec. 18. RCW 70.41.520 and 2019 c 399 s 4 are each amended to read as follows:

(1) ((~~By September 1, 2019, every~~)) Every hospital must submit to the department its policies related to access to care regarding:

(a) Admission;

(b) End-of-life care and the death with dignity act, chapter 70.245 RCW;

(c) Nondiscrimination; and

((~~(c)~~)) (d) Reproductive health care.

(2) The department shall post a copy of the policies received under subsection (1) of this section on its website.

(3) If a hospital makes changes to any of the policies listed under subsection (1) of this section, it must submit a copy of the changed policy to the department within thirty days after the hospital approves the changes.

(4) A hospital must post a copy of the policies provided to the department under subsection (1) of this section and the forms required under subsection (5) of this section to the hospital's own website in a location where the policies are readily accessible to the public without a required login or other restriction.

(5) ((~~By September 1, 2019, the~~)) (a) The department shall, in consultation with stakeholders including a hospital association and patient advocacy groups, develop ((~~a~~)) two simple and clear forms to be submitted by hospitals along with the policies required in subsection (1) of this section. ((~~The~~)) One form must provide the public with specific information about which reproductive health care services are and are not generally available at each hospital. The other form must provide the public with specific information about which end-of-life services are and are not generally available at each hospital. Each form must include contact information for the hospital in case patients have specific questions about services available at the hospital.

(b) The department shall provide the form required in this subsection related to end-of-life care and the death with dignity act, chapter 70.245 RCW, by November 1, 2023. Hospitals shall submit

the completed form to the department within 60 days of the form being provided.

NEW SECTION. **Sec. 19.** A new section is added to chapter 70.127 RCW to read as follows:

(1) Every agency or facility providing hospice services as defined in RCW 70.127.010 shall submit to the department of health its policies related to access to care regarding end-of-life care and this chapter. The information shall include: (a) A section for the public with specific information about which end-of-life services are and are not generally available at each agency or facility; and (b) the contact information for the agency or facility in case patients have specific questions about services available at the hospice.

(2) If an agency or facility providing hospice services as defined in RCW 70.127.010 makes changes to any of the policies listed under subsection (1) of this section, it shall submit a copy of the changed policy to the department of health within 30 days after the agency or facility approves the changes.

(3) A copy of the policies provided to the department of health under subsection (1) of this section must be posted to the website of each agency or facility providing hospice services as defined in RCW 70.127.010 in a location where the policies are readily accessible to the public without a required login or other restriction.

--- END ---

NDepartment of Health
Nursing Care Quality Assurance Commission

Advisory Opinion

The Nursing Care Quality Assurance Commission (NCQAC) issues this advisory opinion in accordance with WAC 246-840. An advisory opinion adopted by the NCQAC is an official opinion about safe nursing practice. The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the NCQAC. Institutional policies may restrict practice further in their setting and/or require additional expectations to assure the safety of their patient and/or decrease risk.

Title:	Death with Dignity (Aid-in-Dying): Role of the Nurse	*Number:* NCAO 20.02
References:	RCW 18.79 Nursing Care WAC 246-840 Practical and Registered Nursing RCW 70.245 Washington Death with Dignity Act WAC 246-978 Death with Dignity Requirements EHB 1608, Sec.2, Chapter 102, Laws of 2020	
Contact:	Deborah Carlson, MSN, BSEd, RN, CPM Director of Nursing Practice	
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Effective Date:	September 9, 2021	
Supersedes:	Death with Dignity Advisory Opinion (November 8, 2019) Death with Dignity (Aide-in-Dying) Advisory Opinion (November 13, 2020)	
Approved By:	Nursing Care Quality Assurance Commission	

Conclusion Statement

Advanced registered nurse practitioners (ARNPs), registered nurses (RNs), and licensed practical nurses (LPNs) may be involved in providing nursing care, within their scope of practice, to patients who make the choice to end their life through the Washington State Death with Dignity Act (RCW 70.245). Nurses are accountable and responsible for providing compassionate and comprehensive care to all patients, regardless of their end-of-life choices. Nurses may decline active participation in the implementation of aid-in-dying, but they remain responsible for the full scope of end-of-life care including providing information, symptom management, and other palliative or end-of-life interventions. The advisory opinion clarifies the nursing roles and responsibilities in palliative and end-of-life care.

Background and Analysis

RCW 70.245 Washington Death with Dignity Act, enacted in 2009, allows an eligible individual with a terminal diagnosis and prognosis to legally request and obtain medications from a qualified health care practitioner to end their life. The RCW 70.245 Washington Death with Dignity Act allows a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) who has primary responsibility for the care and treatment of the patient with terminal illness to prescribe such medications. The act does not allow an advanced registered nurse practitioner to write a

prescription for this purpose. The WAC 246-978 Death with Dignity Requirements implement the law. See the Washington State Department of Health Death with Dignity Act webpage for common questions and answers containing general information about the Death with Dignity Act. Neither the RCW, the WAC, nor the information page provide guidance for nurses involved in the care of the patient, beyond the clarification that ARNPs may not prescribe.

This lack of recognition of the direct and intimate role of nurses in the care of patients at the end of life leaves nurses in a potential moral quandary regarding their responsibilities to patients. Aid-in-dying is a new area of ethical concern about which public opinion and public policy has evolved quite rapidly such that professional organizations and individual clinicians are still evolving their positions. The situation is exacerbated by the role of most nurses as employees of health care institutions that may have additional policies regarding aid-in-dying. Unlike physicians and ARNPs who have the option to act as independent practitioners outside their association with an institution, most nurses practice solely under the auspices of their employer. Additionally, nurses have their own personal beliefs about the ethical acceptability of aid-in-dying and their own willingness to be involved. Across the profession, there is a wide range of views that need to be accommodated. Nurses are challenged to define their practice while negotiating the space among these personal, professional, institutional, and legal constraints.

The American Nurses Association's (ANA) position statement, The Nurse's Role when a Patient Request Medical Aid in Dying (2019), clarifies many of the questions nurses are asking. The position of the ANA is that although nurses are strictly prohibited by law from prescribing or administering aid-in-dying medications, they nonetheless have an obligation to provide all other appropriately supportive care to patients at the end-of-life. This care includes providing objective information, managing distressing symptoms, coaching family and care providers in the management of patient care, and remaining engaged, non-judgmental, and attentive to the evolving needs of the dying and their families. They further suggest that nurses have an obligation to not only be knowledgeable about this issue, but also to be engaged in public policy conversations and research to further explore its merits and consequences.

This position is aligned with the ANA's *Code of Ethics for Nurses* (2015) and *Nursing: Scope and Standards of Practice* (2015). For example, they argue that nurses are not "actively participating" in aid-in-dying when providing information, supporting discussion, or being present with a patient. Instead, all these actions are the nurse's ethical "response to the patient's quality-of-life self-assessment" (p. 3) consistent with Interpretive Statement 1.4 of the *Code* that nurses "should provide interventions to relieve pain and other symptoms in the dying patient consistent with palliative care practice standards and may not act with the sole intent to end life" (ANA, 2015, p. 3). This is a significant departure from the previous ANA position statement aid-in-dying of 2013 that prohibited participation by nurses in aid-in-dying.

This advisory opinion will not reiterate the positions taken in the ANA statement, but refers readers to that document for further exploration. Nor does this opinion take a position on the essential question of the acceptability of aid-in-dying itself. Aid-in-dying is legal in Washington State and, as such, nurses need to be prepared to provide care in this context. The context requires consideration of two issues not fully addressed in the ANA statement: employer restrictions on nursing practice and conscientious objection.

Employer Restrictions on Nursing Practice
The Washington state law allows employers to establish policy related to the implementation of aid-in-dying within their institutional boundaries (which may include both in-patient, out-patient, and homecare settings). Most in-patient settings restrict patients from ingesting medications that will end their lives; policies for outpatient and homecare settings are more variable and evolving. A study in the *Journal of Pain and Symptom Management* (JPSM), Dignity, Death, and Dilemmas: A Study of Washington Hospices and Physician-Assisted Death (2014), summarizes the content of hospice policies in Washington State. Examples of policies include:

- Restricting or allowing staff to be present at the time of patient self-administration of the medication, as well as the duration between ingestion and death.
- Restricting or allowing staff involvement with the process to obtain life-ending medication.
- Restricting or allowing providing information about the law.
- Preventing or allowing a patient from ingesting a lethal dose of medication on the premises of a health care facility.
- Requiring, encouraging, or discouraging the participation of LPNs, RNs, or ARNPs in the process.
- Restricting or allowing initiating communication and notification of the patient's attending physician.
- Restricting or allowing staff to witness necessary legal documents.

Health care institutions may legitimately create policies that are consistent with their philosophy and mission. Health care entities are prohibited, however, from limiting the provision of information about Washington's Death with Dignity Act or information about what relevant resources are available or how to access those resources. EHB 1608, Sec.2, Chapter 102, Laws of 2020.

The most common and ethically defensible limitation is to not allow nurses to be present at the time of medication administration. This restriction has several advantages. Since nurses are legally constrained from administering the life-ending medications, the policy prevents nurses from being pressured by patients or families to assist in administration—an act that in any other circumstance would be well within the nurse's scope of practice. Additionally, it allows nurses who are ethically opposed to aid-in-dying to avoid needing to explicitly opt-out of this most active participation in the process. For nurses who would be comfortable participating at this stage, it also prevents them from providing support to the patient and family at a critical moment in the dying trajectory. Nurses, particularly hospice and homecare nurses, often develop significant empathetic relationships with patients and families over the course of their care and absence at this time can potentially be experienced by the patient as professional abandonment. This is a significant departure from the standard hospice commitment to non-abandonment and the promise to witness with the patient through the dying process. While physicians and ARNPs may choose to practice as independent providers at times like this and be present despite institutional policies, nurses choosing to be present outside their nursing role risk violating professional boundaries. Again, nurses need to decide for themselves whether the restrictions on practice imposed by institutional policies are aligned with their vision of professional practice.

Institutional policies that further restrict nursing practice, such as limiting the nurse's ability to provide objective and non-judgmental information about legal options or provide counseling and emotional support as the patient thinks through their end-of-life decisions are ethically problematic in that they significantly impinge on nursing scope of practice and professional standards of care. In 2020 the Washington legislature clarified that a health care entity may not limit a health care provider's provision of information about and regarding Washington's death with dignity act, Chapter RCW 70.245, information about what relevant resources are available in the community, and how to access those resources for obtaining care of the patient's choice. A health care entity may not discharge, demote, suspend, discipline, or otherwise discriminate against a health care provider for providing such information. EHB 1608, Sec.2, Chapter 102, Laws of 2020. EHB 1608, Sec.2, Chapter 102, Laws of 2020.

Conscientious Objection

It is broadly accepted that aid-in-dying is a situation in which a nurse may appeal to conscientious objection to avoid acting in a manner that is contrary to their own moral values. While ensuring that patients receive the beneficial care they desire is a fundamental ethical value, it is necessarily balanced by the right of health care providers to maintain their own moral integrity (Magelssen, 2011). "Having moral integrity implies having an internally consistent set of basic moral ideas and principles and being able to live and act in accordance with these" (Magelssen, 2011, p. 18). When a nurse finds that actively participating in aid-in-dying conflicts with deeply held values and judgments, it is reasonable to consider this objection. (Deeply held values are contrasted with those which are capricious, arbitrary, or situationally convenient.)

Although there are multiple formulations of the criteria such objections must meet, Brock (2008) delineates three criteria:

1) The patient is informed of the full range of care options.
2) The patient must be referred to another provider who can provide the services.
3) The refusal must not create an undue burden on the patient.

Interestingly, the Death with Dignity Initiative explicitly does not require physicians to refer patients requesting aid-in-dying to another provider.

Conscientious objection applies to specific actions, not to patients. Such objections cannot be raised to avoid providing general nursing care for a patient, but only to withdraw from participating in a specific action. For example, in the common example of abortion, a nurse may decline to participate in actively implementing a surgical abortion procedure but may not decline to provide post-operative care to that patient. Conscientious objection cannot be used as a claim to refuse to care for a patient based on their social standing, beliefs, or preferences, nor on the bias or prejudice of the nurse.

This suggests that the only activity nurses may request to avoid is being present when patients are ingesting the medications that will end their lives. Given that so many institutions already restrict nurses from being present anyway, this significantly limits the instances in which nurses may reasonably claim conscientious objection to avoid providing care to a patient. However, nurses should be attentive to their own self-presentation and their ability to provide

compassionate and non-judgmental care to a patient who is making a decision that is contrary to their deeply held beliefs. If other staff are reasonably available and can substitute for the objecting nurse, it may benefit both the patient and the nurse to make this change. Such an accommodation, however, does not remove the obligation of the nurse to reflect on the opportunity for developing a more empathetic and patient-centered stance.

Recommendations

The NCQAC determines that in addition to all standard nursing care the following behaviors are consistent with the standard of care when providing nursing care to patients who have chosen to end their own life:

- Empathetically explore end-of-life options with the patient and family and link them to services, other health care providers or resources to meet their needs;
- Explain the law as it currently exists;
- Maintain confidentiality about the end-of-life decision-making;
- Provide palliative care for the patient, including administration of medications and treatments for pain and symptom management.;
- Follow Portable Orders for Life Sustaining Treatment (POLST)/advanced directives;
- Determine and pronounce death;
- Collaborate and consult with health care team members;
- Understand the ethical and moral dilemmas related to aid-in-dying
- Understand professional organizations' positions related to aid-in-dying;
- Reflect on personal and professional values and request accommodation on the basis of conscientious objection if needed;
- Understand the employer philosophy, policies, and procedures related to end-of-life decisions and aid-in-dying;
- Understand institutional policy regarding the presence of nurse when a patient self-administers a prescribed lethal dose of medication;
- Be involved in policy development within the health care institution and the community.

Nurses who choose not to be involved:

Under the conditions listed above, nurses may decline to be present when patients are ingesting medication to end their lives. In this situation, the nurse should:

- Request to be relieved from providing care on the basis of conscientious objection;
- Continue to provide standard supportive and palliative care to ensure the patient's comfort and safety and avoid abandonment.
- Withdraw only when assured that alternative sources of care are available for the patient and care has been responsibly transferred to another provider;
- Maintain confidentiality;
- Reflect on self-presentation and the development of a non-judgmental stance to ensure patients feel respected despite differences in values
- Be involved in policy development within the health care institution and community.

Nurses shall not:

- Administer the medication that will lead to the end of the patient's life;
- Breach confidentiality of patients exploring or choosing assisted suicide;
- Subject patients or families to disrespectful, judgmental comments or actions because of their decision to choose aid-in-dying
- Subject colleagues to disrespectful comments or actions due to their decision to continue to provide care to a patient who has chosen aid-in-dying;
- Abandon or refuse to provide comfort and safety measures to patients.

Institutional Policy Constraints:

If institutional policies prohibit staff from participating in the aid-in-dying process with interested patients, the NCQAC recommends that the patient be referred to their attending physician, the Washington State Department of Health and/or the patient rights organization, End of Life Washington, to obtain information and initiate the legal process.

Conclusion

Providing care throughout the dying process to patients choosing to end their life through the Death with Dignity Act is within the nursing scope of practice and does not violate any professional norms. However, nurses exploring their obligations to the dying are confronted with a complex set of considerations. Aid-in-dying is legal in the State of Washington. Professional nursing standards require that nurses treat the dying with compassion and avoid abandonment. Individual agencies may have policies that limit nurses' participation in end-of-life care. Individual nurses may have deeply held moral beliefs. All these factors need to be weighed as the nurse decides how to pursue a particular course of action. Nurses must make a choice that is congruent both with their professional obligations and their own moral integrity.

References

American Nurses Association (ANA) – The Nurse's role when a patient requests medical aid in dying. (2019): https://www.nursingworld.org/~49e869/globalassets/practiceandpolicy/nursing-excellence/ana-position-statements/social-causes-and-health-care/the-nurses-role-when-a-patient-requests-medical-aid-in-dying-web-format.pdf

Brock D. W. (2008). Conscientious refusal by physicians and pharmacists: who is obligated to do what, and why? *Theoretical Medicine and Bioethics, 29,* 187-200.

Campbell, C.S. and Black, M.A. (2013). Dignity, Death, and Dilemmas: A Study of Washington Hospices and Physician-Assisted Death: https://www.jpsmjournal.com/article/S0885-3924(13)00270-4/abstract

Death with Dignity National Center: https://www.deathwithdignity.org/about/

End of Life Washington: https://endoflifewa.org/

Magelssen, M. (2012). When should conscientious objection be accepted? Journal of Medical Ethics, 38, 18-21.

Nursing Care Quality Assurance Commission Practice (NCQAC) Advisory Opinions: https://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/PracticeInformation

- Completion of Death Certificates by Advanced Registered Nurse Practitioners
  - Guideline – Completion of Death Certificates
- Death, Determination and Pronouncement by Licensed Practical Nurses
- Provider Orders for Life-Sustaining Treatment (POLST)
  - Frequently Asked Questions about POLST

Advisory Opinion: Death with Dignity (Aid-in-Dying): Role of the Nurse

Purpose

The advisory opinion clarifies and provides guidance about the roles and scope practice for the nurse in providing palliative and end-of-life care through the Washington Death with Dignity Act (Chapter 70.245 RCW).

Background

The Washington Death with Dignity Act (Chapter 70.245 RCW) allows an eligible individual with a terminal diagnosis and prognosis to legally request and obtain medications to end their life from the a licensed advanced registered nurse practitioner (ARNP), physician (MD), osteopathic physician (DO), or physician assistant (PA). WAC 246-978 Death with Dignity Requirements implement the law. A qualified patient may select the attending or qualified health care provider of the patient's choosing. If the patient selects the ARNP, the patient must also select an MD or DO to serve as the patient's consulting medical provider. The MD or DO and ARNP may not have a direct supervisory relationship with each other. See the Washington State Department of Health Death with Dignity Act webpage for common questions and answers containing general information about the Death with Dignity Act.

This lack of recognition of the direct and intimate role of nurses in the care of patients at the end-of-life leaves nurses in a potential moral quandary regarding their responsibilities to patients. Aid-in-dying is a new area of ethical concern about which public opinion and public policy has evolved quite rapidly such that professional organizations and individual clinicians are still evolving their positions. The situation is exacerbated by the role of most nurses as employees of health care institutions that may have additional policies regarding aid-in-dying. Unlike physicians and ARNPs who often act as independent practitioners outside their association with an institution, most nurses practice solely under the auspices of their employer. Additionally, nurses have their own personal beliefs about the ethical acceptability of aid-in-dying and their own willingness to be involved. Across the profession, there is a wide range of views that need to be accommodated. Nurses are challenged to define their practice while negotiating the space among these personal, professional, institutional, and legal constraints.

The American Nurses Association's (ANA) position statement, The Nurse's Role when a Patient Requests Medical Aid in Dying (2019), clarifies many of the questions nurses are asking. The position of the ANA is that although nurses are strictly prohibited by law from prescribing or administering aid-in-dying medications, they nonetheless have an obligation to provide all other appropriately supportive care to patients at the end-of-life. This care includes providing objective information, managing distressing symptoms, coaching family and care providers in the management of patient care, and remaining engaged, non-judgmental, and attentive to the evolving needs of the dying and their families. They further suggest that nurses have an obligation to not only be knowledgeable about this issue, but also to be engaged in public policy conversations and research to further explore its merits and consequences.

This position is aligned with the ANA's *Code of Ethics for Nurses* (2015) and *Nursing: Scope and Standards of Practice* (2015). For example, the ANA argues that nurses are not "actively participating" in aid-in-dying when providing information, supporting discussion, or being present with a patient. Instead, all these actions are the nurse's ethical "response to the patient's quality-of-life self-assessment" (p. 3) consistent with Interpretive Statement 1.4 of the *Code* that nurses "should provide interventions to relieve pain and other symptoms in the dying patient consistent with palliative care practice standards and may not act with the sole intent to end life" (ANA, 2015, p. 3). This is a significant departure from the previous ANA position statement aid-in-dying of 2013 that prohibited participation by nurses in aid-in-dying.

This advisory opinion will not reiterate the positions taken in the ANA statement but refers readers to that document for further exploration. Nor does this opinion take a position on the essential question of the acceptability of aid-in-dying itself. Aid-in-dying is legal in Washington State and, as such, nurses need to be prepared to provide care in this context. The context requires consideration of two issues not fully addressed in the ANA statement: employer restrictions on nursing practice and conscientious objection.

Employer Restrictions on Nursing Practice

Washington state law allows employers to establish policy related to the implementation of aid-in-dying within their institutional boundaries (which may include both in-patient, out-patient, and homecare settings). Most in-patient settings restrict patients from ingesting medications that will end their lives; policies for outpatient and homecare settings are more variable and evolving.

A study in the *Journal of Pain and Symptom Management* (JPSM), Dignity, Death, and Dilemmas: A Study of Washington Hospices and Physician-Assisted Death (2014), summarizes the content of hospice policies in Washington State. Examples of policies include:

- Restricting or allowing staff to be present at the time of patient self-administration of the medication, as well as the duration between ingestion and death.
- Restricting or allowing staff involvement with the process to obtain life-ending medication.
- Restricting or providing information about the law.
- Preventing or allowing a patient from ingesting a lethal dose of medication on the premises of a health care facility.
- Requiring, encouraging, or discouraging the participation of LPNs, RNs, or ARNPs in the process.
- Restricting or allowing initiating communication and notification of the patient's attending physician.
- Restricting or allowing staff to witness necessary legal documents.

Health care institutions may legitimately create policies that are consistent with their philosophy and mission. Health care entities are prohibited, however, from limiting the provision of information about Washington's Death with Dignity Act or information about what relevant resources are available or how to access those resources. RCW 70.03.020.

The most common and ethically defensible limitation is to not allow nurses to be present at the time of medication administration. This restriction has several advantages. Since nurses are legally constrained from administering the life-ending medications, the policy prevents nurses from being pressured by patients or families to assist in administration—an act that in any other circumstance would be well within the nurse's scope of practice. Additionally, it allows nurses who are ethically opposed to aid-in-dying to avoid needing to explicitly opt-out of this most active participation in the process. For nurses who would be comfortable participating at this stage, it also prevents them from providing support to the patient and family at a critical moment in the dying trajectory. Nurses, particularly hospice and home care nurses, often develop significant empathetic relationships with patients and families over the course of their care and absence at this time can potentially be experienced by the patient as professional abandonment. This is a significant departure from the standard hospice commitment to non-abandonment and the promise to witness with the patient through the dying process. While

physicians and ARNPs may choose to practice as independent providers at times like this and be present despite institutional policies, nurses choosing to be present outside their nursing role risk violating professional boundaries. Again, nurses need to decide for themselves whether the restrictions on practice imposed by institutional policies are aligned with their vision of professional practice.

Institutional policies that further restrict nursing practice, such as limiting the nurse's ability to provide objective and non-judgmental information about legal options or provide counseling and emotional support as the patient thinks through their end-of-life decisions are ethically problematic in that they significantly impinge on nursing scope of practice and professional standards of care. In 2020, the Washington legislature clarified that a health care entity may not limit a health care provider's provision of information about and regarding Washington's death with dignity act, Chapter RCW 70.245, information about what relevant resources are available in the community, and how to access those resources for obtaining care of the patient's choice. A health care entity may not discharge, demote, suspend, discipline, or otherwise discriminate against a health care provider for providing such information. RCW 70.03.020.

Conscientious Objection

It is broadly accepted that aid-in-dying is a situation in which a nurse may appeal to conscientious objection to avoid acting in a manner that is contrary to their own moral values. While ensuring that patients receive the beneficial care they desire is a fundamental ethical value, it is necessarily balanced by the right of health care providers to maintain their own moral integrity (Magelssen, 2011). "Having moral integrity implies having an internally consistent set of basic moral ideas and principles and being able to live and act in accordance with these" (Magelssen, 2011, p. 18). When a nurse finds that actively participating in aid-in-dying conflicts with deeply held values and judgments, it is reasonable to consider this objection. (Deeply held values are contrasted with those which are capricious, arbitrary, or situationally convenient.)

Although there are multiple formulations of the criteria such objections must meet, Brock (2008) delineates three criteria:

1) The patient is informed of the full range of care options.
2) The patient must be referred to another provider who can provide the services.
3) The refusal must not create an undue burden on the patient.

The Death with Dignity Initiative explicitly does not require physicians to refer patients requesting aid-in-dying to another provider.

Conscientious objection applies to specific actions, not to patients. Such objections cannot be raised to avoid providing general nursing care for a patient, but only to withdraw from participating in a specific action. For example, in the common example of abortion, a nurse may decline to participate in actively implementing a surgical abortion procedure but may not decline to provide post-operative care to that patient. Conscientious objection cannot be used as a claim to refuse to care for a patient based on their social standing, beliefs, or preferences, nor on the bias or prejudice of the nurse.

This suggests that the only activity nurses may request to avoid is being present when patients are ingesting the medications that will end their lives. Given that so many institutions already restrict nurses from being present anyway, this significantly limits the instances in which nurses may reasonably claim conscientious objection to avoid providing care to a patient. However, nurses should be attentive to their own self-presentation and their ability to provide compassionate and non-judgmental care to a patient who is making a decision that is contrary to their deeply held beliefs. If other staff are reasonably available and can substitute for the objecting nurse, it may benefit both the patient and the nurse to make this change. Such an accommodation, however, does not remove the obligation of the nurse to reflect on the opportunity for developing a more empathetic and patient-centered stance.

Statement of Scope

Nurses are accountable and responsible for providing compassionate and comprehensive care to all patients, regardless of their end-of-life choices. Nurses may decline active participation in the implementation of aid-in-dying, but they remain responsible for the full scope of end-of-life care including providing information, symptom management, and other palliative or end-of-life interventions.

The NCQAC determines that in addition to all standard nursing care the following behaviors are consistent with the standard of care when providing nursing care to patients who have chosen to end their own life:

- Empathetically explore end-of-life options with the patient and family and link them to services, other health care providers or resources to meet their needs;
- Explain the law as it currently exists;
- Maintain confidentiality about the end-of-life decision-making;
- Provide palliative care for the patient, including administration of medications and treatments for pain and symptom management.;
- Follow Portable Orders for Life Sustaining Treatment (POLST)/advanced directives;
- Determine and pronounce death;
- Collaborate and consult with health care team members;
- Understand the ethical and moral dilemmas related to aid-in-dying
- Understand professional organizations' positions related to aid-in-dying;
- Reflect on personal and professional values and request accommodation on the basis of conscientious objection if needed;
- Understand the employer philosophy, policies, and procedures related to end-of-life decisions and aid-in-dying;
- Understand institutional policy regarding the presence of nurse when a patient self-administers a prescribed lethal dose of medication;
- Be involved in policy development within the health care institution and the community.

Nurses who choose not to be involved:

Under the conditions listed above, nurses may decline to be present when patients are ingesting medication to end their lives. In this situation, the nurse should:

- Request to be relieved from providing care on the basis of conscientious objection;
- Continue to provide standard supportive and palliative care to ensure the patient's comfort and safety and avoid abandonment.
- Withdraw only when assured that alternative sources of care are available for the patient and care has been responsibly transferred to another provider;
- Maintain confidentiality;
- Reflect on self-presentation and the development of a non-judgmental stance to ensure patients feel respected despite differences in values
- Be involved in policy development within the health care institution and community.

Nurses shall not:

- Administer the medication that will lead to the end of the patient's life;
- Breach confidentiality of patients exploring or choosing assisted suicide;
- Subject patients or families to disrespectful, judgmental comments or actions because of their decision to choose aid-in-dying
- Subject colleagues to disrespectful comments or actions due to their decision to continue to provide care to a patient who has chosen aid-in-dying;
- Abandon or refuse to provide comfort and safety measures to patients.

Institutional Policy Constraints:

If institutional policies prohibit staff from participating in the aid-in-dying process with interested patients, the NCQAC recommends that the patient be referred to their attending physician, the Washington State Department of Health and/or the patient rights organization, End of Life Washington, to obtain information and initiate the legal process.

Requirements and Recommendations

Providing care throughout the dying process to patients choosing to end their life through the Death with Dignity Act is within the nursing scope of practice and does not violate any professional norms. However, nurses exploring their obligations to the dying are confronted with a complex set of considerations. Aid-in-dying is legal in the State of Washington. Professional nursing standards require that nurses treat the dying with compassion and avoid abandonment. Individual agencies may have policies that limit nurses' participation in end-of-life care. Individual nurses may have deeply held moral beliefs. All these factors need to be weighed as the nurse decides how to pursue a particular course of action. Nurses must make a choice that is congruent both with their professional obligations and their own moral integrity.

References and Resources

- RCW 18.79 Nursing Care
- WAC 246-840 Practical and Registered Nursing
- Support for Practicing Nurses | Washington State Board of Nursing
    - Practice Guidance | Washington State Board of Nursing
    - Practice Information | Washington State Board of Nursing
- Death with Dignity Act | Washington State Department of Health
    - Washington Death with Dignity Act Chapter 70.245 RCW
    - Death with Dignity Act Requirements Chapter 246-978 WAC
- ANA Position Statement: The Nurse's Role When a Patient Requests Medical Aid in Dying | OJIN: The Online Journal of Issues in Nursing (nursingworld.org)
- Dignity, Death, and Dilemmas: A Study of Washington Hospices and Physician-Assisted Death - Journal of Pain and Symptom Management (jpsmjournal.com)
- Death With Dignity National Center | End-Of-Life Advocacy and Policy Reform
- End of Life Washington - Your life. Your death. Your choice.
- Brock D. W. (2008). Conscientious refusal by physicians and pharmacists: who is obligated to do what, and why? *Theoretical Medicine and Bioethics, 29,* 187-200.
- Magelssen, M. (2012). When should conscientious objection be accepted? Journal of Medical Ethics, 38, 18-21.

Nursing Scope of Practice

Advisory Opinion Request Summary

Date: 9/8/2023

Advisory Opinion Question/Problem Statement

The issue of informed consent and the nurse's scope of practice, role, and responsibility is a frequent question the Nurse Practice Team receives as well as arising in discipline cases, for example in performing cosmetic procedures, surgical procedures, blood transfusions, infusions (PICC line insertions). The Washington State Board of Nursing (WABON) does not currently have an advisory opinion or other guidance documents about informed consent. The Consistent Standards of Practice Subcommittee is requesting permission to develop an advisory opinion on Informed Consent.

Statutes and Regulations Review

The nursing laws and rules are silent about the nursing scope of practice, roles, and responsibilities for registered nurses (RNs) and licensed practical nurses (LPNs).

RCW 7.70.060 requires health care providers to obtain informed consent. The overall law defines the term health care provider broadly. The definition (RCW 7.70.020) of a health care provider includes an advanced registered nurse practitioner (ARNP) and nurse (not specific to RN or LPN). Requirements include:

- Nature and character of proposed treatment
- Anticipated results of proposed treatment
- Possible alternative forms of treatment
- Possible risks, complications, and anticipated benefits of the treatment or alternative forms of treatment, including non-treatment
- A statement that patient elects not to be informed of the elements (if applicable)

The physician rules define the requirements for informed consent when performing cosmetic procedures.

> ***WAC 246-919-605*** Use of laser, light, radiofrequency, and plasma devices as applied to the skin
> Physician must obtain informed consent including that a non-physician may perform the procedure to administer medications or substances for cosmetic purpose or the use of prescriptive devices for cosmetic purposes.
> WAC 246-919-606 Nonmedical cosmetic procedures
> The rules define what is required including informed consent. Physician must obtain a consent form prior to treatment that lists foreseeable side effects and complications, and the identity and license of the delegate or delegates who will perform the procedure.

Other laws include:

RCW 7.70.050: Failure to secure informed consent—Necessary elements of proof—Emergency situations. (wa.gov)
RCW 7.70.065: Informed consent—Persons authorized to provide for patients who do not have capacity—Priority—Unaccompanied homeless minors. (wa.gov)
Patient Rights Guidelines (wa.gov)

Other States

Informed Consent-Arizona Board of Nursing July 31, 1996
Cosmetic and Dermatologic Procedures and Informed Consent-Massachusetts Board of Nursing
Cosmetic Procedures-Informed Consent-Nevada State Board of Nursing
Informed Consent-New Hampshire Board of Nursing

Research and Literature Review

Informed consent is the process in which a health care provider educates a patient about the risks, benefits, and alternatives of a given procedure or intervention. The patient must be competent to make a voluntary decision about whether to undergo the procedure or intervention. Informed consent is a legal and ethical obligation of health care providers.

In some situations, it is appropriate for the nurse to undertake the consent process in a primary role. Examples may include (but not limited to) insertion of a PICC line, transfusion of blood or blood products, sigmoidoscopy, radiology procedures, and research/clinical trials.

The Role of the Nurse in Informed Consent to Treatments: An Observational-Descriptive Study in the Padua Hospital - PMC (nih.gov)

Standards of Care

There is very little re: the standards of care for informed consent and the nurse's scope, roles, and responsibilities. In most situations, the nurse is not functioning in the primary role of performing or ordering provider for a particular procedure but may act as witness and provide educational aspects of the consent process. Facility requirements also apply. The witness must be impartial and must sign and date the consent from at the time the consent process occurs. A signature of the witness means:

- The requirements for informed consent have been satisfied
- Consent is voluntary and freely given by the patient.

Statements and Opinions of Professional Groups

Informed Consent-Joint Commission
Informed Consent: NCLEX-RN (registerednursing.org)
Quick Safety 21: Informed consent: More than getting a signature (April 2022) | The Joint Commission
Informed consent for nursing care - ANA Ethics Board (myamericannurse.com)
Obtaining informed consent (cno.org)
10.I.J.2. Written consent obtained before surgery | AORN eGuidelines+ (aornguidelines.org)
Informed Consent for Blood Transfusion (aabb.org)

Training and Competency Information

Nurses need to be knowledgeable about their scope, roles and responsibilities for obtaining informed consent and the laws/rules governing the facility/area in which they practice.

Practice Issues, Concerns, and/or Controversies

There may be issues involving the nurse's role when another provider obtains the consent. We get many questions about whether the nurse should witness a document when they were not involved in educating the patient when the practitioner provided education/information about the procedure. There may be controversies over who should get informed consent for specific procedures.

Potential Partners and Stakeholders

Partner/Stakeholder	Website
Washington State Nurses Association	Washington State Nurses Association - WSNA
Department of Social and Health Services	Washington State Department of Social and Health Services | Transforming Lives
School Nurses of Washington	Home - School Nurse Organization of Washington
Puget Sound Oncology Nurses Society	PSONS
School Nurse Corps Administrators	School Nurse Corps | OSPI (www.k12.wa.us)
Washington State Council of Perioperative Nurses	The Washington State Council of Perioperative Nurses | Nursing Network
Washington State Dermatology Association	About Us - WSDA (washingtonderm.org)
ARNPs United	The ARNPs United of Washington State | ENP Network
Mary Mahoney Nurses Organization	Welcome to the MMPNO 2023 Scholarship Celebration - Mary Mahoney Professional Nurses Organization
WA State Department of Health HSQA Facility Licensing Programs	Facilities New, Renew or Update | Washington State Department of Health

References and Resources

See above

In State Nursing Assistant Program Survey

Introduction

Thank you for participating in Washington State's Nursing Assistant Program Survey as part of the required 2024 renewal process (WAC 246-841-420(3)).

Please complete the survey with your Nursing Assistant Program renewal form **no later than April 1, 2024.**

The data from this survey will provide important data related to training demand, training capacity, and training and workforce trends. We believe this information will be helpful to training programs, employers, and policy-makers.

The accuracy of the final report depends on the accuracy of the data you provide. The final report will combine data from all programs and be available on the Nursing Commission's website. The Commission generally does not publish the data of individual programs. However, information collected via this survey may be subject to release in accordance with RCW 42.56 (Public Records Act).

Program Directors may delegate data reporting to another staff member but will need to forward their unique link to that staff member.

Your feedback is important. Thank you for your participation and ongoing efforts to providing quality nursing assistant education in Washington State.

1. Program name:

2. Program Director Name:

3. Program Type (Choose one):

- Nursing Home
- Private
- High School (K-12 System)
- Skills Center (K-12 System)
- College
- Hospital
- Other

4. Training type(s) offered (check all that apply) and program number for each:

Traditional Nursing Assistant	If yes, program number
Home Care Aide Bridge	If yes, program number
Medical Assistant Bridge	If yes, program number

Medication Assistant Endorsement Certification If yes, program number

5. What types of learning modalities does the program offer for Classroom Theory Teaching? (Select all that apply)

In-Person Only

Hybrid (In-Person and Online Mixed)

Live Online (Synchronous)

Online with Asynchronous Elements

6. Approximately what percentage of your Classroom Theory content is online?

Nursing Assistant Instructors

7. Identify the total number of instructors currently employed in your program:

8. Identify the total number of open instructor positions currently available in your program:

9. For each instructor currently employed in your program, enter the totals:

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Multi-Racial

Other

10. For each instructor currently employed in your program, enter the totals:

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

11. For each instructor currently employed in your program, enter totals for each age group:

30 or younger

31-40

41-50

51-55

56-60

61-65

66-70

71 or older

Missing / Unknown

12. For each instructor currently employed in your program, enter totals:

Female

Male

Other / Unknown

13. Provide the highest level of education for each instructor currently employed in your program:

LPN

Diploma in Nursing RN

Associate Degree in Nursing

Baccalaureate degree in nursing

Master's degree in Nursing

14. How many of your instructors are projected to retire in the next five (5) years?

15. How many instructors are currently in their first year of employment with your program?

16. If your program has been established for two years: In the last two years, how many instructors have resigned?

17. If your program has been open at least one year, but not two years: In the last year, how many instructors have resigned?

Indicate the program types that are addressed in separate sections below: Traditional, Home Care Aide Alternative/Bridge, Medical Assistant Alternative/Bridge, and Medication Assistant Certification Endorsement (MACE).

Traditional Nursing Assistant

During the 2022-2024 renewal period :

18. How many students started the program?

19. How many students voluntarily withdrew for any reason from the program?

20. How many students did not pass for any reason?

21. Total number of individuals who completed the program during the 2022-2024 renewal period:

Demographics of Students Completing the Program

22. For students **who completed** the program during the 2022-2024 renewal period, enter totals:

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Multi-Racial

Other

23. For students **who completed** the program during the 2022-2024 renewal period, enter totals:

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

24. For students **who completed** the program during the 2022-2024 renewal period, enter totals:

Female

Male

Other / Unknown

25. For students **who completed** the program during the 2022-2024 renewal period, enter totals in each age group:

17-20

21-25

26-30

31-40

41-50

51-60

61 and older

Missing / Unknown

26. For students **who completed** the program during the 2022-2024 renewal period, enter the number that are English language learners:

Home Care Aide Bridge

During the 2022-2024 renewal period:

27. How many students started the program?

28. How many students voluntarily withdrew for any reason from the program?

29. How many students did not pass for any reason?

30. Total number of individuals who completed the program during the 2022-2024 renewal period:

Demographics of Students Completing the Program

31. For students **who completed** the program during the end of the 2022-2024 renewal period, enter totals:

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Multi-Racial

Other

32. For students **who completed** the program during the 2022-2024 renewal period, enter totals:

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

33. For students **who completed** the program during the 2022-2024 renewal period, enter totals:

Female

Male

Other / Unknown

34. For students **who completed** the program during the 2022-2024 renewal period, enter totals for each age range:

17-20

21-25

26-30

31-40

41-50

51-60

61 and older

Missing / Unknown

35. For students **who completed** the program during the 2022-2024 renewal period, enter the number that are English language learners:

Medical Assistant Bridge

During the 2022-2024 renewal period:

36. How many students started the program?

37. How many students voluntarily withdrew for any reason from the program?

38. How many students did not pass for any reason?

39. Total number of individuals who completed the program during the 2022-2024 renewal period:

Demographics of Students Completing the Program

40. For students **who completed** the program during the 2022-2024 renewal period, enter totals:

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Multi-Racial

Other

41. For students **who completed** the program during the 2022-2024 renewal period, enter totals:

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

42. For students **who completed** the program during the 2022-2024 renewal period, enter totals:

Female

Male

Other / Unknown

43. For students **who completed** the program during the 2022-2024 renewal period, enter totals for each age range:

17-20

21-25

26-30

31-40

41-50

51-60

61 and older

Missing / Unknown

44. For students **who completed** the program during the 2022-2024 renewal period, enter the number that are English language learners:

Medication Assistant Endorsement Certification

During the 2022-2024 renewal period:

45. How many students started the program?

46. How many students voluntarily withdrew for any reason from the program?

47. How many students did not pass for any reason?

48. Total number of individuals who completed the program during the 2022-2024 renewal period:

Demographics of Students Completing the Program

49. For students **who completed** the program during the 2022-2024 renewal period, enter totals:

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Multi-Racial

Other

50. For students **who completed** the program during the 2022-2024 renewal period, enter totals:

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

51. For students who completed the program during the 2022-2024 renewal period, enter totals:

Female

Male

Other / Unknown

52. For students who completed the program during the 2022-2024 renewal period, enter totals for each age range:

17-20

21-25

26-30

31-40

41-50

51-60

61 and older

Missing / Unknown

53. For students **who completed** the program during the 2022-2024 renewal period, enter the number that are English language learners:

Closing - for all programs

54. Who should we contact for clarification:

Name

Title

Phone

Email

55. If you would like to receive email confirmation of your submission with a copy of your responses, please enter your email address in the space below.

56. Do you have any additional comments or feedback on this survey?

If you have any questions or concerns, please contact emma.cozart@doh.wa.gov.

Discipline Dashboard

SEPTEMBER 7, 2023

EMMA COZART

MARY SUE GORSKI

Data Sources

Disciplinary Actions

Complaints

Demographic data of nurses with discipline

All Disciplinary Actions and STIDs

Click for more information

Disciplinary Actions Taken

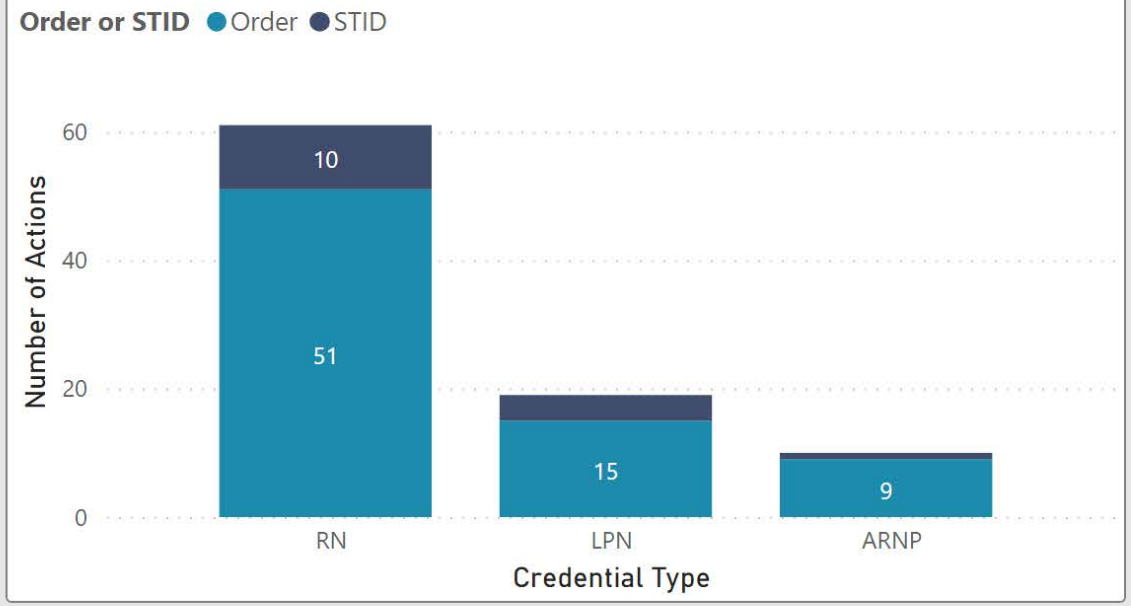
Washington State's Board of Nursing NCQAC Nursing Care Quality Assurance Commission

Year: 2023

Actions Completed During Year

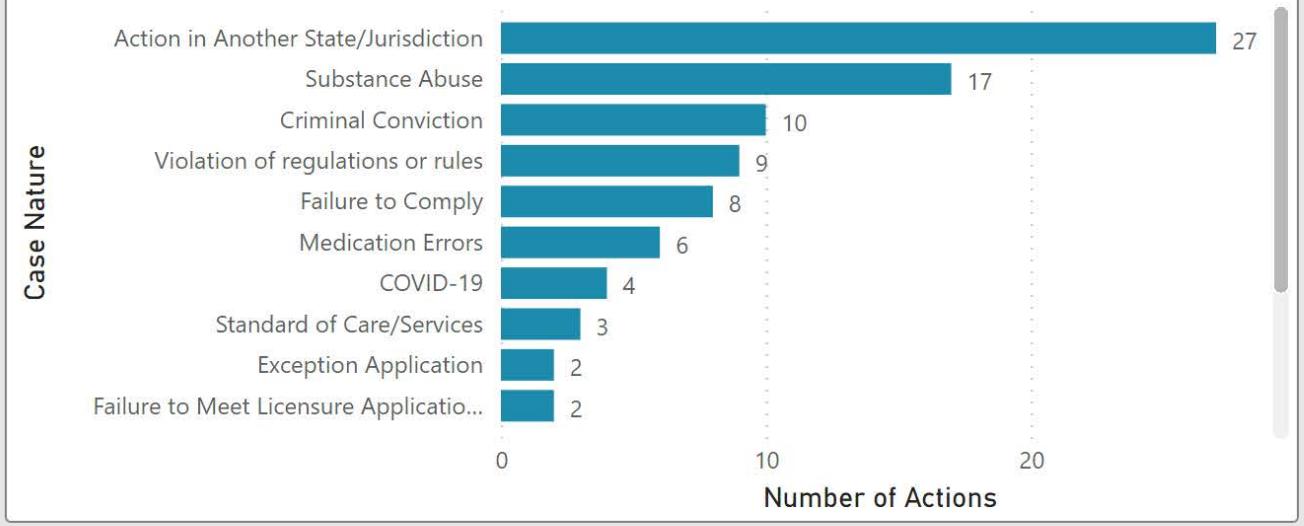
90

Disciplinary Actions Taken by License Type



License Type	Total Actions	Number of Active Nursing Licenses	% of Actions vs Licenses
ARNP	10	13,222	0.08%
LPN	19	10,863	0.17%
RN	61	123,583	0.05%
Total	**90**	**147,668**	**0.06%**

Actions Taken by Nature of the Allegation



Actions Taken by Proven Issues

Click for more information

Complaints Received

Washington State's Board of Nursing NCQAC Nursing Care Quality Assurance Commission

Year: 2023

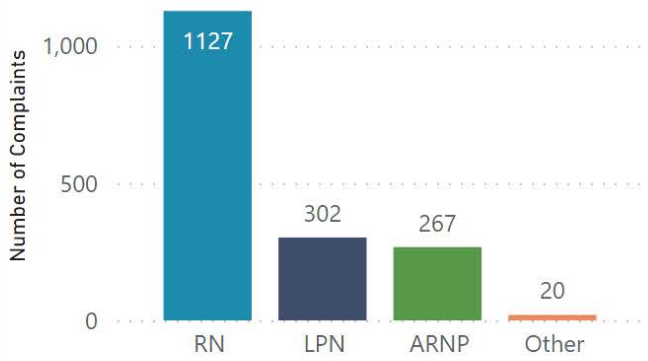
Complaints Received During Year

1,716

Ratio of Actions to Complaints in Year

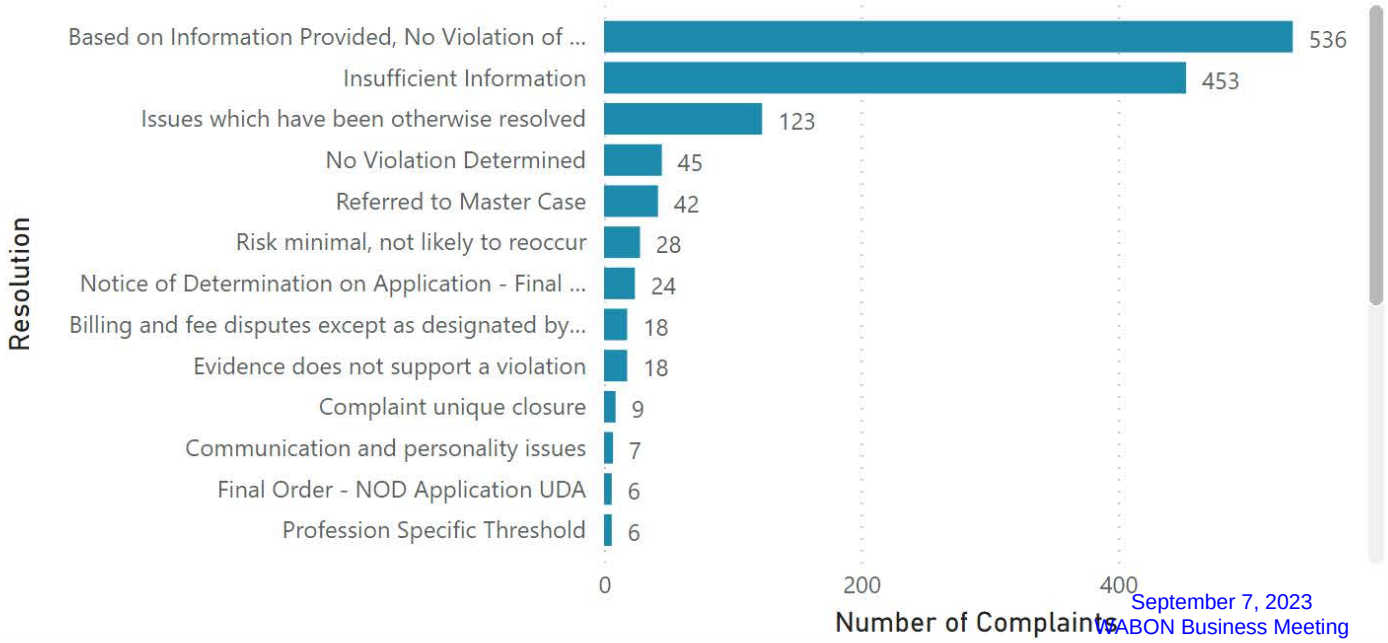
5.24%

Complaints by Receiving Profession Type

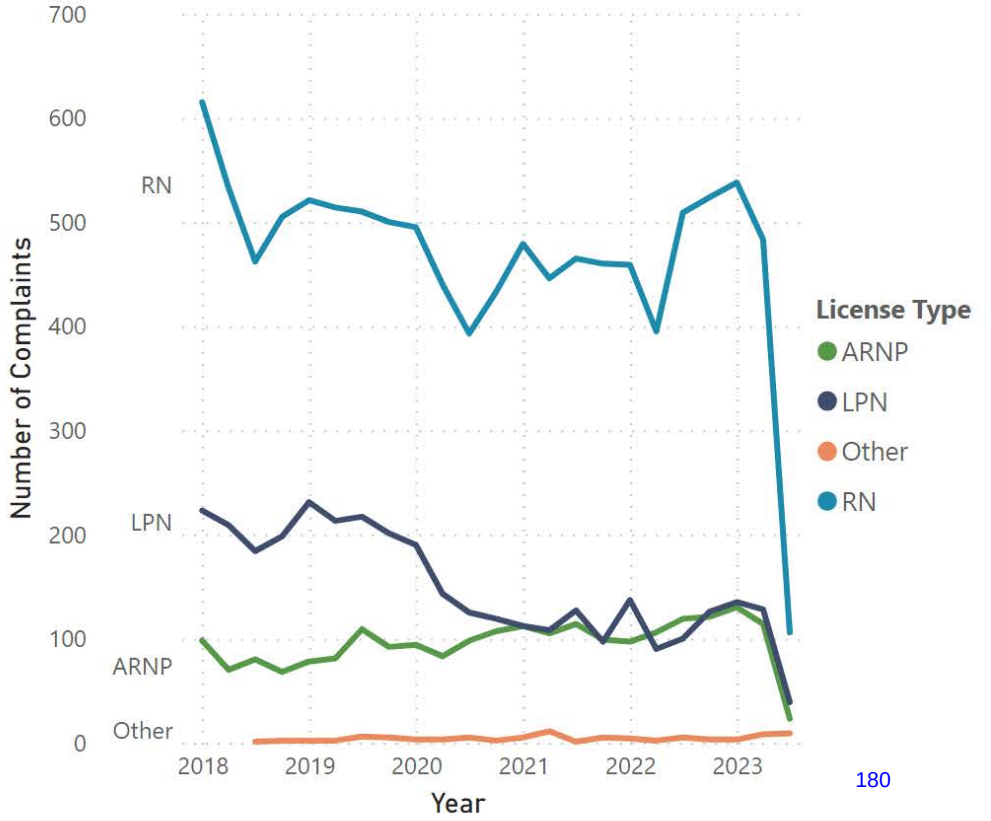


License Type	Total Complaints	Number of Active Nursing Licenses	% of Complaints vs Licenses
RN	1,127	123,583	0.91%
LPN	302	10,863	2.78%
ARNP	267	13,222	2.02%
Total	**1,716**	**147,668**	**1.16%**

Resolution of Complaints



Number of Complaints Received Over Time (2018-2023)



Click for more information

Workforce Data of Nurses with Discipline, 2018-2023

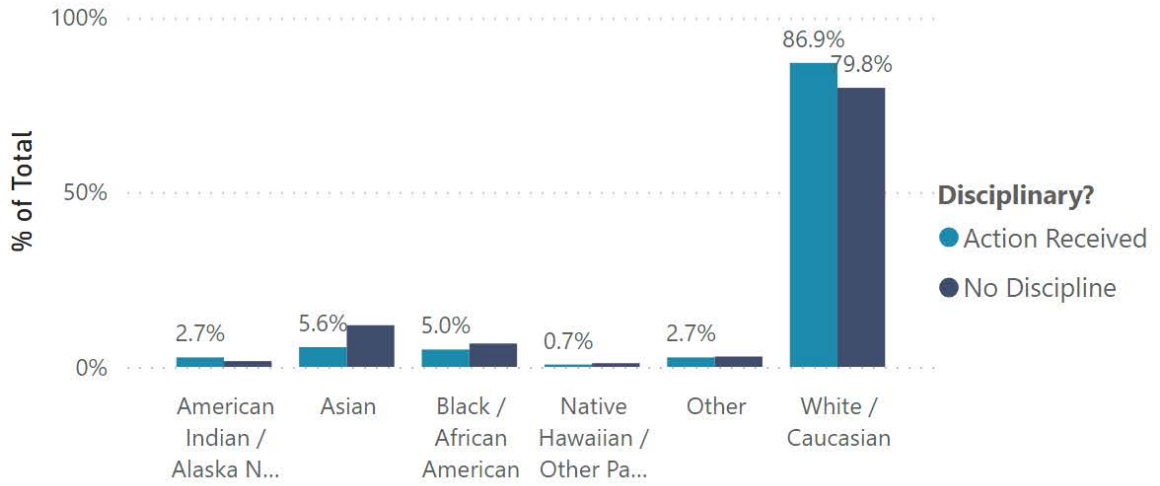
Washington State's Board of Nursing NCQAC Nursing Care Quality Assurance Commission

Demographics

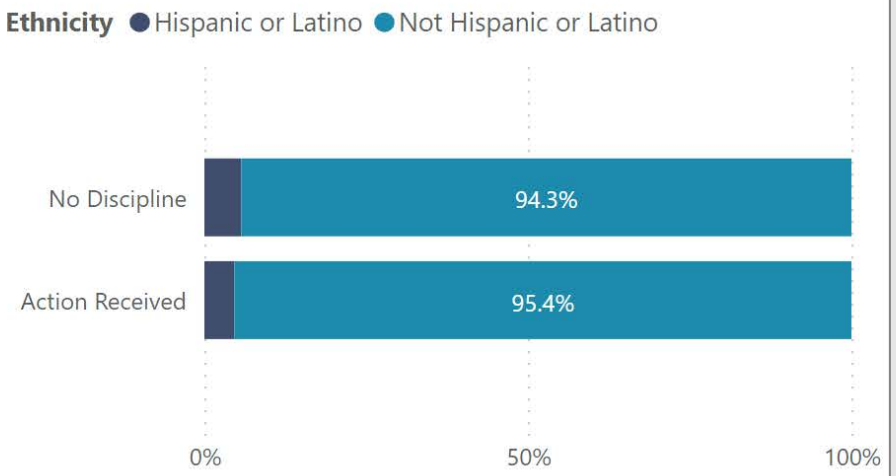
Licensure and Education

Employment

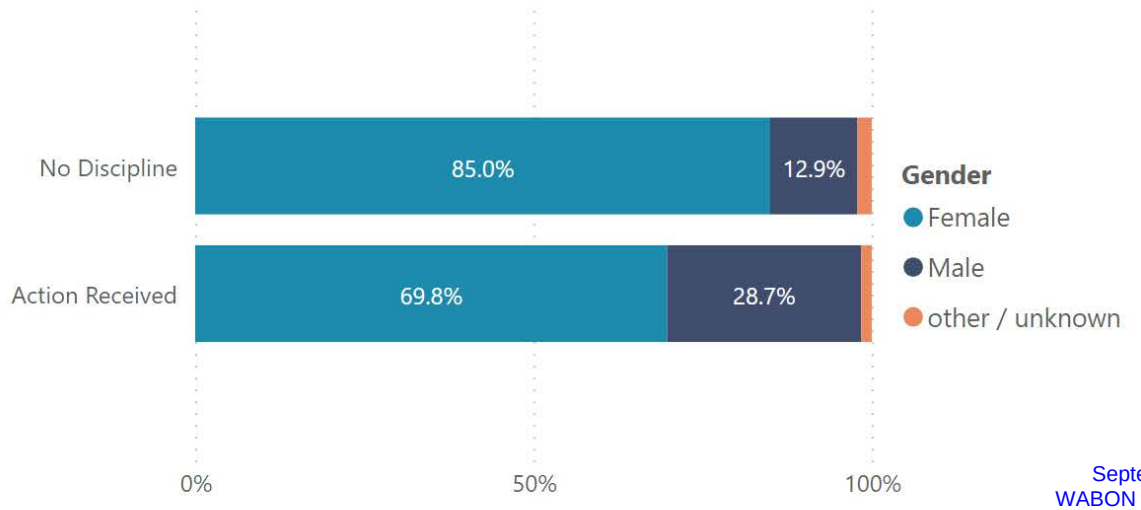
Race of Nurses with Disciplinary Actions



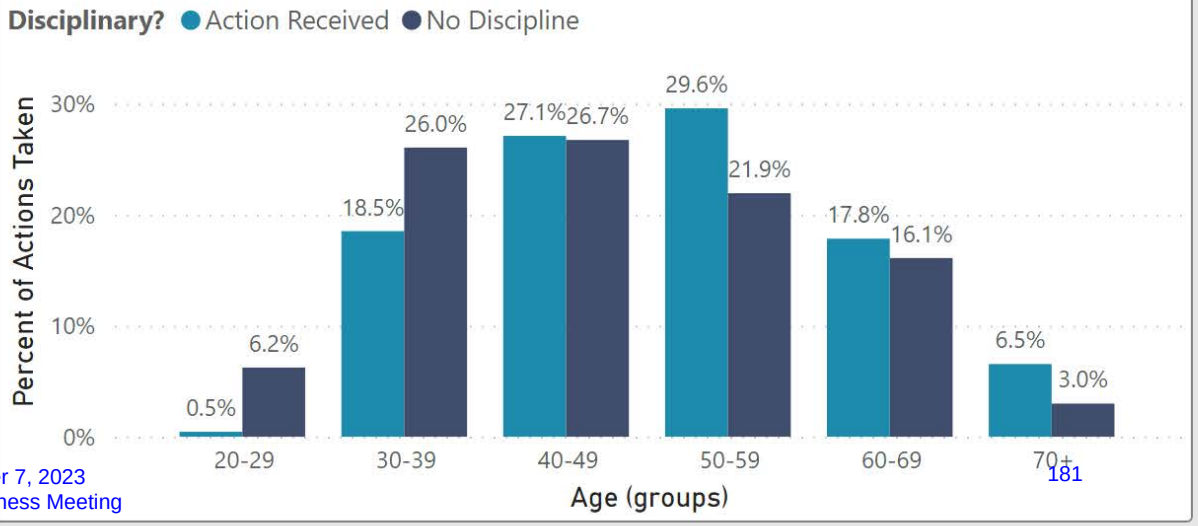
Ethnicity of Nurses with Disciplinary Actions



Gender Distribution of Nurses With and Without Disciplinary Action



Age of Nurses with Disciplinary Actions



Click for more information

All Disciplinary Actions and STIDS

Year: 2023

Order or STID
- [x] Order
- [x] STID

Credential Type
- [x] Select all
- [x] ARNP
- [x] LPN
- [x] RN

Completed Date	Respondent	Credential Type	ARNP Subgroup	Credential #	Order or STID	Action Item
Monday, July 24, 2023	David D Primm	RN		RN00168794	Order	Order on Reinstatement
Monday, July 24, 2023	Toinette E Huff	RN		RN60529854	STID	STID Served Compliance Conditions
Thursday, July 13, 2023	Sandra Kay Donato	RN		RN00116820	Order	Default Order No Compliance
Tuesday, July 11, 2023	Elvia G Lothrop	RN		RN60023184	Order	Order Served
Friday, June 30, 2023	Shawntea G. Hamilton	LPN		LP61033790	Order	Default Order No Compliance
Thursday, June 29, 2023	Schantelle Louise Lieber	LPN		LP61315321	Order	Agreed Order Compliance
Thursday, June 29, 2023	Amy K Ross	LPN		LP00050636	Order	Order on Reinstatement
Thursday, June 29, 2023	Kelly Ann Rifenbury	RN		RN60740917	STID	STID Served Compliance Conditions
Thursday, June 22, 2023	Connie Lee Buck	ARNP	NP	AP60794627	Order	Agreed Order Compliance
Thursday, June 22, 2023	Connie Lee Buck	RN		RN60796613	Order	Agreed Order Compliance
Thursday, June 22, 2023	Ashia Lray Jones	LPN		LP60955825	Order	Default Order No Compliance
Thursday, June 22, 2023	Michael Ray McCarter	LPN		LP60832138	Order	Default Order No Compliance
Tuesday, June 20, 2023	Venita Anaiz Cerda	LPN		LP61390229	Order	NOD on APP UDA Final Order Compliance
Thursday, June 15, 2023	Karen Ann Price	RN		RN60181825	Order	Agreed Order Compliance
Thursday, June 15, 2023	Joseph Karl Wiser	RN		RN60635525	Order	Default Order No Compliance
Thursday, June 15, 2023	Michelle Shawn Segura-Sanchez	RN		RN61045000	STID	STID Served No Compliance
Thursday, June 08, 2023	Fareeda Pathan	RN		RN61351522	Order	NOD on APP UDA Final Order
Thursday, June 08, 2023	Crystal Lyn McGhee	LPN		LP60317840	STID	STID Served Compliance Conditions
Thursday, June 01, 2023	Janae Nichole McDaniel	RN		RN60182506	Order	Agreed Order Compliance
Thursday, June 01, 2023	Robert M Bright	LPN		LP60278117	STID	STID Served Compliance Conditions
Thursday, June 01, 2023	Robert M Bright	RN		RN60753869	STID	STID Served Compliance Conditions
Friday, May 26, 2023	Christine Elizabeth O'Connor	ARNP	NP	AP61056892	Order	Default Order No Compliance
Friday, May 26, 2023	Christine Elizabeth O'Connor	RN		RN60949723	Order	Default Order No Compliance
Tuesday, May 23, 2023	Colleen Marie Dorsten	RN		RN00176717	Order	Default Order No Compliance
Tuesday, May 23, 2023	Nikhil Narasappa	RN		RN61014021	Order	Default Order No Compliance
Tuesday, May 23, 2023	Chukwudi E Okeke	RN		RN61420485	Order	NOD on APP UDA Final Order Compliance

Closing

The discipline dashboard will be posted on the WABON website linked to Research and Discipline.

Thank you to Julie Benson, a DNP student and pro-tem Board member who has provided amazing input and suggestions to the discipline dashboard as part of her doctoral work.

Please send questions and suggestions to

Emma Cozart Emma.Cozart@doh.wa.gov or

Mary Sue Gorski Marysue.Gorski@doh.wa.gov

Washington State Department of HEALTH

ENGAGING NURSING PROFESSIONALS IN THE POWER OF PROVIDERS INITIATIVE

History

- Created in June 2021 under the directive of Governor Jay Inslee and Washington State Secretary of Health Umair Shah, MD, PhD to increase COVID-19 vaccinations.
- POP was endorsed by prominent health care associations representing 70,000+ providers.
- Today, over 4,500 individuals representing 70+ health care roles, both vaccinating and non-vaccinating.

Power of Provider Initiative

Vision and Mission

- Establish partnerships with trusted health care professionals to ensure the health and safety of our communities.
- Understand and overcome health care barriers and engage, educate, and empower patients.

Focus Areas

- Increase vaccinations by equipping providers with tools to confidently engage patient about COVID-19 vaccines.
- Nurture a sustainable, two-way relationship between health care providers and WA DOH.

As health care providers, you are the most trusted sources of health information in your communities.

- We encourage POP members to talk to each of their patients using the **SAVE** intervention:

SEEK: Seek your patients' COVID-19 vaccination status.

ASK/EDUCATE: If your patient isn't vaccinated, ask them about the vaccine and offer education if they're unsure.

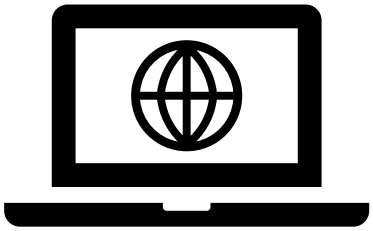
VACCINATE: If your patient agrees to vaccination, provide them with a COVID-19 vaccine or a referral to a location that provides COVID-19 vaccination.

EMPOWER: Empower your patients to share their vaccination status with the community.

Current Resources

- Order FREE patient handouts, posters, fact sheets, and more.
- POP Shop Order Form | Washington State Department of Health

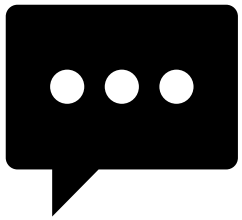
- E-newsletter with timely updates, resources and training opportunities.
- Featuring POP member stories in Provider Spotlights
- DOH.wa.gov/pop



- Web resources curated for members, including providers serving Spanish-speaking patients.
- COVID-19 Vaccine Information for Health Care Providers | Washington State Department of Health

Current Opportunities

- POP Advisory Group made up of various types of providers to help inform program direction and communicate provider needs.



- POP staff engage with providers across the state to learn about your experiences, challenges, and feedback for DOH

- Learn about topics related to COVID vaccine from your professional peers!
- Learn about upcoming topics, register, and view recordings, visit [doh.wa.gov/pop](doh.wa.gov/pop)

Peer-to-Peer Webinars

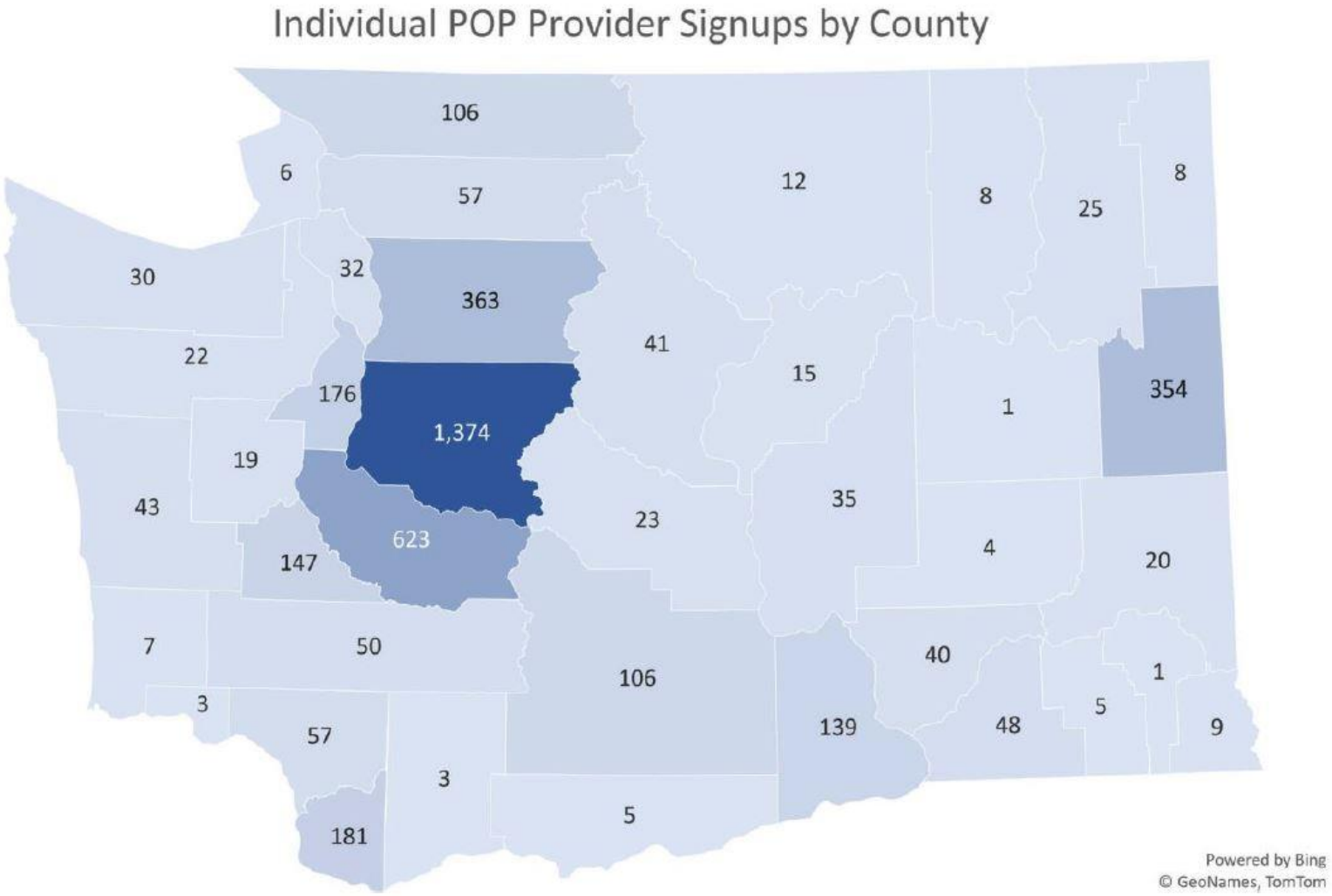
Now Offering Continuing Education Credits!

Gretchen LaSalle, MD, FAAFP

11/3: Vaccine Fatigue-Addressing the Elephant in the Room

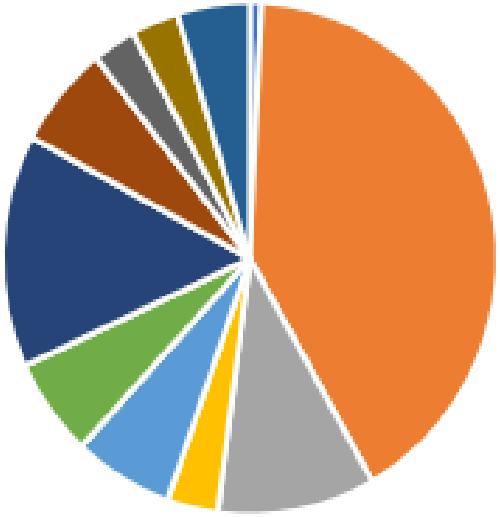
Kira Mauseth, PhD

10/18: COVID-19 Disaster Cascade Recovery Updates
11/10: Beyond Burnout & Resilience: Purpose and Adaptability for Providers
12/8: Beyond Burnout & Resilience: Connection and Hope for Providers



4,600 individual providers, 430+ organizations

Power of Providers
Professions Represented within Membership



- Acupuncture (34)
- Nurse/Nursing Assistant (1851)
- Behavioral Health/Counseling/Psychology (466)
- Dental (149)
- Home Care/Nursing Home Adminstration (294)
- Medical/Physician Assistant (281)
- Physician (Naturopathic/Osteopathic/Surgeon, etc) (664)
- Pharmacy (293)
- Physical/Occupational Therapy (128)
- Social Work (139)
- Other (214)

Who Can Join POP?

Any healthcare provider who engages with the public about COVID-19 vaccinations is eligible--the ability to educate and refer is as important as administering the vaccine!

Join Today

If you are not a member of the POP Initiative, learn more and please join today!

Share with others: POP Info Flyer (pdf)

Seeking Your Input!

- What are the best ways to reach and engage nursing professionals?
  - **Particularly those serving populations disproportionately affected by COVID-19:**
    - **Communities of color**
    - **Rural areas**
    - **Those living with disabilities**
    - **High risk like those over 65 or pregnant persons**
    - **Other populations affected by persistent poverty or inequality**
- What support do nursing professionals need in promoting COVID-19 and routine vaccinations?

Questions?

Additional thoughts? Please reach out and share!

- powerofproviders@doh.wa.gov
- (360) 236-2662
- www.doh.wa.gov/POP

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

SAVE

Seek • Ask/Educate • Vaccinate • Empower

SEEK

Seek your patients' COVID-19 vaccination status.

ASK/ EDUCATE

If your patient isn't vaccinated, ask them about the vaccine and offer education if they're unsure.

VACCINATE

If your patient agrees to vaccination, provide them with a COVID-19 vaccine or a referral to a location that provides COVID-19 vaccination.

EMPOWER

Empower your patients to share their vaccination status with the community.

Washington State Department of HEALTH

DOH 348-935 March 2023

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September 7, 2023
WABON Business Meeting

POWER OF PROVIDERS INITIATIVE

Power of Providers SAVE

Seek • Ask/Educate • Vaccinate • Empower

DOH.WA.GOV/POP

Washington State Department of HEALTH

WELCOME HEALTH CARE PROFESSIONALS!

In 2021 the Washington State Department of Health established the Power of Providers (POP) Initiative to address the COVID-19 pandemic.

The efforts of POP members have contributed to our state having one of the highest vaccination rates in the country. Over 70,000 providers and 80 provider types are represented so far, including both clinical and administrative staff. With more work to do, we look forward to having you join us!

OUR VISION

Establish partnerships with trusted health care professionals to promote the health and safety of our communities.

OUR MISSION

Partner with providers to understand and overcome health care barriers and engage, educate and empower the people of Washington.

JOIN TODAY!

As health care providers, you are the most trusted sources of health information in your communities. Your participation in the SAVE model can support our shared goal to protect and improve the health of all people in Washington state.

By joining the POP Initiative, you will have access to unique benefits:

- Free materials such as patient handouts, quick vaccine reference charts, posters, and more—available to order from the POP Shop
- Educational opportunities, some eligible for CE credits
- Accurate, comprehensive, and up-to-date clinical guidance for vaccine administration with timely notice in any changes
- A channel to share your experiences and offer feedback to the Department of Health

Email: powerofproviders@doh.wa.gov
Phone Number: 360-236-2662
Website: www.doh.wa.gov/joinpop

Scan the QR Codes below for more information

Spanish Link **English Link**

Power of Providers

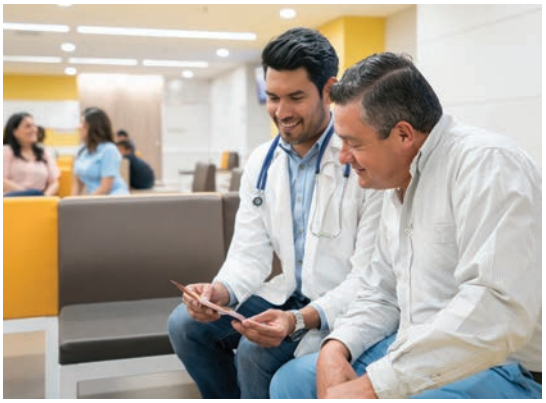
EN ESPAÑOL

¡Bienvenidos a los proveedores de atención médica de POP en Español Washington!

Como fuentes confiables de información médica, usted juega un papel fundamental en el aumento de la vacunación contra el COVID-19. Brindar servicios lingüísticos accesibles y significativos a personas con dominio limitado del inglés es parte integral de la equidad en salud.

POP En Español es un recurso adicional para los proveedores participantes de POP. Aquí encontrará apoyo para mejorar su capacidad de comunicarse con los pacientes cuando hable sobre la vacunación contra el COVID-19 en español.

PROTECT YOUR COMMUNITY FROM COVID-19



Join the Power of Providers Initiative!

As health care providers, you are the most trusted sources of health information in your communities.

The Power of Providers (POP) Initiative can help you tackle challenges such as improving patient communication, combatting misinformation, and making sure you have the latest clinical guidance. More than 4,500 providers and 436 health organizations have joined!

You don't have to vaccinate to promote COVID-19 vaccinations

Members benefit from:

- Access to updated COVID-19 information through the POP web page and email newsletters.
- Peer-to-peer learning webinars with continuing education credits available for some license types.
- The ability to order FREE provider and patient materials through the POP Shop.
- Access to Spanish language resources on the POP en Español web page.
- Optional one-on-one support through member engagement calls.

With more work to do, we hope you will join us!

Use the QR code to join, or visit us at www.doh.wa.gov/joinPOP

Power of Providers

SAVE
Seek • Ask/Educate • Vaccinate • Empower

Washington State Department of HEALTH

DOH 120-067 May 2023

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DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE

Title:	ARNP applications requiring clarification of licensure Requirements: CRNA education	**Number:**	B35.01
Reference:	WAC 246-840-302 WAC 246-840-340 WAC 246-840-342		
Contact:	Teresa Corrado Licensing Manager Nursing Care Quality Assurance Commission		
Effective Date:	September 14, 2018		
Supersedes:	N/A	**Date Reviewed:**	September 2018
Approved:			
	Tracy Rude, LPN Chair Nursing Care Quality Assurance Commission		

PURPOSE:

Advanced Registered Nurse Practitioner (ARNP) applications may need a review by practitioners with knowledge of education and certification requirements for the profession and historical perspective. Differences in scope of practice and prescriptive authority across the United States and Territories may impact applicant's ability to meet Washington licensing requirements.

PROCEDURE:

1. ARNP applications are received by licensing staff and data entry completed.
2. ARNP applications are reviewed for completion of the application requirements and meeting all licensing standards.
3. When licensing staff identify gaps in the information, the licensing staff issue letters to the applicant to supply required information and documentation.
4. The licensing staff may consult with the Advanced Practice consultant on issues such as:
    a. Educational preparation
    b. Pharmacology requirements for prescriptive authority
    c. Practice hour requirement for applicants with less than one year since graduation from their graduate degree program
    d. Practice hour requirement for applicants with more than one year since graduation from their graduate degree program

5. An “advanced nursing education program” must be ‘accredited by a national nursing accreditation body recognized by the United States Department of Education.’ A full list of programs recognized by the United States Department of Education may be found at https://ope.ed.gov/accreditation/
6. Historically, many Certified Registered Nurse Anesthetist (CRNA) programs were housed within medical centers, often affiliated with a university. Since 1998, all Council on Accreditation of Nurse Anesthesia Educational Programs (COA) accredited programs are graduate degree-granting programs (master’s, doctorate of nursing practice, doctorate of nurse anesthesia practice) that prepare students for advanced practice and national certification as a CRNA. These institutions qualify as institutions of higher learning and meet the requirements of WAC 246-840-340(1) (b) and WAC 246-840-342(1) (b).
7. Once graduated, the programs award the eligibility to the graduate to the take the CNRA examination. The examination is administered by the National Board of Certification and Recertification for Nurse Anesthetists.
8. To be licensed as a CRNA in WA state:
    a. The applicant must have graduated from a graduate degree program
    b. The program must be accredited from a Council on Accreditation of Nurse Anesthesia Educational Programs (COA) accredited programs
    c. The applicant must pass the National Board of Certification and Recertification for Nurse Anesthetists.
9. If the applicant meet all the licensing requirements, the application is approved and processed for licensing.
10. If the applicant *does not* meet all the licensing requirements, refer to Procedure E01.03 Nursing Program Approval Process, Review of Educational Qualifications for Nurse Licensure.

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE

Title:	Advanced Registered Nurse Practitioner (ARNP) Application Exemption Requests	**Number:**	B09.06
Reference:	WAC 246-840-340 WAC 246-840-360 WAC 246-840-365 WAC 246-840-367 WAC 246-840-410 WAC 246-840-342 NCSBN's Consensus Model for APRN Regulation		
Author:	Amber Zawislak-Bielaski, MPH Assistant Director of Licensing Nursing Care Quality Assurance Commission		
Effective Date:	March 10, 2023	**Date for Review**:	March 10, 2025
Supersedes:	B09.05 – March 12, 2021 B09.04 – July 2018 B09.03 - April 1, 2016 B09.02 – May 2011 B09.01 – March 2009		
Approved:			
	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE:

The purpose of this procedure is to define the process for an advanced registered nurse practitioner (ARNP) applicant who requests an exemption from the prescriptive authority requirements; or an applicant who requests an exemption from the educational preparation requirement; or who requests an exemption related to an emergency or permanent change in rules.

WAC 246-840-410 allows an ARNP applicant to request an exception to the 30 hours of continuing education in pharmacotherapeutics, if they provide evidence of at least two hundred fifty hours of advanced clinical practice in an ARNP role with prescriptive authority in their scope of practice within the two years prior to application for prescriptive authority.

WAC 246-840-342 requires applicants applying for endorsement to Washington State to submit proof of a graduate degree from an advanced nursing education program accredited by a national nursing accreditation body recognized by the United States Department of Education. However, National Council of State Boards of Nursing's (NCSBN) has established a grandfathering provision within the Consensus Model for APRN (Washington State uses ARNP) Regulation. An ARNP applicant may qualify for an exemption to the educational requirement if the requirements of the grandfathering provision are met by the nurse.

Keeping the regulations current in rapidly changing practice environments require frequent rule changes and adjustments to prevent unnecessary barriers to practice. There may be unintended and/or unanticipated consequences of rule changes regarding applicant exemption requests.

PROCEDURE:

I. Exemption Requests for the Prescriptive Authority Requirements.

A. Applicants requesting prescriptive authority must submit evidence of thirty hours of education in pharmacotherapeutics related to their scope of practice. The applicant may request an exemption to this requirement if the applicant has been actively practicing in another state with independent practice equivalent to Washington State with prescriptive authority, within two years of applying for ARNP licensure in Washington State. The applicant must also submit a copy of their Drug Enforcement Administration (DEA) license reflecting schedules 2-5.

B. Licensing ARNP review staff reviews the following as evidence for an exemption request:

1. Verification of an ARNP license in another state with prescriptive authority.
2. Copy of their Drug Enforcement Administration (DEA) license reflecting schedules 2-5.
3. Verification of at least two hundred and fifty hours of independent ARNP practice with prescriptive authority within the last two years.

C. Licensing ARNP review staff forward the application with the exemption request to the licensing manager for approval or denial. The licensing manager determines prescriptive authority equivalence to Washington State. According to states with equivalent scope of practice, the manager informs the licensing ARNP review staff of the decision with a signed document which stays with the application file.

1. Approval: Licensing ARNP review staff forwards the application to the final review desk for licensure.
2. Denial: Licensing ARNP review staff notifies the applicant that the exception request was not granted and provides the reasoning for the denial.
3. Requires more input: Licensing ARNP review staff forwards the application to the Advanced Practice Panel (AP) for further consideration. The AP Panel is made up of; two AP Commission members; one additional pro-tem Commission member with expertise, when possible, in the practice area of the applicant; and the Director of Advanced Practice.

II. Exemption Requests for ARNP Educational Requirement for Licensure by Endorsement.

A. Applicants applying for endorsement to Washington State must submit proof of a graduate degree from an advanced nursing education program accredited by a national nursing accreditation body recognized by the United States Department of Education. An applicant may request an exemption to this requirement if the applicant has been actively practicing in another state as an ARNP and meets the grandfathering provision from National Council of State Boards of Nursing's (NCSBN) Consensus Model for APRN Regulation stating the following:

"If an APRN applies for licensure by endorsement in another state, the APRN would be eligible for licensure if s/he demonstrates that the following criteria have been met:

1. *Current, active practice in the advanced role and population focus area,*
2. *Current active, national certification or recertification, as applicable, in the advanced role and population focus area,*
3. *Compliance with the APRN educational requirements of the state in which the APRN is applying for licensure that were in effect at the time the APRN completed his/her APRN education program, and*
4. *Compliance with all other criteria set forth by the state in which the APRN is applying for licensure (e.g., recent CE, RN licensure)."*

B. Licensing ARNP review staff forward the application with the exemption request to the NCQAC Director of Advanced Practice for approval or denial. The Director of Advanced Practice reviews the application to determine if the educational preparedness of an ARNP applicant meets the grandfathering provision of the APRN consensus Model.

C. The Director of Advanced Practice informs the licensing ARNP review staff of the decision with an email which stays with the application file.

1. Approval: Licensing ARNP review staff forwards the application to the final review desk for licensure.

2. Denial: After a decision is made, the ARNP review desk notifies the applicant of the decision and reasoning.
3. Requires more input: Licensing ARNP review staff forwards the application to the AP Panel for further consideration. The AP Panel is made up of; two Advanced Practice Commission members; one additional pro-tem Commission member with expertise, when possible, in the practice area of the applicant; and the Director of Advanced Practice.

III. Exemption Request Due to Unintended and/or Unanticipated Consequences of Rule Changes

A. Applicants applying for licensure in Washington State must meet requirements as applicable in WAC 236-840-340, 360, 365, 367 during the application process.

B. An applicant may request an exemption to a WAC requirement if the applicant can document unintended or unanticipated consequences of a rule change creating barriers to practice in Washington State.

C. Licensing ARNP review staff forward the complete application, with the exemption request, to the NCQAC Director of Advanced Practice for approval or denial.

D. The Director of Advanced Practice informs the licensing ARNP review staff of the decision with an email which stays with the application file.

1. Approval: Licensing ARNP review staff forwards the application to the final review desk for licensure.
2. Requires AP Panel Review: Licensing ARNP review staff forwards the application to the AP Panel for further consideration. The AP Panel is made up of two Advanced Practice Commission members; one additional pro-tem Commission member with expertise, when possible, in the practice area of the applicant; a staff attorney; and the Director of Advanced Practice.
3. After a decision is made by the AP Panel, the ARNP review desk notifies the applicant of the decision and reasoning.

248 John L. O'Brien Building
PO Box 40600
Olympia, WA 98504-0600
(360) 786-7105

Washington State Legislature

Representative My-Linh Thai, Chair

Joint Administrative Rules Review Committee

Representative My-Linh Thai, Chair
421 John L. O'Brian Bulding
PO Box 40600
Olympia, WA 98504-0600

July 14, 2023

Dr. Alison Bradywood
Nursing Care Quality Assurance Commission
Town Center 2
111 Israel Rd. S.E.
Tumwater, WA 98501
alison.bradywood@doh.wa.gov

Dear Dr. Bradywood:

On June 21, 2023, and July 5, 2023, the Joint Administrative Rules Review Committee (Committee) held hearings on a petition, submitted pursuant to RCW 34.05.655, to review WAC 246-840-340, WAC 246-840-342, and the Nursing Care Quality Assurance Commission's (Commission) requirement that ARNP applicants for interstate endorsement hold a masters or doctoral degree to meet the "graduate degree" requirement under WAC 246-840-342. The questions for the Committee's consideration were whether:

1. WAC 246-840-340 and WAC 246-840-342 are inconsistent with the Legislature's intent as expressed in the enabling statutes;
2. the Commission adhered to the requirements for significant legislative rulemaking under RCW 34.05.328;
3. the Commission is using a policy in place of a rule that has not been adopted in accordance with all applicable provisions of law in requiring that an applicant under WAC 246-840-340 and WAC 246-840-342 hold a masters or doctoral degree to satisfy the "graduate degree" requirement;
4. the Commission, in adopting Procedures B35.01 and B9.05 (and the most current version, B9.06) is using a policy in place of a rule; and
5. WAC 246-840-340 and WAC 246-840-342 is in violation of the Equal Protection clause under the 14th Amendment to the U.S. Constitution, the Privileges and Immunities clause of Article IV, Section 2 of the U.S. Constitution, and the Privileges and Immunities clause of Article I section 12 of the Washington Constitution.

On July 5, 2023, the Committee found by a majority vote that by requiring a "graduate degree" to be a masters or doctoral degree and adopting exemptions to WAC 246-840-340 and WAC 246-840-342 by agency procedure, the Commission is using a policy in place of a rule that has not been adopted in accordance with all applicable provisions of law. The Committee recommends that the Commission define "graduate degree" by rule and provide for the exemptions in Procedures B35.01 and B9.06 by rule. The Committee denied the remainder of the petition.

Pursuant to RCW 34.05.630(3), within 30 days of receipt of this letter, the Commission is required to file a notice of a hearing on the Committee's findings with the Code Reviser and mail notice to all persons who have made a timely request of the agency for advance notice of its rule-making proceedings as provided in RCW 34.05.320. The Commission's notice must include the Committee's findings and reasons therefor and must be published in the Washington State Register. Under RCW 34.05.630(4), the Commission must consider fully all written and oral submissions regarding whether the agency is using a policy or its equivalent in place of a rule. Under RCW 34.05.640, within seven days of the Commission's hearing, the Commission must notify the Committee of its intended action.

We look forward to hearing from the Commission on this matter. If you have any questions, please contact Committee staff: Desiree Omli at (360) 786-7105 or Greg Vogel at (360) 786-7413.

Sincerely,

Representative My-Linh Thai, Chair
Joint Administrative Rules Review Committee
State Representative, 41st District

Cc: Joint Administrative Rules Review Committee (JARRC) Members
Desiree Omli, JARRC Counsel, House of Representatives
Greg Vogel, JARRC Counsel, Senate
Frances Vail, JARRC Committee Assistant, House of Representatives
Liza Weeks, JARRC Committee Assistant, Senate
Scott Lange, Petitioner
Tami Thompson, Regulatory Affairs Manager, Department of Health
Sierra McWilliams, Assistant Attorney General
Emily Poole, Counsel, House Health Care & Wellness Committee
Chris Blake, Counsel, House Health Care & Wellness Committee
Kim Weidenaar, Counsel, House Health Care & Wellness Committee
Greg Attanasio, Committee Staff Coordinator, Senate Health & Long Term Care Committee
Kevin Black, Counsel, Senate Health & Long Term Care Committee
Julie Tran, Research Analyst, Senate Health & Long Term Care Committee

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Washington State Board of Nursing
111 Israel Road SE, MS 47864
Tumwater, WA 98504

July 25, 2023

Representative My-Linh Thai, Chair
Joint Administrative Rules Review Committee
421 John L. O'Brian Building
PO Box 40600
Olympia, WA 98504-0600

Sent via Email

Re: Joint Administrative Rules Review Committee - Final Determination Letter (Scott Lange)

Dear Representative My-Linh Thai,

This letter is in response to the final determination letter from the Washington Joint Administrative Rules Review Committee (JARRC) regarding the petition submitted by Scott Lange. We appreciate the input from the committee and staff. The Washington State Board of Nursing, formally known as the Nursing Care Quality Assurance Commission (NCQAC), acknowledges the recommendation from the JARRC to (1) define "graduate degree" in chapter 246-840 WAC and (2) provide for the exemptions in board Procedures B35.01 and B9.06 by rule. The board will file a notice of hearing on the JARRC finding with the Code Reviser by August 13, 2023, for a hearing to be held at the board's September 7, 2023, business meeting. After reviewing oral and written comments at the hearing, the board will update the JARRC in writing within seven days with intended next steps.

We appreciate the committee and staff's time and attention to this matter. If you have any questions, please contact our Policy Analyst, Jessilyn Dagum at (360) 236-3538 or jessilyn.dagum@doh.wa.gov.

Sincerely,

Alison Bradywood DNP, MN/MPH, RN, NEA-BC
Washington State Board of Nursing, Executive Director

cc: Yvonne Strader, Washington State Board of Nursing, Chair

Karl Hoehn, Washington State Board of Nursing, Assistant Director, Discipline – Legal
Jessilyn Dagum, Washington State Board of Nursing, Policy Analyst
Tami Thompson, Regulatory Affairs Manager
Stephanie Vaughn, Rules Manager

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: August 08, 2023
TIME: 11:14 AM

WSR 23-17-027

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Washington State Board of Nursing
111 Israel Road SE, MS 47864
Tumwater, WA 98504

August 8, 2023

TO: Kathi Buchli, Code Reviser

FROM: Alison Bradywood DNP, MN/MPH, RN, NEA-BC
Executive Director, Washington State Board of Nursing

SUBJECT: Notice of Rule Hearing in response to letter of determination from the Joint Administrative Rule Review Committee procedure B35.01 and B9.06 and incorporation into chapter 246-840 WAC.

The Washington State Board of Nursing (board), formally known as the Nursing Care Quality Assurance Commission, is filing a notice of hearing per the direction of the Joint Administrative Rule Review Committee (JARRC) pursuant to RCW 34.05.630(3) regarding Practical and Registered Nursing in chapter 246-840 WAC.

On July 5, 2023, the JARRC found by majority vote that that by requiring a "graduate degree" to be a masters or doctoral degree and adopting exemptions to WAC 246-840-340 and WAC 246-840-342 by agency procedure, the board is using a policy in place of a rule that has not been adopted in accordance with all applicable provisions of law.

On July 14, 2023, the board received a letter of determination from the JARRC recommending that the board:

(1) define the term “graduate degree” in chapter 246-840 WAC and
(2) provide for the exemptions to education requirements for Advanced Registered Nurse Practitioner license applicants in board Procedures B35.01 and B9.06 by rule.

The board will hold a public hearing at the board’s September 7, 2023, business meeting to fully consider all written and oral submissions regarding the July 5, 2023, JARRC finding, The board will notify the JARRC of its intended actions in writing within seven days of the hearing based on its review of written and oral comment

Interested parties may provide the board with public comment regarding whether the agency is using a policy or its equivalent in place of a rule **by giving oral testimony at the hearing or by submitting written comment.**

Submit written comments through August 23, 2023, using one of the following options:

1. Via email: NCQAC.Rules@doh.wa.gov
2. The U.S. Mail:
    - Washington State Board of Nursing, PO Box 47864 Olympia, WA 98504

The rule hearing is scheduled for **September 7, 2023, at 1:15 p.m.** Both in-person and virtual attendance options are available for this meeting.

- Attend the rules hearing in-person:
    - Spokane Convention Center, located at 334 W Spokane Falls Blvd, Spokane, WA 99201 rooms 302AB.
- Attend the rules hearing virtually online using the Zoom application:
    - https://us02web.zoom.us/meeting/register/tZItcOuhrj0sGNOKO_r1TOk5DGjNdJhe_78V

Assistance for persons needing accommodations, or if you have any questions, please contact our Policy Analyst, Jessilyn Dagum at (360) 236-3538, jessilyn.dagum@doh.wa.gov or TTY at 711.

Sincerely,

Alison Bradywood DNP, MN/MPH, RN, NEA-BC
Executive Director, Washington State Board of Nursing

cc: Yvonne Strader, Washington State Board of Nursing, Chair
Karl Hoehn, Washington State Board of Nursing, Assistant Director, Discipline – Legal
Jessilyn Dagum, Washington State Board of Nursing, Policy Analyst
Tami Thompson, Regulatory Affairs Manager
Stephanie Vaughn, Rules Manager

Scott K. Lange
P.O. Box 189
Sultan, WA 98294
sklange@comcast.net 425-210-8531

August 15, 2023

Ms. Jessilyn Dagum – Policy Analyst
Washington State Board of Nursing
P.O. Box 47864
Olympia, WA 98504

Subject: Public Comments re: Notice of Rule Hearing in response to letter of determination from the Joint Administrative Rule Review Committee procedure B35.01 and B9.06 and incorporation into chapter 246-840 WAC

Dear Ms. Dagum:

It is my pleasure to provide the following comments for the public record and rule-making file associated with the subject activity. You are aware of the reasons I performed the research and analysis in support of my comments herein, however, please note my input is offered as public citizen input in the interest of enhancing the quality of nursing care in our state. My direct experience with the subject matter should be very insightful for NCQAC as it considers how ARNP licensure educational qualifications should be established by rule as required by statute.

Petition to Amend

In October, 2022 I filed a petition to amend WACs 245-840-340 and 246-840-342 with the Joint Administrative Rules Review Committee ("JARRC") to correct major legal issues associated with the purported revisions to these and other WACs by the Nursing Care Quality Assurance Commission ("NCQAC" or "Commission") in 2016. NCQAC denied the petition and I appealed to the Joint Administrative Rules Review Committee ("JARRC") who by unanimous vote approved the petition and instructed NCQAC to initiate the rule-making process to amend the problematic rules as requested.

This communication more clearly explains the problematic legal aspects of the 2016 WAC revisions based on extensive review and analysis of public and other records. Unless NCQAC and the public understand what occurred in 2016 it will be difficult to accomplish the rule amendments required to correct the problems that were created at that time.

Why the Definition of "graduate degree" is Important

No issue is taken with NCQAC rule that a truly "new" ARNP – meaning freshly graduated and/or passing the certification exam for the first time – should meet the educational qualification requirement set by the certifying body for certification. Currently, for those certifying bodies recognized by NCQAC (See WAC 246-840-302) the current standard is at least an academic master's or doctoral degree. Truly "new" ARNPs must meet that standard and NCQAC need not enforce the standard because it already relies solely on the certifying bodies to act as the education qualifying gateway.

For ARNP applicants by interstate endorsement, however, the same "graduate degree" language implied for "new" ARNPs excludes two classes of qualified applicants who in fact meet the "graduate degree" requirement but have been nevertheless denied licensure by NCQAC. Under Washington law, terms in statutory provisions not defined are to be given the common and ordinary meaning of the terms used as indicated in Webster's dictionary. The terms "graduate degree", by common definition, does include a master's or doctoral degree but also includes any certificate of completion of an accredited professional course of study beyond the baccalaureate level.

Many are unaware of the evolution of ARNP education. CRNAs were the first advanced practice nursing category and prior to 1975 virtually all CRNAs were educated in hospital operated schools of anesthesia. Most of these anesthesia programs were two-year, master's equivalent, fully accredited programs qualifying the student for the certification exam. A certificate of course completion from such schools is a "graduate degree" by common definition. In the mid-70's, to address divergent practices across the multitude of hospital schools, the US Congress enacted legislation requiring that advanced nursing practice education occur in academic institutions. Congressional intent behind the legislation was to achieve greater educational uniformity by applying the more standardized university practices for tuition, loans, and other financial aspects of graduate education. The legislation started a migration of medical center schools into partnerships with educational institutions and by 1998 virtually all ARNP certifying bodies required academic master's or doctoral degrees to sit for the certifying exam.

In 2016 NCQAC without supporting analysis or explanation decided it was time to disqualify those long practicing and certified ARNPs who did not hold an academic master's or doctoral degrees from licensure. Arbitrarily and capriciously, without offering any support for its position that "certificate trained" and/or "non-nursing school" educated ARNPs applying from other states were no longer qualified to practice, NCQAC covertly adopted its policy of excluding these individuals from licensure via

the 2016 WAC revisions. The total lack of communication of its intentions during the rule-making process, and the failure to comply with the requirements of the APA for such revision, NCQAC violated constitutional due process standards and its own enabling legislation by not establishing clear educational requirements for licensure by rule.

The 2016 WAC revisions at their core relied upon "graduate degree" being undefined in the rule. Leaving the terms undefined, NCQAC could apply the definition of choice to the class of ARNP applicant it wanted to exclude through its arbitrary and capricious policies. Had NCQAC defined "graduate degree" in 2016 to be an academic master's or doctoral degree accredited by a national nursing accreditation body approved by the US Department of Education, it would have alerted the public to the various unlawful aspects of its discriminatory policies. For example, to continue to license Washington ARNPs with only a "certificate" education while excluding similarly educated individuals from other states because they didn't hold a master's or doctoral degree would draw significant attention as being unequal treatment inconsistent with constitutional requirements. It would also be a law granting special privilege to the Washington license holders not available to applicants from out of state, violating the Washington constitution. To avoid the scrutiny, NCQAC simply left the term "graduate degree" undefined.

2016 NCQAC WAC Revisions

The officially communicated purpose of the 2016 WAC revisions by NCQAC was to add the Clinical Nurse Specialist designation to the Washington ARNP family. NCQAC did not communicate any intent to revise educational requirements for ARNP licensure during the 2016 rule-making effort. Later, however, NCQAC asserted that the "graduate degree" requirement contained in WAC 246-840-340(1)(b) revised education qualifications for out-of-state applicants for ARNP licensure to require an accredited academic master's or doctoral degree.

While in fact NCQAC did revise the language in the WACs in 2016, its official disclosures only noted that it was "clarifying" the educational qualifications for licensure as "general housekeeping". NCQAC did not communicate any intent to actually "revise" the substantive qualifications for licensure. By law, any revision in educational requirements for licensure is a "significant legislative rule" requiring extensive analysis and disclosure. No such analysis or disclosure occurred in 2016.

In 2016 NCQAC rationalized ARNP applicants by interstate endorsement to be "new" ARNPs, thus subjecting those applicants to the same "graduate degree" requirement applicable to newly

graduated and/or certified ARNPs. By another new rule made as part of the 2016 rule-making effort Washington existing ARNPs were covertly exempted from the "graduate degree" requirements applicable to all "new" applicants. Simply stated, in-state ARNP license holders were "grandfathered" from the academic master's or doctoral degree requirement but applicants from out-of-state weren't. Apparently, some licensed ARNPs in Washington were aware a dual educational qualification was being created, but without disclosure most ARNPs were unaware of the extent of "grandfathering" extended to Washington licensees but denied to ARNP applicants by interstate endorsement.

The newly added ARNP-CNS members were also deemed to be "new" ARNPs, subjecting those individuals to the same "graduate degree" requirement regardless of whether their prior CNS practice was in-state or out-of-state or at an ARNP or RN status level. Like out-of-state applicants, the definition of "graduate degree" NCQAC applied to these individuals was not the common meaning of the terms, but rather an academic master's or doctoral degree.

Policy Revisions to Asserted 2016 "graduate degree" Requirement

In 2018 a lobbyist for Washington CRNAs advised NCQAC that ARNP-CRNA applicants by interstate endorsement were being denied licensure because their "graduate degrees" were not from a school of nursing. The revised 2016 WAC "graduate degree" qualification required that the *degree* be accredited by a national *nursing* accreditation body approved by the U.S. Department of Education. NCQAC staff interpreted the revised rule to render out-of-state holders of a non-nursing accredited academic master's or doctoral degree, and/or holders of a post-graduate certificate, accredited or not, to be ineligible for licensure. The issue was discussed by the NCQAC Advance Practice Subcommittee in 2018 and a solution, Procedure B35.01, was presented and approved at NCQAC's September 2018 regular business meeting.

While Procedure B35.01 is noted in the September, 2018 meeting minutes, no explanation is provided for the procedure or why it was needed. The only record of discussion and purpose of the procedure existed on the digital recording of the meeting – a public record required by NCQAC policy to be preserved and retained. At some point after the meeting minutes were transcribed from the recording, however, the meeting recording was mysteriously destroyed and is unavailable for review today.

In early 2020, in the course of a judicial review suit filed by an out-of-state ARNP-CRNA applicant rejected for licensure, NCQAC claimed in official correspondence to have adopted Procedure B9.05 as

the basis for reversing its decision 18 months earlier to deny that individual's license. (In fact, the official record is quite murky, but indicates the procedure was actually not formally adopted until May, 2021). Procedure B9.05 provided for a process for exemption from the "graduate degree" requirement if the applicant makes a formal request to be exempted. It should be noted that under the procedure (which is not communicated anywhere by NCQAC to applicants) the applicant must essentially first acknowledge that they are not qualified for licensure by seeking exemption. (Note: NCQAC advised during the JARRC hearing that Procedure B9.05 had been superseded by Procedure B9.06. I made formal request to NCQAC for a copy of the revised procedure several weeks ago but as of this date have still not been provided a copy.)

Both Procedure B35.01 and B9.05 purport to revise the asserted educational qualifications for ARNP licensure. B35.01 appears to allow post-graduate certificates (which are not "graduate degrees" under NCQAC's asserted definition) and graduate degrees earned from other than a School of Nursing (which are not accredited by a national *nursing* accreditation body). By the terms of the Administrative Procedures Act these procedures constitute "significant legislative rules" requiring formal rule making process and mandatory analysis. RCW 18.79 also requires that qualifications for licensure be established by rule, not by policy. In its unanimous decision JARRC determined that NCQAC was using policy (procedure) in lieu of rule as required by law and directed NCQAC to undertake the rule-making effort this communication addresses.

Major Legal Flaws in Asserted 2016 Rules

My petition to amend also asserted that NCQAC had violated multiple statutory and constitutional provisions through the actions noted above. Note that by law it is the policy of the legislature and JARRC to NOT make findings of illegality and/or constitutionality. This statutory restriction precluded JARRC from confirming the violations noted in the petition and gave the appearance that those unlawful conditions were not acknowledged by JARRC. JARRC could not approve those elements of the petition because they lacked the statutory authority to reach such a conclusion.

A key purpose of this communication is to assure that the public is made aware that, in fact, NCQAC's current practice is both unlawful and unconstitutional on several fronts**. The 2016 policies put in place have infringed the constitutional rights – both national and state – of ARNP applicants by interstate endorsement and many of those individuals who have been denied CNS professional status, whether as an RN-CNS or ARNP-CNS.**

The United States Constitution, Article IV, Section 2, prohibits discrimination by the states of privileges and immunities enjoyed by the members of the other states. The US Supreme Court has consistently ruled that such discriminatory practices inhibit the free movement of citizens throughout the country – a right deemed "fundamental" - and that such barriers can exist only when a "compelling interest" can be demonstrated by the state erecting those barriers. Article IV, Section 2 is not only an individual constitutional right prohibiting state discrimination, but also a covenant between the individual states and the federal government. Violation is therefore both an infringement of individual rights and a breach of legal duty. The specific case that most succinctly demonstrates the legal principles at issue is *Supreme Court of New Hampshire v. Piper*, 470 U.S. 274 (1985).

US Supreme Court cases have also stated that a state that violates Article IV, Section 2 also violates the equal protection clause of the !4th Amendment. By "grandfathering" and exempting the approximately 2,700 (out of approximately 13,000 credentialed ARNPs in Washington State) from the "graduate degree" requirement imposed on candidates by interstate endorsement, NCQAC has created an unequal qualification requirement without providing any credible explanation let alone demonstrate a "compelling interest" is served.

The Washington State Constitution also prohibits *any law* that establishes special privilege not available to all other citizens. In the context of licensure, regulation on the basis of unequal educational standards affords special privilege to in-state ARNP license holders.

NCQAC has set the academic master's or doctoral degree requirement for out-of-state applicants as the default qualification standard. Under NCQAC's current policy an applicant who has a "graduate degree" but not an academic master's or doctoral degree accredited by a national nursing accreditation body approved by the US Department of Education is issued a "Notice of Denial" in response to their application. The rejected applicant must then first file an administrative appeal of the Notice of Decision. If the applicant does not file an appeal within 30 days, all rights are lost and the decision becomes final. If competent counsel is available (and it generally isn't) the applicant must incur in the order of $25,000 in legal fees to pursue an administrative appeal that is rarely successful, followed by similar amounts to retain counsel for a subsequent judicial review in Superior Court. Prospects for success in the judicial review are even less than with the administrative appeal. All throughout while the applicant is denied the license necessary to practice and earn income.

NCQAC has devised a process where the applicant is deprived of licensure and income, then required to expend significant amounts to retain lawyers and endure legal process, while simultaneously being subjected to public scrutiny and stigma via the NURSYS system displaying a "denied licensure" status All of this despite the fact that by law the applicant is entitled to at least a temporary license. To avoid issuing a temporary license NCQAC relies on its selective definition of "graduate degree" to justify its denial of licensure.

It is important to note that under Washington law the deprivation of professional medical licensure requires the regulating agency to prove, to a degree of certainty beyond a preponderance of evidence, that the professional is not entitled by law to hold license. For applicants deprived of licensure, however, the burden of proof is reversed and *the applicant must establish* that they are entitled to hold license. The difference in due process rights is a material element of the unequal treatment of in-state versus out-of-state ARNPs under NCQAC's policies.

Through its misrepresentations and NCQAC's "graduate degree" and "new" ARNP policies NCQAC has cleverly created the belief among both professionals and employers that all ARNPs must have an academic master's or doctoral degree to practice in Washington. Many ARNP position listings include a master's or doctoral degree requirement based on this belief even though NCQAC never publicly communicates exactly what its "graduate degree" requirement is. Even if out-of-state ARNP applicants should survive the gauntlet of legal process to secure their license, professional peers and would be employers have already been conditioned to believe these professionals not holding an academic degree are not qualified to practice. Those individuals who have been excluded from practice by NCQAC's illegitimate practices are victims of fraudulent misrepresentation.

The point made in the preceding paragraph is quite bold and therefore merits at least some supporting authority. To that end I include as Exhibit 1 to this document a copy of an internal email by the recently retired Executive Director of NCQAC. In that email a NCQAC senior staff member is directed to contact the President of the Washington Association of Nurse Anesthetists and ask that individual to act as proxy for NCQAC and "get the word out" to professionals and employers of NCQAC's asserted "graduate degree" policy. If the Executive Director wanted to get the message out the obvious way to achieve that would be to post the licensing educational requirement on the NCQAC website under its licensing disclosures. NCQAC makes no such disclosures.

With such a draconian welcoming process is it any wonder Washington State continues to suffer an acute and chronic shortage of nursing professionals in its healthcare system? As part of the rule revision process the public first needs to be aware of NCQAC's clandestine program of educational elitism and how it has adversely affected many qualified professionals who have legitimate right to practice in Washington's healthcare system. Is it credible at all that ARNPs who have held certifications for decades, practicing and complying with continuing education requirements, are not qualified for license because their educational credentials don't align with NCQAC's arbitrary and capricious "graduate degree" interpretation?

NCQAC is not in the business of selling nursing degrees, it is in the business of optimizing the quality of healthcare received by Washington residents from our nursing professionals. Educational standards adopted by NCQAC should reflect that objective, should comply with state statutory requirements, and should be in alignment with constitutional requirements. If NCQAC believes legacy trained ARNPs degrade the quality of nursing care in Washington it must support that claim before excluding those individuals from licensure.

The National Standard and the NCSBN Consensus Model for ARNP Regulation

In 2007 the National Council of State Boards of Nursing ("NCSBN") produced model legislation for ARNP regulation by state nursing commissions titled "The Consensus Model for ARNP Regulation". Since at least as far back as 2011 NCQAC has repeated stated - publicly - that it is "in alignment" with the Consensus Model. In all of the statutory process associated with the 2016 WAC revisions NCQAC repeatedly indicated in documents, including the WSR, that the 2016 revisions were in alignment with the Consensus Model. This was a misrepresentation of fact because the Consensus Model requires "grandfathering" of applicants by interstate endorsement is a state "grandfathers" its own ARNPs.

While the Consensus Model did envision that all new ARNPs would hold at least an academic master's degree as an educational minimum, the Model was quite specific in its recommendations that long and continuously certified and practicing ARNPs should be "grandfathered" from the academic degree requirement. The Consensus Model document distinguishes between a "graduate degree" held by "grandfathered" practitioners and an academic master's or doctoral degree held by "new" ARNPs.

Specifically, the Consensus Model recommends that states "grandfather" their own ARNPs from increased educational standards they no longer meet and instead accept educational credentials equal to those in place at the time of initial certification. The certifying bodies agree with and support this

standard. (See Exhibit 2). The Consensus Model goes on to state that if a state "grandfathers' its own ARNPs it will also "grandfather" applicants seeking licensure via interstate endorsement. The Consensus Model does not provide the option NCQAC has implemented – "grandfathering" of its own ARNPs but not "grandfathering" ARNP applicants from other states.

My research indicates that only one state – New Jersey – decided to not "grandfather" both its own and out-of-state ARNP-CRNAs not holding a master's or doctoral degree. This legislative decision was reportedly driven by Medical Doctors of Anesthesiology seeking to reduce competition and was upheld in highly public litigation. Based on careful research of actual state-by-state statutory and administrative codes, however, and notwithstanding summary exhibits indicating an academic master's or doctoral degree requirement for many states, all states but Washington and New Jersey "grandfather" both in-state and interstate endorsement ARNP professionals from educational requirements more stringent than those in effect at the time of first certification. This widespread practice reflects a professional standard.

NCQAC's enabling legislation, RCW 18.79, requires that it regulate the nursing profession in Washington in a manner consistent with accepted professional standards. No other state has adopted an unequal standard that arbitrarily and unconstitutionally distinguishes between the educational qualification standards of in-state versus out-of-state ARNPs. NCQAC's 2016 policies were clearly inconsistent and not in alignment with the NCSBN Consensus Model or accepted professional standards and any assertion to the contrary by NCQAC was known by NCQAC to be false.

Nursing Regulation and Public Policy

To this point my comments have focused on the problems with the existing rules and the reasons for filing a petition to amend them. Understanding why the old rules are problematic provides a foundation for the ultimate constructive objective of finding a different approach to addressing how the rules should be amended. Trees may come into clearer focus if we take a brief look at the forest here.

The first advanced practice nurses were the nurse anesthetists who came onto the scene just after WWII. After expending significant amounts getting through medical school doctors could not repay education loans and earn an acceptable income practicing in rural or underprivileged areas. To solve the critical shortage of professional anesthesia services in these areas nurses were trained to perform anesthesia in support of local physicians. Advanced practice offered nurses a chance to elevate their skills and stature and earn higher incomes by adding only two years of additional education to

acquire physician level skills in limited practice areas. By the mid-60's the concept was broadened to include the nurse practitioner. Initially these advance professionals operated under a Certificate of Authority for their specialization area but as time progressed they were given the protected status of APRN (or, in Washington, ARNP). In other words, the ARNP designation consumed the advanced status designation that preceded it.

The ARNP concept and the premise of educational requirements less than those for physicians while providing similar services is key to the benefits to the healthcare system ARNPs provide. A motivated nurse can obtain their BN, put in two years of field practice, qualifying them for graduate education that, after certification, will allow ARNP certification and physician level interaction with patients. Nursing school is more available and easier to get accepted into, it is less expensive than medical school and takes less time to graduate and complete residency, meaning lower cost and smaller educational loans qualifying the nurse for meaningful practice. The less education, the less to have to repay in loans, and the more likely the nurse won't have to set up practice in urban areas to manage financial obligations where they must also compete head-on with physicians.

Implicit in NCQAC's policies is the premise that more education is better, and that not enough or not the right kind of education properly excludes otherwise qualified professionals from licensure and practice. In a world where nurses must openly compete with doctors who claim superior educational preparation, the move to require doctoral degrees as a condition of new practice does make some sense. Anything that gets a nurse closer to full pay for a procedure, instead of only 85% of what a physician makes, is worth supporting. In NCQAC's own words, nurses should be able to go as far as their education will take them.

However, as good as higher education standards might be for nurses, those same standards may inhibit and diminish rather than enhance the overall quality of healthcare for Washington residents. Elevating education requirements to an academic doctoral degree adds another year of education and expense. The cost differential and attractiveness of nursing versus medical school is diminished, and the graduating nurse is less likely to pursue a career in rural or underprivileged communities. I have a residence in Clallam Bay and I understand well what it means to live in a community underserved by health professionals. In a good many cases the difference can be life and death.

Before deciding on what level of education is appropriate for Washington nurses NCQAC should first consider all aspects of its educational requirements. It is well established that various population

groups perform better than others in the educational environment. Setting standards too high can be extremely intimidating or challenging for disadvantaged participants. Diversity in our healthcare system demands sensitivity to issues of inclusion and access, not just escalating requirements for traditional degrees.

In the modern digital world education is rapidly evolving from the traditional "degree factory" model to more spontaneous and non-linear learning concepts. To fulfill its primary mission of improving the quality of healthcare delivered by nursing professionals to Washington residents NCQAC must think beyond conventional wisdom. Instead of trying to set an example for other states by having the highest number of "graduate degrees" among its credentialed ARNP ranks, NCQAC should instead be looking at innovations that reduce the chronic and acute shortage of nursing professionals in our state just reconfirmed by our legislature.

When the requirements for entry into a profession are too strict it results in undersupply of the professional skills required - driving up the cost of services provided, stressing the number of providers who can provide the service, and increasing the recipient wait time to receive the service. If not addressed, shortage will eventually encourage substitutes for the service in short supply. In recent legislative sessions proposals have been made to add Anesthesia Assistants, a new anesthesia specialist deemed necessary to meet demand and reduce the cost of anesthesia services. Naturally, the CRNAs are opposed, fearing the AAs will cut into their practices and that the quality of service received by patients will be diminished. Hospitals and clinics, hoping to reduce their costs and expand anesthesia capacity, support the proposal, just as insurers and those who pay the bills do. This is exactly what happens when chronic shortages are allowed to persist and why organizations like NCQAC must take a longer-term view when making rules that materially restrict entry into the nursing field.

Regardless of what educational balance is optimal for our healthcare system, it makes no sense to reject licensure of long certified and practicing ARNPs who have decades of experience in their area of area of specialization. It is just plain stupid to distinguish between an accredited certificate versus an accredited degree when the substantive education each represents is equivalent. If there is a meaningful distinction between the two NCQAC needs to prove it as it now amends the rules in response to JARRC's directive. If "grandfathered" ARNPs represent a greater risk to patients than those holding master's or doctoral degrees NCQAC needs to go beyond empty assertions and provide empirical data that supports that thesis. If it can't do so, it needs to get in step with the Consensus

Model, NCSBN, the certifying bodies, and 48 other states in treating legacy trained professionals with dignity and respect by harmonizing in-state versus out-of-state educational requirements for licensure.

The 2016 Revisions and the ARNP-CNS Designation

I would be remiss if I did not make special note of the devastating impact NCQAC's 2016 WAC revisions had on the CNS nursing professionals. It is disturbing to me that in 2016 those professionals could not see how the WAC revisions restricted rather than expanded CNS presence in Washington.

My research determined that the asserted revisions to the ARNP educational qualifications in 2016 were largely due to NCQAC's concerns that adding the ARNP-CNS designation would dilute the educational credentials of Washington ARNPs as a class. NCQAC was particularly concerned that a CNS specialist could obtain certification from a certification body that did not require an academic master's or doctoral degree, obtain an ARNP from another state with less stringent educational requirements, and from there apply via interstate endorsement for ARNP-CNS licensure in Washington.

The best summary I could obtain of how the CNS nurses were impacted in 2016 is through the account provided by Jeff Follis, President of the Washington Association of Nurse Anesthetists in 2018. This account, contained in an official email from WANA, is attached as Exhibit 3. Mr. Follis' account supplements a rule-making file and public records that provide absolutely no explanation for how NCQAC's asserted 2016 education qualification policy evolved. His observations make quite clear that by avoiding explicit definition of the term "graduate degree" it could quietly "grandfather" existing Washington ARNPs not meeting the academic master's or doctorate degree while simultaneously setting up a barrier to applicants from other states, including ARNP-CNS professionals, from obtaining licensure in Washington. As noted, had NCQAC defined "graduate degree" to mean an academic master's or doctoral degree even a first-year law student could have established the constitutional violations intentionally hidden beneath NCQAC's intentional ambiguity.

NCQAC was also able to exclude those RN-CNS professionals already practicing in Washington State from ARNP status on the "graduate degree" standard by applying the "new" ARNP label to them. There is some grayness to application of the "new" standard to these individuals. The CNS designation was not new, nor the practice area represented, but the ARNP title was. Nevertheless, despite the fact that the individual's education did qualify under statutory construction rules as a "graduate degree" because certification required completion of a course of study beyond the baccalaureate degree, NCQAC asserted the "academic master's or doctoral degree" requirement to exclude them from ARNP

status. To exacerbate the experience of these individuals, the designation of CNS now reserved to ARNPs, those previously holding the status of RN-CNS were "busted back" to plain RN status.

NCQAC went even further to eradicate CNS specialists from the Washington healthcare community. The Certified Nurse Specialist designation basically applies to a nurse who specializes in one of many niche medical treatment areas. They gain their advanced status through preliminary education but more significantly through concentrated experience in a narrow area of practice. When the CNS specialization was added to the ARNP family, NCQAC discontinued specialized designations in a large number of CNS specialty areas and excluded those certification bodies who required graduate study but not academic master's or doctoral degrees to sit for the certification exam. In short, when adding the ARNP-CNS designation, NCQAC essentially assured only a CNS with an academic master's or doctoral degree could qualify for ARNP-CNS licensure in Washington. In fact, it was a case of the tail wagging the dog, with NCQAC prioritizing a general educational standard for all ARNPs and excluding, by - education, certification body, and area of specialization – all CNS specialists not meeting the master's or doctoral degree systematically excluded from practice in Washington.

NCQAC's legislative mandate, at its highest level, is through its various authorities to optimize the quality of nursing care services for the residents of Washington. Regulating entry into the nursing profession is certainly a component of that mandate, and that includes determining the proper educational standards that qualify nurses to hold license. However, quality care is not enhanced when regulators set educational standards that are excessive to those required to achieve quality service.

Ostensibly, the 2016 WAC revisions were pursued to align with the Consensus Model by adding the CNS designation to the ARNP family in Washington. Yet, based on the list of credentialed ARNPs in Washington as of September 2022 provided to me, currently there are only 100 licensed ARNP-CNS' in Washington state. That number contrasts with numerous case examples of individuals holding this nursing specialization who were denied licensure as a CNS in Washington – whether as an RN-CNS or an ARNP-CNS. If one can accept the premise that the quality of healthcare nursing service is enhanced by the participation of advanced specialized nurses, and that NCQAC's educational qualification policies have diminished rather than increased the number of these practitioners in our state, then we can also conclude that NCQAC has failed to live up to its legislative mandate to improve rather than degrade nursing care quality in Washington.

Conclusion and Recommendation

Now that NCQAC's 2016 rule revisions have been researched and publicly disclosed it becomes apparent that current policies and practices are quite problematic for several compelling reasons. Rule amendment is a critical necessity unless NCQAC seeks to invite litigation from those who have been unlawfully impacted. The availability and quality of nursing care experienced by Washington residents will be enhanced by rule amendments that provide for licensure of certified professionals who hold "graduate degrees" that are not academic master's or doctoral degrees under current WAC 246-840-340(1)(b).

To comply with constitutional requirements, whatever educational qualification standard for ARNPs must be equal for in-state licensees and applicants applying from other states via endorsement. This is the concept embodied in the NCSBN ARNP Consensus Model and practiced by the 49 other states.

To avoid an unconstitutionally discriminatory standard NCQAC must decide whether to follow New Jersey and require an academic master's or doctoral degree as a qualification applicable to all ARNPs, or to accept the NCSBN Consensus Model "grandfathering" provisions that exempt – without requiring a special request – all ARNP applicants who do not comply with the "new" ARNP educational qualification requirement. The choice made will make the process of defining "graduate degree" and "qualification by rule" a simple exercise.

While not required by JARRC, NCQAC should simultaneously define what "new" means in the problematic WACs. If the term is to mean other than what it means in the NCSBN Consensus Model – a first time certified ARNP under applicable current certification and education rules – then NCQAC should consider also defining that term to remove current ambiguity.

To resolve the issues with current practice, NCQAC need only define "graduate degree" as other states have, equating the term to mean:

- for "new" ARNPs whatever the recognized certifying body requires to sit for examination, and
- for legacy trained or "grandfathered" ARNPs, those standards articulated in the NCSBN ARNP Consensus Model.

Ultimately, as "grandfathered" ARNPs retire and leave practice, NCQAC's goal of elevated educational standards for all practicing ARNPs will be achieved.

Thank you for allowing my input into the rule-making process for this important issue. It is my sincere belief that legacy trained ARNPs have earned the dignity and respect of their professional peers and earned the right through education, certification experience and ongoing education to practice in our state. They should not be summarily excluded from licensure in Washington by the unlawful, discriminatory and poorly conceived policies currently in place.

Sincerely,

Scott K. Lange

Attachments – Exhibit 1 – NCQAC Email

Exhibit 2 – AANA Letter

Exhibit 3 – WANA Account of 2016 “Grandfathering”

Exhibit 1

From: Meyer, Paula (DOH)
Sent: 9/17/2018 12:50:51 PM
To: DOH NCQAC ARNP Practice
Cc:
Subject: RE: Urgent Attention please: CRNA/ARNP license to practice in WA

image004.png

image002.png

image003.png

image001.png

image005.png

Thanks Mary Sue. I think it would be wise for you to contact Jeff Folis on this. The requirement to have a graduate degree has been there a long time. If he can get that word out to employers, other CRNAs, etc., that would be helpful.

Paula R. Meyer MSN, RN, FRE
Executive Director
Nursing Care Quality Assurance Commission
Washington State Department of Health
Paula.meyer@doh.wa.gov<mailto:Paula.meyer@doh.wa.gov>
360-236-4714 | www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission
[Title: DOH Twitter - Description: DOH Twitter account]<https://twitter.com/wadepthealth?lang=en>[Title: DOH Facebook - Description: DOH Facebook account]<https://www.facebook.com/WADeptHealth/>[Title: DOH Instagram - Description: DOH Instagram account]<https://www.instagram.com/wadepthealth/>[Title: DOH YouTube - Description: DOH YouTube account]<https://www.youtube.com/channel/UCTSCpezTD0TjiiAOuJY7f5w/doh>[Title: DOH Medium Blog - Description: DOH Medium Blog account]<https://medium.com/@WADeptHealth>

From: DOH NCQAC ARNP Practice
Sent: Monday, September 17, 2018 12:26 PM
To: Christian Schmalz <cschmalz@crhanesthesia.com>; DOH NCQAC ARNP Practice <ARNPPractice@doh.wa.gov>
Subject: RE: Urgent Attention please: CRNA/ARNP license to practice in WA

Mr. Schmalz,

I received your voicemail and email and the Washington Administrative Code (WAC) related to your questions about the requirements for ARNP licensure by interstate endorsement is referenced below.

WAC 246-840-342
Licensure for ARNP applicants by interstate endorsement.
(1) An applicant for interstate endorsement for Washington state licensure as an ARNP must meet the following requirements:
(a) Have an active RN and ARNP license, or recognition in another state or jurisdiction, as

practicing in an advanced practice role, without sanctions or restrictions;
(b) Have a graduate degree from an advanced nursing education program as identified in WAC 246-840-340<http://app.leg.wa.gov/wac/default.aspx?dispo=true&cite=246-840&full=true#246-840-340> (1)(b);
(c) Hold certification from a certifying body as identified in WAC 246-840-302<http://app.leg.wa.gov/wac/default.aspx?dispo=true&cite=246-840&full=true#246-840-302>(3); and
(d) Have been performing advanced clinical practice as a licensed ARNP, or in the role of an advanced practice nurse, for at least two hundred fifty hours within the two years prior to the date of application.
(2) An applicant for an ARNP license through interstate endorsement must:
(a) Apply for and be granted a Washington state RN license as identified in WAC 246-840-090<http://app.leg.wa.gov/wac/default.aspx?dispo=true&cite=246-840&full=true#246-840-090>;
(b) Submit a completed ARNP application for licensure to the commission;
(c) Submit the license fee as specified in WAC 246-840-990<http://app.leg.wa.gov/wac/default.aspx?dispo=true&cite=246-840&full=true#246-840-990>;
(d) Request the certifying body, as identified in WAC 246-840-302<http://app.leg.wa.gov/wac/default.aspx?dispo=true&cite=246-840&full=true#246-840-302>, to send official documentation of certification directly to the commission;
(e) Request the advanced nursing educational program to send an official transcript directly to the commission showing courses, grades, degree or certificate granted, official seal and appropriate registrar;
(f) Submit nursing education program objectives and course descriptions when requested by the commission; and
(g) Submit evidence of at least two hundred fifty hours of advanced clinical practice as an ARNP, or at an advanced nursing practice level, within the two years prior to the date of application. The two hundred fifty hours may include teaching advanced nursing practice if the faculty member is providing patient care or serving as a preceptor in a clinical setting.
(3) An ARNP applicant who does not meet practice requirements must complete two hundred fifty hours of advanced clinical practice for each two years the applicant may have been out of practice, not to exceed one thousand hours.
(4) An ARNP applicant needing to complete the supervised advanced clinical practice must meet the requirements for supervised practice defined in WAC 246-840-340<http://app.leg.wa.gov/wac/default.aspx?dispo=true&cite=246-840&full=true#246-840-340> (4) and (5).

I also attached the procedure approved by the Nursing Commission September 14 titled "ARNP applications requiring clarification of licensure Requirements: CRNA education". This procedure was developed to clarify the WAC as it relates to CRNA education.

I cannot discuss any specific application but, I am available to discuss this procedure and the requirements for ARNP licensure in the state of Washington if you have additional questions.

Mary Sue Gorski, PhD, RN
Nursing Advisor Research, Policy, and Advanced Practice
Nursing Care Quality Assurance Commission
Department of Health
PO Box 47864
Olympia WA 98504-7864
marysue.gorski@doh.wa.gov<mailto:marysue.gorski@doh.wa.gov>
360 915 3334

Disclaimer: The NCQAC nurse consultants offer information and general guidance regarding the practice of professional nursing in the state of Washington. Any consultation provided by staff should not be considered or relied upon as an official position of the NCQAC. Responses to inquiries do not constitute legal opinions.

From: Christian Schmalz [mailto:cschmalz@crhanesthesia.com]
Sent: Friday, September 14, 2018 5:05 PM
To: DOH NCQAC ARNP Practice
<ARNPPractice@doh.wa.gov<mailto:ARNPPractice@doh.wa.gov>>
Subject: Urgent Attention please: CRNA/ARNP license to practice in WA

Hi Mrs. Gorski,
I left a message on Friday. I recently hired a CRNA who is interested in moving from Ohio to WA for an anesthesia position. She applied for her license I believe back in May!....she just recently got word that there is confusion as to whether she can get a license after her calling daily for over a month. Not only is this very concerning as far as the process of applying is concerned, but we are now down to the wire for her to move out and begin working. I am attaching her CV so you have her information. She has a BSN (2 actually) but graduated from a certificate anesthesia program, but remains nationally certified. I believe her RN license is approved, but the hang-up appears to be her ARNP license. This is a time sensitive issue, as she has already quit her job, and is scheduled to start Oct 1st. If you could please contact me ASAP I would greatly appreciate it, or maybe point me in the right direction so we can take steps to get this resolved quickly.

Best Regards,

Christian Schmalz, CRNA MSN MBA
Operations Director, CRH Anesthesia
Past-President WANA
425-890-1890

Exhibit 2

AANA
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS
222 South Prospect Avenue
Park Ridge, Illinois 60068-4001
847.692.7050
AANA.com

Safe and effective anesthesia
CARE
for every patient.

February 28, 2019

Marlee B. O'Neil
BAP Presiding Officer
Department of Health
P.O. Box 47873
Olympia, WA 98504-7873

Re: Master Case No. M2018-770 – Brief Adjudicative Proceeding regarding Mary Clemons

Dear Officer O'Neil:

This letter is in support of the ARNP licensure application of Mary Clemons, CRNA. The Washington Nursing Care Quality Assurance Commission (WNCQAC) has indicated its intention to deny Ms. Clemons' application for ARNP/CRNA licensure based solely on the degree type granted by her accredited nurse anesthesia program. The AANA supports Ms. Clemons' eligibility for licensure in Washington and encourages the WNCQAC to grant her licensure.

Ms. Clemons completed an accredited nurse anesthesia educational program, and was granted the certificate that programs granted at that time (1987). All nurse anesthesia programs accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) meet the same rigorous didactic and clinical requirements in the COA standards that are in place at that time, regardless of the end degree granted. Nurse anesthesia educational programs were at the master's degree level by no later than 1999 and will grant doctoral degrees by no later than 2025. While this is the progression of degree type that has occurred over time, this does not demean the didactic and clinical content of the accredited programs that were completed prior to the granting of graduate degrees.

CRNAs, like other health care professionals, are expected to maintain clinical competence throughout their years of practice by maintaining recertification. Gaining clinical practice skills is an ongoing process throughout a clinical career, and does not end with the granting a particular degree. This is true regardless of the end degree granted. Ms. Clemons has maintained recertification by the National Board of Certification & Recertification of Nurse Anesthetists, and has maintained state licensure as a CRNA, since she completed her nurse anesthesia educational program.

Health care professionals who completed an accredited degree program in the past - whether that professional is a CRNA, a nurse practitioner, a physician, or any other professional – did not complete the same didactic and clinical content as a professional who completed an accredited degree program in 2018. Physicians who were granted an MD in 1987, or nurse practitioners who were granted a master's degree in 1987, are not subject to license rejection in Washington, simply because their end degree type did not change, not based on content. There is no reason to decline Ms. Clemons'

licensure application based only on the evolution of the end degree type granted by the nurse anesthesia profession.

A graduate degree, in and of itself, does not provide additional competency. Basing criteria on degree type alone implies that an ARNP who graduated yesterday with a doctorate automatically has a greater competence and skill level than an ARNP who has been practicing for decades, but was granted a different degree type. ARNPs who were practicing in Washington prior to the rule change, regardless of the degree type they received, were able to continue licensure and practice after the rule change went into effect. Ms. Clemons is no different than these other ARNPs who continue to practice in Washington without graduate degrees. While CRNA scope of practice (as well as that of other ARNPs) varies in the states, the ARNP scope of practice in Washington for CRNAs does not exceed that of many other states that include grandfathering for CRNAs without graduate degrees.

When the WNCQAC rules were amended, the ARNP licensure provisions specified that the requirements are for "initial" licensure. In other states, this means for the initial ARNP license following completion of the advanced practice educational program, not the initial license in a given state. Ms. Clemons has an active license in Ohio; this application in Washington is not her initial licensure for CRNA practice. In addition, the rule amendment notice simply indicated that changes were being made for "housekeeping" purposes, further implying that the changes being proposed did not have a significant effect on licensure process worth noting in more detail, as follows.

> Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: The proposed rule adds a new ARNP designation of CNS. The rule establishes the education, examination, licensing, practice requirements and other qualifications for the CNS designation. The proposal also clarifies and updates ARNP related rules through general housekeeping.

We encourage the WNCQAC to grant licensure to Ms. Clemons, and to reevaluate its interpretation of the rules provision for "initial" licensure to ensure that other CRNAs who graduated from an accredited nurse anesthesia program are not denied licensure solely based on degree type.

Please do not hesitate to contact me at 847-655-1131 or apolyak@aana.com if you have any questions or require further information.

Sincerely,

Anna Polyak

Anna Polyak, RN, JD
AANA Senior Director, State Government Affairs and Legal

Cc: Miranda Bayne
Staff Attorney, Nursing Care Quality Assurance Commission

Christina Pfluger, Assistant Attorney General
Via email: ChristinaP1@atg.wa.gov

Exhibit 3

Jeff Follis, President, Washington Association of Nurse Anesthetists, account of 2016 “grandfathering” history. (Forwarded in email from WANA Government Relations Chair Allen Wiemer)

To: Mary Clemons <maryclemonscrna1@yahoo.com>

Sent: Wednesday, March 6, 2019, 02:29:17 PM PST

Subject: WANA Board feedback re: Grandfather Clause

Hi All.

There are some of you who are unaware of the circumstances regarding the rewording of the WAC in 2016 that effected licensing for CRNA's that had graduate degrees from

anesthesia programs that were located outside of a school of nursing.

There was a person on the nursing commission who's individual interpretation of the WAC caused a number of applications for licensure to be denied. These included graduates from

Gonzaga, when the program was awarding the degree of MEd, and Programs with the degree of MS Biology.

Much political capital was spent and there were very many wounds created between WANA and the Nursing Commission during this period.The Grandfather clause was something that was also a huge issue at this time. In the end it was resolved that; all graduate degrees would be honored when making application to the state for license as an advanced practice nurse (CRNA), and that all CRNA's currently actively licensed in the state regardless of the degree obtained would be "grandfathered", as long as their license was in good standing, and was maintained without lapse or suspension.

Any new applicant for license to the state of Washington would be treated as a "new" application, and would be subject to the rules in place at the time of their application.

The commission felt that this met their requirement to "grandfather" current practitioners working in the state, without leaving a back door open to ARNP's attempting to enter

Washington from other states with a lower standard for entry into practice as an ARNP.

At the time the new wording of the WAC came into effect there were many clinical nurse specialists that did not have graduate degrees working in the state, who lost their credential and their ability to practice.

No CRNA's were affected due to our "grandfather" clause.

This was a very difficult process at the time, and many many hours and months were spent traveling to hearings, telephone calls, and corresponding with the many parties involved

in order to come to the resolution as it currently stands.

Was this the best solution? I would have preferred that every practicing CRNA anywhere in the country be allowed to access our "grandfather" clause and come to work here if they were able and qualified to practice, but the truth is that there is a price to be paid every time we go to battle over these issues, and we must make tough choices as to where we spend our capital. The state of Massachusetts, along with Washington, do not grant licenses to ARNP's without graduate degrees. To my knowledge there have been only two CRNA's negatively affected by this rule.

I have spoken with Mary a couple of times, and assured her that as an individual I support her efforts to obtain a license to practice, and encouraged her to pursue any avenue that she felt justified in using to further her cause, but that as a state association we had all agreed that this was a battle that had already been fought.

The AANA was fully aware of all that transpired during this process, and their input was obtained and appreciated at the time. If they chose to go to bat for her as it appears they have, I wish them success in this en devour, but I don't think this is a wound that we want to re-open or a battle that will better our situation and standing if re-fought.

Jeff

--

Allen Wiemer, DNP, CRNA

Providence Sacred Heart Medical Center, Spokane, WA

Govt. Relations Chair - Washington Association of Nurse Anesthetists

(360) 921-2201 cell

Dagum, Jessilyn (DOH)

From: Brooke Tibbetts <brookeashleigh14@gmail.com>
Sent: Monday, August 21, 2023 8:11 PM
To: DOH NCQAC Rules
Subject: ARNP Hearing

External Email

To whom it may concern,
I am writing to request that ARNP's not be required to obtain a DNP as entry level. As I'm sure you know, ARNPs with a DNP typically are in nursing education or research. As someone who is in the process of obtaining her MSN, I have no plans to go into nurse education or research, therefore I do not feel that it is fair for me to continue schooling for something I will not be pursuing. I hope you consider my request to make obtaining DNP an option for nurses pursuing a higher education instead of a requirement.
Thank you for taking the time to read this.
Best wishes,
Brooke Passmore, RN, BSN

Washington State Board of Nursing (WABON)

Pathways to RN, LPN, and ARNP Licensure in WA State for Military Spouse and/or Military Personnel

Single State WA License for RNs, LPNs, and ARNPs (expedited process)	Multistate RN and LPN License (MSL) from Another State	Federal Portability of Licensure for RNs, LPNs, and ARNPs (without having MSL)
Apply online for a Washington state RN or LPN through the Online Portal.	**Work immediately in WA under an active MSL if your PSOR (home state) is out of state. MSL Information.**	**Apply via paper for the federal portability of licensure process. (Link once created)**
Submit a complete application, fee, copy of spouse's military orders, and copy of marriage certificate.	No application or fee necessary, unless you change your PSOR (home state) to Washington state.	Submit a complete application, copy of military orders, and declaration of active license in good standing. (No fee is required)
Upon meeting all requirements, a temporary practice permit (TPP) will be issued for 180 days.	Communicate your active MSL status to your employer. Your employer may require additional reporting.	Upon meeting requirements, the WABON will issue a credential for the portability of professional license.
The TPP will be issued within 30 days of receiving a complete application (typically under 7 days). **NOTE:** The FBI fingerprint process must be complete for full licensure.	**Note:** PSOR refers to the "primary state of residence", or "home state" of a nurse with an active MSL. For more information, please review the NLC Military Fact Sheet.	Expiration date will be entered as the military order end date. **Note:** This process is still in development.
WAC 246-12-051 Second Substitute House Bill 1009	Substitute Senate Bill 5499 Nurse Licensure Compact	Public Law No. 117-333 Section 19

Contact Us

111 Israel Road SE
MS 47864
Tumwater, WA 98504
360-236-4703
nursing@doh.wa.gov

Stay up-to-date

We update our website and send out important information frequently to those subscribed to receive emails. Subscribe to our Washing State Board of Nursing News & Alerts to get the latest information.

Federal Reimbursement

Military spouses may qualify for reimbursement of fees associated with obtaining a license. Click here for more information and a link to federal requirements.

Substitute House Bill 1255

Washington State Board of Nursing
Washington Health Professional Services

Substitute House Bill 1255

1st Major Section – Reducing Stigma

- New section added to chapter RCW 18.79 to read as follows:
  - (1) The department or commission may not post information regarding an enforcement action taken by the commission against a person licensed under this chapter, including supporting documents or indication that the enforcement action was taken, on any public website when the following conditions are met:
    - ✓ (a)…contacted the commission-approved substance use disorder program by RCW 18.130.175, and if recommended by the program, to contract with and participate in the program;
    - ✓ (b) The commission has found that the person has substantially complied with the terms of the order or agreement; and
    - ✓ (c) If the website is a third-party website, the department or commission has the ability to prevent information regarding the enforcement action from being posted on the public website.

Substitute House Bill 1255

WHAT DOES THIS MEAN?

Substitute House Bill 1255

Search Results

Credentials Found (1)

Click on the credential link below for more information. NEW SEARCH

Credential	Last Name	Suffix	First Name	Middle Name or Initial	Credential Type	Credential Status	Year of Birth	CE Due Date	Enforcement Action
[redacted]			Deborah	Allison	Registered Nurse License	ACTIVE WITH CONDITIONS	1961	04/12/2024	Yes

Substitute House Bill 1255

- (2) Subject to availability of amounts appropriate for this specific purpose, the commission shall establish a stipend program to defray out-of-pocket expenses incurrent in connection with the participation in the commission's approved substance use disorder monitoring program authorized by RCW 18.1

Substitute House Bill 1255

_____ for the stipend program, a person must:

- (a) Hold an active, inactive, or suspended license issued pursuant to this chapter;
- (b) Submit an application on forms provided by the commission;
- (c) Be actively participating in the commission's approved substance use disorder monitoring program within six months of submission of an application for the stipend program; and
- (d) Have demonstrated need for financial assistance with the expenses incurrent in connection with participation in the commission's approved substance use disorder monitoring program.

_____for the stipend program if they have previously applied for and participated in the stipend program.

Substitute House Bill 1255

1. Cost of substance use evaluation
2. Treatment
3. Other ancillary services including drug testing, peer support groups, and any other expenses deemed appropriate by the commission.

Substitute House Bill 1255

Average Program Cost for a Five-year Monitoring Contract

- Drug testing approximately $6,125 to $8,700
- Treatment approximately $31,000 (Residential thru Out-patient); $9,100 (Intensive Out-patient thru Out-patient)
- Peer Support Group approx. $4,500

Total Program Cost: Approximately $22,300 - $44,200

Recovery is an acceptance that your life is in shambles, and you have to change it.

Jamie Lee Curtis

Understanding Rule-Making in the Nurse Licensure Compact (NLC)

Interplay between the Interstate Commission and the Washington State Board of Nursing

Interstate Commission of Nurse License Compact Administrators (ICNLCA)

- Overarching regulatory body of the NLC
- Goal: Align and enforce compliance by all compacted states with NLC
- Each compact state administrator gets 1 vote
- Facilitate NLC rule-making – universal notice to compact states
- Example: Nurses have 60 days to designate PSOR in party state
- Meet at least once during each calendar year
- Annual assessment fees support ICNLCA functions and staff; annual audit

NLC Authorities

Nurse Licensure Compact

The NLC is the "law, statute, compact, and the preeminent source for all that the commission and its committees and member states have the authority to do. Amendment of the NLC requires unanimous vote of all member states.

Article I	States purpose of the compact
Article III	Sets out the ULRs
Article V	Explains discipline & joint investigative procedures
Article VII	Establishes the Commission and its powers
Article VIII	Outlines rulemaking authority and process
Article IX	Explains dispute resolution and enforcement

Adapted from ICNLCA

NLC Authorities

Rules

Rules further define and explain the NLC within the limits imposed by the NLC and require a majority voice of the Commission to be approved and required notice and opportunity to be heard.

Article VII. g.1

Authorizes the promulgation of rules and provides that they shall have the force and effect of law and shall be binding in all party states.

Article VIII

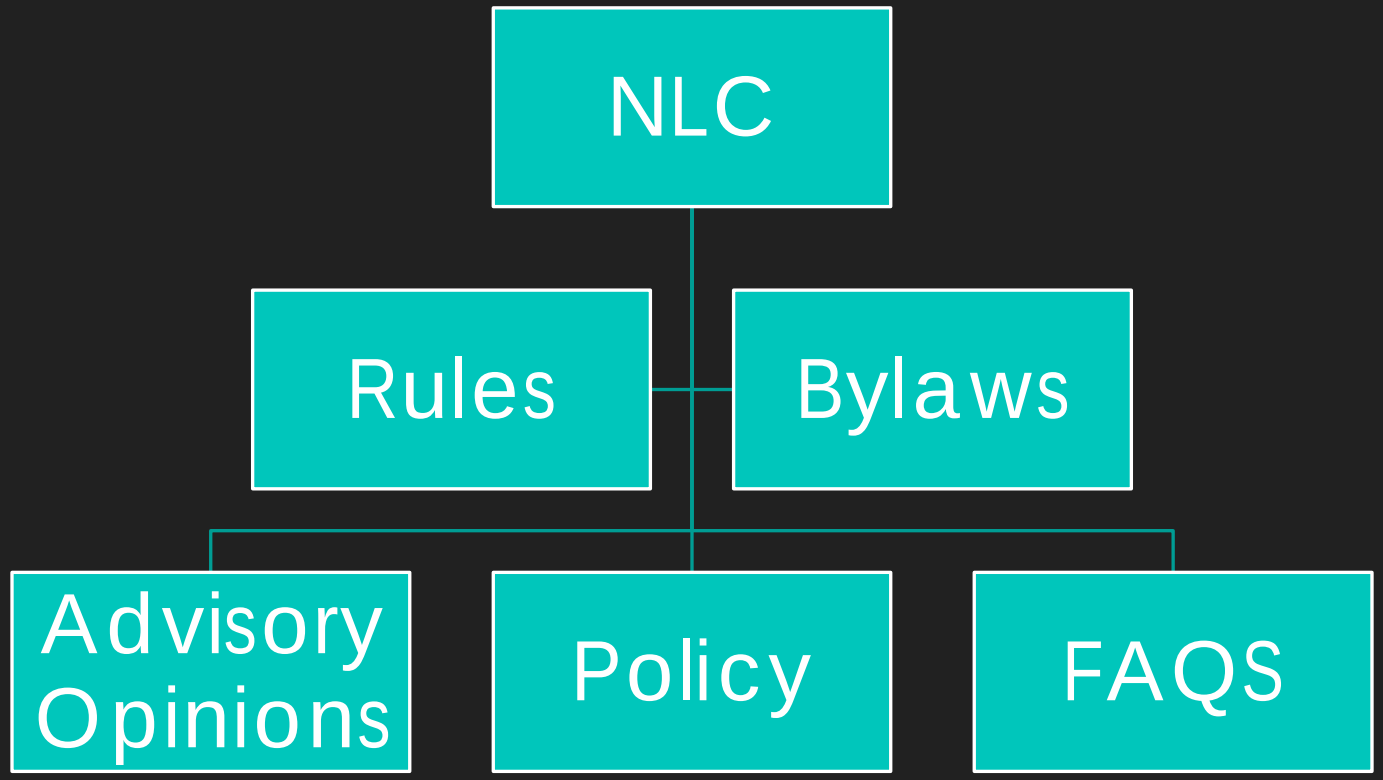
Sets out promulgation procedure for rules

Adapted from ICNLCA

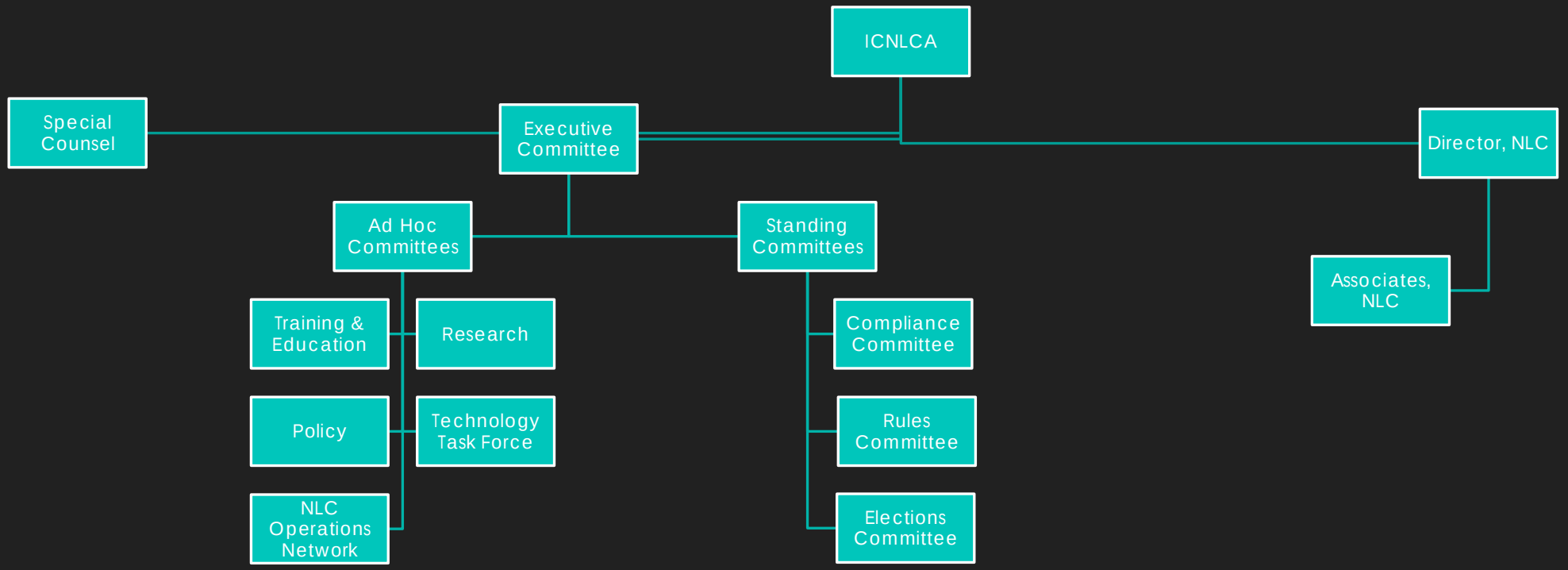
Powers of the ICNLCA

- Promulgate uniform rules to facilitate administration of the NLC
- Bring legal proceedings
- Contract for services
- Cooperate with other organizations that administer compacts
- Hire/elect, fix compensation, define duties, & grant authority to administer compact
- Establish a budget and make expenditures
  - Accept and purchase donations, grants, gifts
  - Purchase and maintain insurance & bonds
- Appoint committees of administrators, regulators, etc.
- Cooperate with law enforcement

ICNLCA Authorities



Organizational Structure



ICNLCA Rule Making

- Notice of proposed rule-making 60 days in advance: ICNLCA website, WABON site
- Interested parties may submit written information or participate in public hearings
- Majority vote from ICNLCA for final action on proposed rule

- Emergency rules without prior notice if:
  - Imminent threat to public health
  - Prevent loss of ICNLCA or party state funds
  - Meet a deadline defined by federal law or rule
- Usual rule-making procedures must be applied retrospectively within 90 days

Enforcement of the Compact

- Each state shall enforce the compact
- If a party state defaults on compact responsibilities:
  - Written notice to the state
  - Remedial training
  - Termination by majority vote once all other means exhausted
    - State may still be liable for obligations incurred during the period of default
  - State may appeal by petitioning the US district court where the ICNLCA is located
- ICNLCA will attempt to resolve disputes among party states and between party/non-party states
  - Arbitration panel appointed by compact administrators is available to settle disputes

SB 5499: WABON Authority
(Areas outside of ICNLCA purview):

- WABON remains the regulatory body for Washington
- Ability to develop rules to specifically address WA public safety

- Formulate procedures for identification, collection, and exchange of information
- State-specific items that cannot be adjusted:
  - Nurse Practice Act
  - Requirements to obtain or retain licensure
  - State labor laws
  - Methods and grounds for disciplining a nurse
  - Obligation of any employer to comply with statutory requirements.

NLC and the Dobbs Decision

Limits to Abortion:

- 14 states have near-total abortion bans at any stage in pregnancy
- 6 states have abortion bans with other limits from 6 to 20 weeks since LMP
- Texas and Idaho have “bounty hunter” abortion bans
  - Oklahoma had passed these however they were struck down in May 2023

Protections for Abortion:

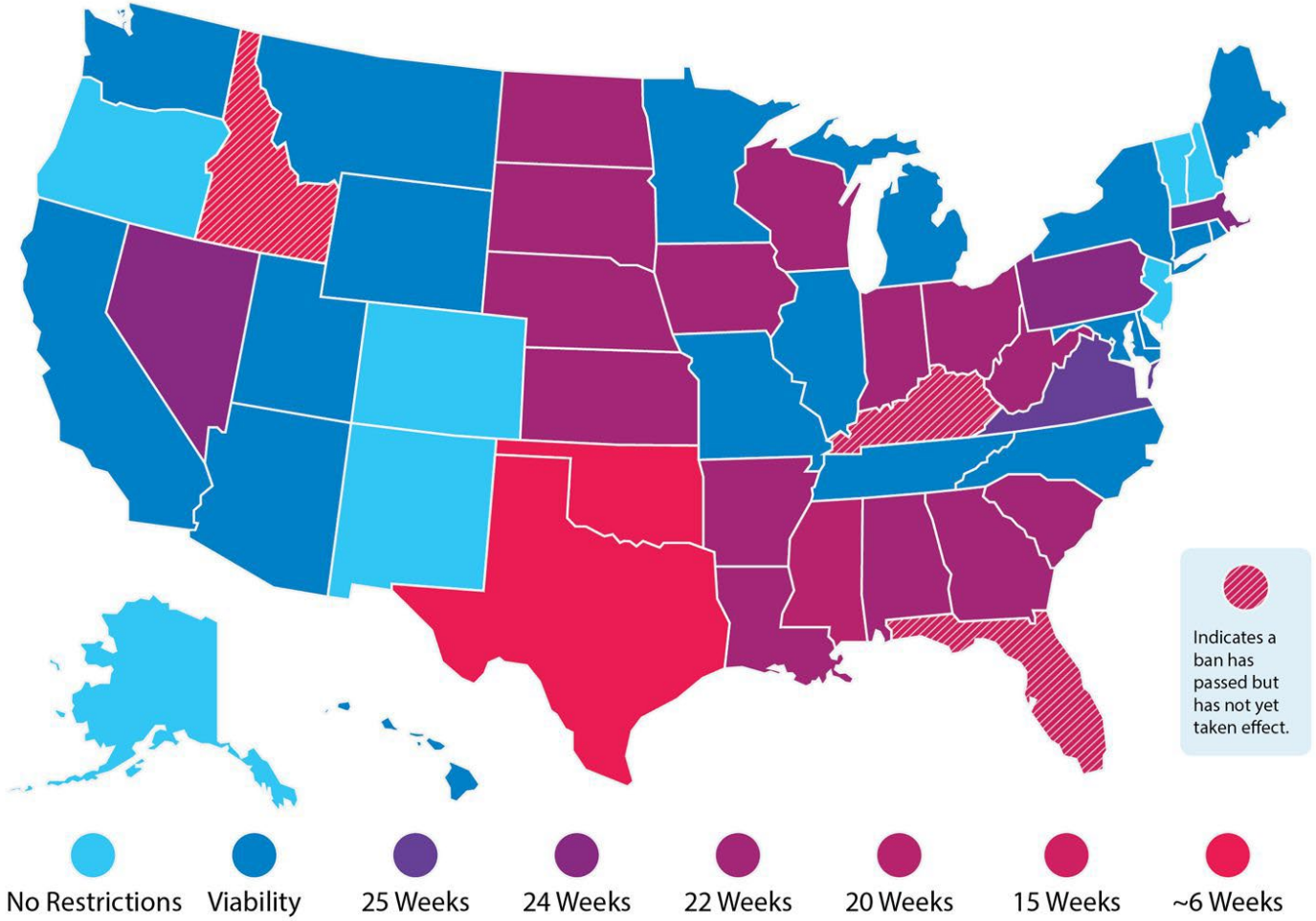
- In 2022, 369 bills to protect access to abortion were introduced; 77 passed across 18 states
  - Security for abortion providers & patients
  - Expanded insurance coverage
  - Improved access to medication abortion
  - Shield laws to keep providers from being prosecuted in states where illegal
  - Explicit protections in state constitutions

Adapted from ICNLCA

NLC Authority Related to the Dobbs Decision

- Nurses licensed within Washington State are afforded protections outlined in statute and law
  - Abortion and reproductive health care is allowed within the WA State nurse practice act.
  - Under Washington's "Shield Law" Washington courts and the WABON are not permitted to issue or enforce subpoenas or aid civil or criminal investigations at the request of other states looking for "documents, information, or testimony" related to "protected health services," which include reproductive health care.
- Nurses with a multistate license issued in a state where abortion restrictions exist:
  - MAY be at risk for impacts on their nursing license based on regulations in their primary state of residence, even when care is provided within Washington.

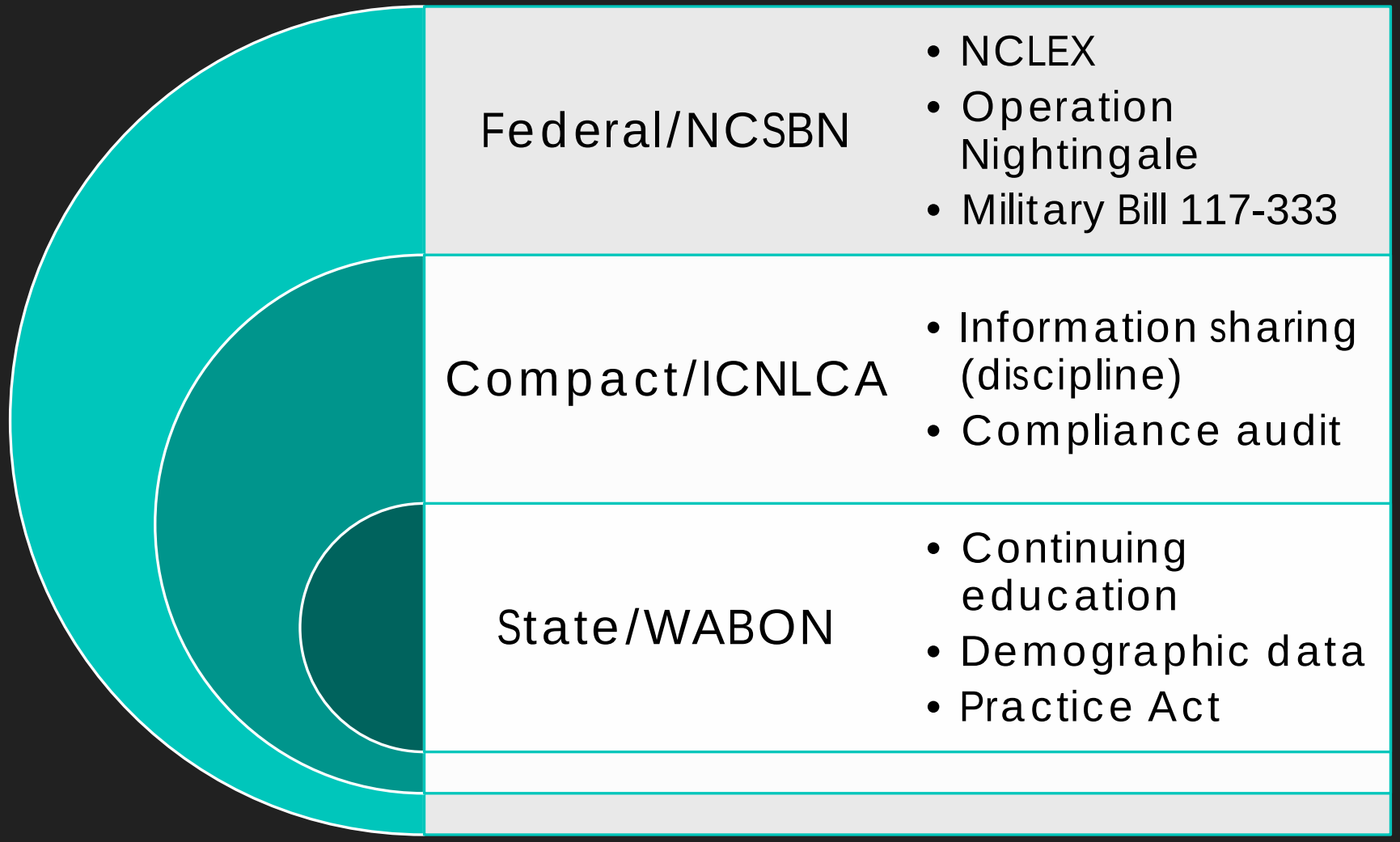
Abortion Availability in the U.S. by Fetal Gestational Age



Compliance Audit

- New 42-item tool to evaluate standardization of compact
- Optional in 2023
- Required and surveyed in 2024
- Cannot complete until issuing MSL
- Foundation for development of processes with NLC implementation

Item No.	Audit Item	Y/N	Authority Citation	Methodology	Evidence	Risk to Patient Safety	Risk to Reputation of the Compact
Applications							
2.	Does your board require a declaratory statement of primary state of residence with initial, renewal, and reinstatement applications?		Article IV(c)(2): A multistate license shall not be issued by the new home state until the nurse provides satisfactory evidence of a change in primary state of residence to the new home state and satisfies all applicable requirements to obtain a multistate license from the new home state. Rule 401. PARTY STATE RESPONSIBILITIES (1) On all application forms for multistate licensure, a party state shall require, at a minimum: (a) A declaration of a primary state of residence.			Low	High
3.	Does your state require, on all application forms for multistate licensure, that the applicant disclose whether they are a current		401. PARTY STATE RESPONSIBILITIES (1) On all application forms for multistate licensure, a			High	High


Federal/NCSBN
• NCLEX
• Operation Nightingale
• Military Bill 117-333
Compact/ICNLCA
• Information sharing (discipline)
• Compliance audit
State/WABON
• Continuing education
• Demographic data
• Practice Act

Questions/Discussion

STATE OF WASHINGTON

Washington State Board of Nursing
Meeting Agenda
September 8, 2023
8:30 AM- 2:00 PM

Spokane Convention Center, 334 West Spokane Falls Blvd, Spokane, WA 99201. Rooms 302 A/B.
Zoom registration:
https://us02web.zoom.us/meeting/register/tZYtcO2sqz8qE9VeAcgk6cjKwpKhHk89x1XY

Commission Members:	Yvonne Strader, RN, BSN, BSPA, MHA, Chair Helen Myrick, Public Member, Vice-Chair Adam Canary, LPN, Secretary/Treasurer Jonathan Alvarado ARNP, CRNA Quiana Daniels, BS, RN, LPN Ella B. Guilford, MSN, M.Ed., BSN, RN Judy Loveless-Morris, PhD, Public Member Ajay Mendoza, CNM Dawn Morrell, RN, BSN, CCRN MaiKia Moua, RN, BSN, MPH Sharon Ness, RN Emerisse Shen, FNP, ARNP Kimberly Tucker PhD, RN, CNE
Assistant Attorney General:	Sierra McWilliams, Assistant Attorney General
Staff:	Alison Bradywood, DNP, MPH, RN, NEA-BC, Executive Director Chris Archuleta, Director, Operations and Finance Gerianne Babbo, Ed.D, MN, RN, Director, Education Shad Bell, Assistant Director, Operations and Communications Amber Bielaski, MPH, Assistant Director, Licensing Debbie Carlson, MSN, RN, CPM, Director, Practice Mary Sue Gorski, PhD, RN, Director, Advanced Practice, Research and Policy Karl Hoehn, JD, FRE, Assistant Director, Discipline – Legal Grant Hulteen, Assistant Director, Discipline – Investigations and WHPS Bethany Mauden, Administrative Assistant Kathy Moisio, PhD, RN, Director, Nursing Assistant Programs Catherine Woodard, Director, Discipline and WHPS

Questions

Please contact us at 360-236-4703 if you:

- have questions about the agenda.
- want to attend for only a specific agenda item.
- need to make language or accessibility accommodations.

Language and Accessibility

If you plan to attend and need language or accessibility services, WABON can arrange help. Please contact us at least one week before the meeting, (August 31, 2023)

Need this document in another format? Please call 800-525-0127.
Deaf or hard of hearing customers:

- Call: 711 (Washington Relay)
- Email: civil.rights@doh.wa.gov

Meeting Minutes

We record our meetings to help write accurate minutes. Our minutes are then approved at the next Washington State Board of Nursing (WABON) business meeting. WABON posts minutes on our website nursing.wa.gov.

All minutes and recordings are public record. They are available on request from DOH at doh.wa.gov/about-us/public-records.

If attending remotely, please mute your connection to minimize background noise during the meeting.

Smoking and vaping are prohibited at this meeting.

I. 8:30 AM Opening – Yvonne Strader, Chair – DISCUSSION/ACTION

II. Call to Order

A. Introductions

1. Name, length of time on commission, committee participation, area of residence

B. Order of the Agenda

III. 8:40 AM – 9:00 AM Signature Authority – Karl Hoehn, Sierra McWilliams - DISCUSSION/ACTION

Mr. Hoehn and Ms. McWilliams explain the ability for the WABON to delegate certain signatures and present the table of the current delegations for annual review.

IV. 9:00 AM – 10:00 AM Education – Dr. Gerianne Babbo, Dr. Kathy Moisio - DISCUSSION/ACTION

A. Nursing Education
   1. NGN Updates
   2. Education Unit positions
   3. Preceptorship Data

B. Nursing Assistant
   1.Testing Updates
   2.HCA-NAC-LPN Apprenticeship Program

10:00 AM – 10:15 AM Break

V. 10:15 AM – 11:30 AM Strategic Plan Proposal - DISCUSSION/ACTION

Situation: The 2023-2025 WABON Strategic Plan Proposal assesses current and future work before the board, prioritizing bodies of work that are imperative to progress the board's mission.

Background: Every two years, WABON approves a strategic plan in alignment with the current landscape of the nursing profession, legislative efforts, and to address the needs of the public.

Assessment: Significant legislative bills passed in 2023 require immediate implementation to address nursing shortages, development, and mobility. These include, SB 5582 Workforce Opportunities, SB 5499 Nurse Licensure Compact, HB 1255 Reducing Nurse Stigma, and HB 1009 Concerning Military Spouses. Of these, 5582 dovetails with on-going efforts to enhance the NA-C workforce and LPN Apprenticeship Pathways. New efforts to proactively address nursing practice concerns will provide data-driven partnerships with facilities to optimize nursing practice and mitigate public risk through focus on high-risk practices. Diversity, Equity, Inclusion, and Anti-Racist efforts will embed visibility of this priority as a measurable standard across all board of nursing work. A lengthy parking lot captures additional priorities within the nursing community for future work.

Requested Action:
Consider 1) retirement of academic progression and WHPS from the 2023-2025 Strategic Plan, 2) continuation of NA-C and LPN Workforce efforts and communication with a focus on Social Media presence, and 3) add priority work efforts on Bill Implementation, DEI/AR, and Data-Driven Practice.

1. Nursing Practice (Debbie Carlson)
2. Nursing Assistants (Kathy Moisio)
3. Bill Implementation (Amber Zawislak, Karl Hoehn)
4. DEI
5. Other Priorities
   a. Social Media Communications (Shad Bell)
6. *Retired from July 2023 plan* - Academic progression, WHPS.

11:30 AM – 1:00 PM Lunch

VI. 12:00 PM – 1:00 PM Education Session - Jonathan Alvarado, MS, ARNP-CRNA
Nurse Anesthesiology's History, Practice Models, Access, and Regulatory Bodies.
Nurse Anesthesiology has been an integral part of the nursing profession from the beginning and has contributed to its growth at all levels. Decision-makers, regulators, and other non-anesthesia provider leaders must have an understanding of the complexities of the anesthesiology profession to make informed decisions.

VII. 1:00 PM – 1:15 PM Public Comment

This time allows for members of the public to present comments to the WABON. If the public has issues regarding disciplinary cases, please call 360-236-4713.

VIII. 1:15 PM – 1:45 PM Bethany Mauden

A. Board Pay Summary - July 1, 2022 – June 30, 2023
B. TEMS and Board Pay Refresher Training

IX. 1:45 PM Meeting Evaluation

X. Adjournment.

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE

Title:	Signature Authority Delegation	**Number:**	H16.02
Reference:	RCW 18.130.050(10), (17) RCW 18.130.095		
Contact:	Paula R. Meyer, MSN, RN, FRE Executive Director Nursing Care Quality Care Assurance Commission		
Effective Date:	September 9, 2022	Date Reviewed:	August 2022
Supersedes:	H16.02, dated July 14, 2017		
Approved:	RN, MHA, BSN, BSPA **Yvonne Strader, RN, BSN, BSPA, MHA** **Chair** **Nursing Care Quality Assurance Commission**		

PURPOSE:
This procedure lists certain decisions for which NCQAC delegates:

- Full decision-making and
- Decisions where staff is authorized to sign documents after a panel of the commission has approved the action.

PROCEDURE:
The Executive Director will place this item on the NCQAC meeting agenda prior to the end of the fiscal year. The NCQAC will determine which decisions they will delegate to staff and which staff has signature authority to sign on behalf of NCQAC after a commission or panel decision. The Operations staff completes the forms and sends to the NCQAC chair for signature.

- For delegation and signature authority of credentialing, disciplinary, compliance, or rule-making activities, use Form A.
- For delegation and signature authority of adjudication processes, use Form B.
- For delegation of final decision-making authority in the adjudication of specific cases, use Form C.

After the NCQAC chair has signed the forms, they are shared with any Department of Health office affected by the delegation:

- Office of Customer Service
- Office of the Assistant Secretary
- Office of Adjudicative Services

Operations staff posts the delegation forms to NCQAC Procedures SharePoint page. The original Form B and Form C must be sent to the Office of Adjudicative Services.

H16.02 Form A: Delegation of Signature Authority
(Credentialing, Disciplinary Functions, Compliance and Rules)

On September 9, 2022, the Nursing Care Quality Assurance Commission (NCQAC) delegated signature authority for each of the documents indicated as follows:

☒ Credentialing

Document	Panel Approval Required?	NCQAC Staff Title(s)
☒ Approval of Routine Credentialing Applications	No	Credentialing Lead Credentialing Manager Director of Education Executive Director
☒ Notice of Decision – Denial of Credential for failure to meet qualifications under RCW 18.130.055(1)(d)	No	Credentialing Manager Discipline Case Manager Case Manager Executive Director
☒ Notice of Required Mental, Physical, or Psychological Evaluation	Yes	Case Manager Discipline Case Manager Director of Discipline Executive Director

☒ Disciplinary

Document	Panel Approval Required?	NCQAC Staff Title(s)
☒ Citation and Notice (for failure to produce records, documents, or other items)	RCM can authorize	Case Manager Discipline Case Manager Director of Discipline Executive Director
☒ Declaration for Failure to Answer or Appear	No	Case Manager Discipline Case Manager Director of Discipline Executive Director
☒ Notice of Correction	Yes	Director of Discipline Case Manager Discipline Case Manager Executive Director
☒ Notice of Determination	Yes	Director of Discipline Case Manager Discipline Case Manager Executive Director

☒ Notice of Opportunity for Settlement and Hearing	No, as long as panel approves SOC	Case Manager
		Discipline Case Manager
		Executive Director
		Legal Assistant/Paralegal
☒ Statement of Allegations	Yes	Director of Discipline
		Case Manager
		Discipline Case Manager
		Executive Director
☒ Statement of Charges	Yes	Director of Discipline
		Case Manager
		Discipline Case Manager
		Executive Director
☒ Subpoenas	No, as long as panel opened the investigation	Chief Investigator
		Assistant Dir. Discipline – Legal
		Director of Discipline
		Executive Director

☒ Rules

Document	**NCQAC Approval Required?**	**NCQAC Staff Title(s)**
☒ CR-101	Yes	Executive Director
☒ CR-102	Yes	Executive Director

☒ Compliance

Document	**Panel Approval Required?**	**NCQAC Staff Title(s)**
☒ Release from Stipulation to Informal Disposition (STID) when all requirements substantially met	RCM can approve	Executive Director
		Compliance Manager

This delegation shall remain in effect until revoked, terminated, or modified. This delegation shall be reviewed and updated biennially.

Dated this 9th day of September 2022.

Yvonne Strader, RN, MHA, BSN, BSPA

Yvonne Strader, RN, BSN, BSPA, MHA Chair

Paula R. Meyer, MSN, RN, FRE
Executive Director

H16.02 Form B: Delegation of Decision- Making

I, Yvonne Strader, Chair of the Washington NCQAC, acting upon authorization of the Commission under the authority in RCW 18.130.050(8), (9), and (10), delegate and authorize Health Law Judges (HLJs), designated by the Secretary of Health, to act as the Presiding Officer in adjudicative proceedings. This authorization does not allow HLJs to make a final decision in any adjudicative proceeding, unless expressly authorized below. This authorization does not restrict the Commission from authorizing an alternate Presiding Officer, such as an Administrative Law Judge, on a case-by-case basis.

☒ **Review Officer of Adjudicative Services Office:**

☒ Serve as decision-maker in administrative review of Initial Orders on Brief Adjudicative Proceedings (review of initial orders)

☒ **Adjudicative Services** (Delegated to presiding officer serving in the Adjudicative Service Unit):

☒ Serve as decision-maker in Brief Adjudicative Proceedings (Initial Orders) for failure to meet qualifications or license issued in error. WAC 246-11-420.

☒ Consistent with RCW 18.130.400, to serve as the decision-maker in response to an ex parte motion for summary suspension in which the respondent is alleged to have violated RCW 18.130.050 (8) (b) (DSHS actions).

☒ Consistent with RCW 18.130.370, to serve as the decision-maker in response to an ex parte motion for summary suspension or restriction of a license in which the respondent is alleged to have violated RCW 18.130.050(8) (a) (out of state, federal or foreign jurisdiction actions).

☐ Consistent with RCW 18.130.170 (2) (b) to serve as the decision-maker in response to a motion for an investigative mental health or physical health examination.

☒ To serve as the final decision-maker in adjudicative proceedings in which a party is in default for failure to submit a request for adjudicative proceeding. This delegation does not include cases charging a violation of RCW 18.130.180(4) (pertaining to standards of practice or where clinical expertise is necessary).

☐ To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180 (5) (suspension, revocation, or restriction of the respondent's license to practice a health care profession in any state, federal or foreign jurisdiction).

☒ To serve as the final decision-maker in adjudicative proceedings where the Department has brought a motion for noncompliance under WAC 246-11-700.

☐ To serve as the final decision-maker in adjudicative proceedings in which the respondent is charged with violation of RCW 18.130.180 (9) (failure to comply with an order issued

by the commission or its predecessor).

☐ To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180 (17). (Conviction of a felony or gross misdemeanor related to the practice of his or her profession)

☐ To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180 (24) (verbal or physical abuse of a client or patient).

☐ To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180 (23) (current misuse or alcohol, controlled substances, or legend drugs).

☐ To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180 (6) (diversion or prescribing controlled substances for oneself).

☐ To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.170 (mental health or physical health).

☐ To approve or deny proposed settlements (in all cases other than those that pertain to standards of practice or where clinical expertise is necessary) that are filed nine (9) calendar days before the scheduled hearing.

☐ To serve as the final decision-maker in proceedings related to reinstatement of a license previously suspended, revoked, or restricted by the board or commission.

☐ To serve as the final decision-maker in proceedings related to modification of any disciplinary order previously issued by the board or commission.

This delegation remains in effect until revoked, terminated, or modified. To the extent that this delegation conflicts with prior delegations to presiding officers at the Adjudicative Service Unit, this delegation prevails.

Dated this 9th day of September 2022.

RN, MHA, BSN, BSPA

Yvonne Strader, RN, BSN, BSPA, MHA Chair

H16.02 Form C: Delegation of Decision- Making
(Case Specific Adjudication)

On Click here to enter a date. the Nursing Care Quality Assurance Commission (NCQAC) delegated signature authority for the following activities:

☐ **Legal Services:**

☐ Brief Adjudicative Proceedings for initial order regarding:

Applicant's Name: Click here to enter text.
Case Number(s): Click here to enter text.
Docket Number(s): Click here to enter text.

☐ **Adjudicative Services,** for the final order regarding:

Applicant's Name: Click here to enter text.
Case Number(s): Click here to enter text.
Docket Number(s): Click here to enter text.

This delegation, under RCW 18.130.050 (10), shall remain in effect until the final order is entered, or until revoked, terminated, or modified by the NCQAC.

Dated this Choose an item. day of Choose an item., Choose an item.

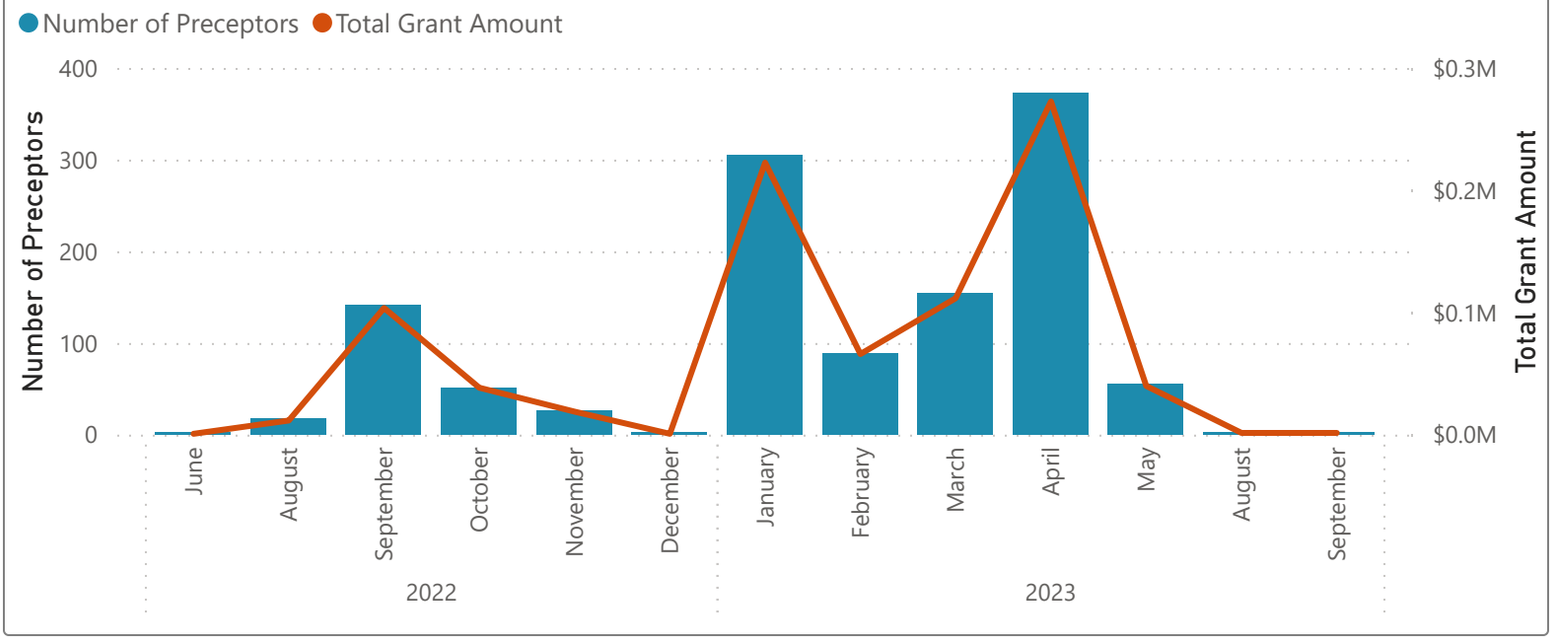
Yvonne Strader, RN, BSN, BSPA, MHA Chair

Preceptor Grant Data

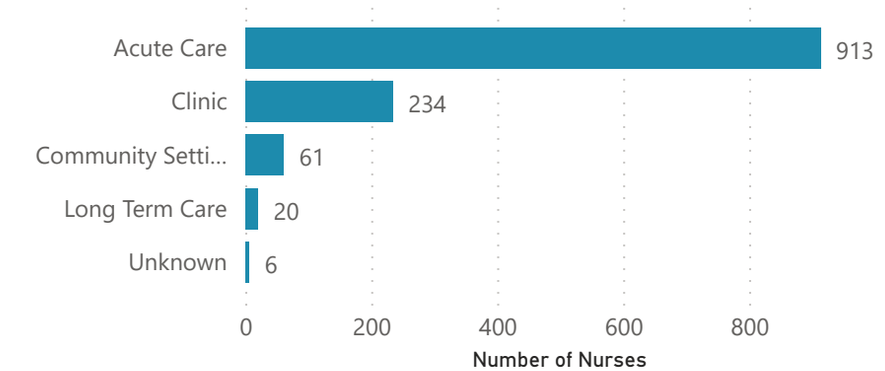
Last Updated: July 6th, 2023

$899.73K	$734.47	1,235	1,250
Total Spent	Average per Preceptor	Total Preceptors	Total Students Precepted

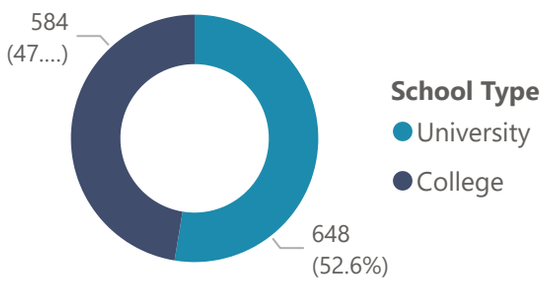
Number of Preceptors and Grant Funds Allocated by Start Date



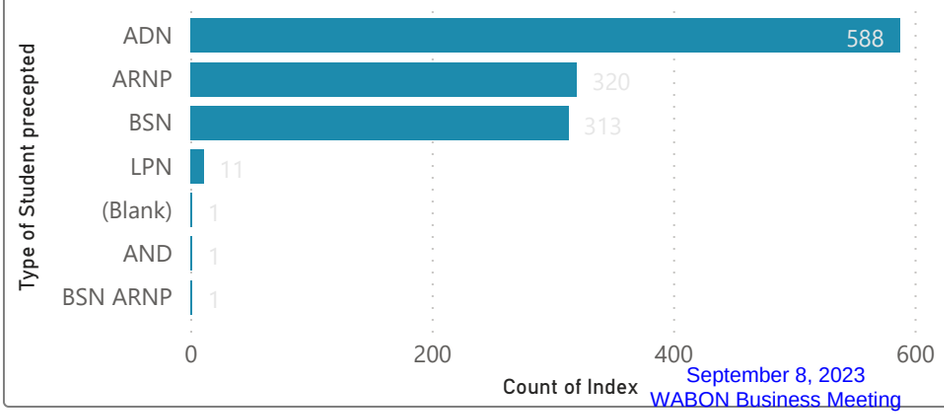
Number of Preceptors by Facility Type



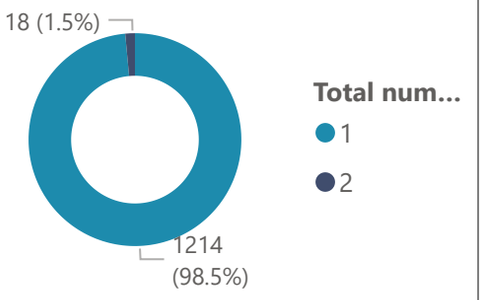
Number of Preceptors by School Type



Number of Preceptors by Types of Students Precepted



Number of Students Per Preceptor



Preceptor Grant Data

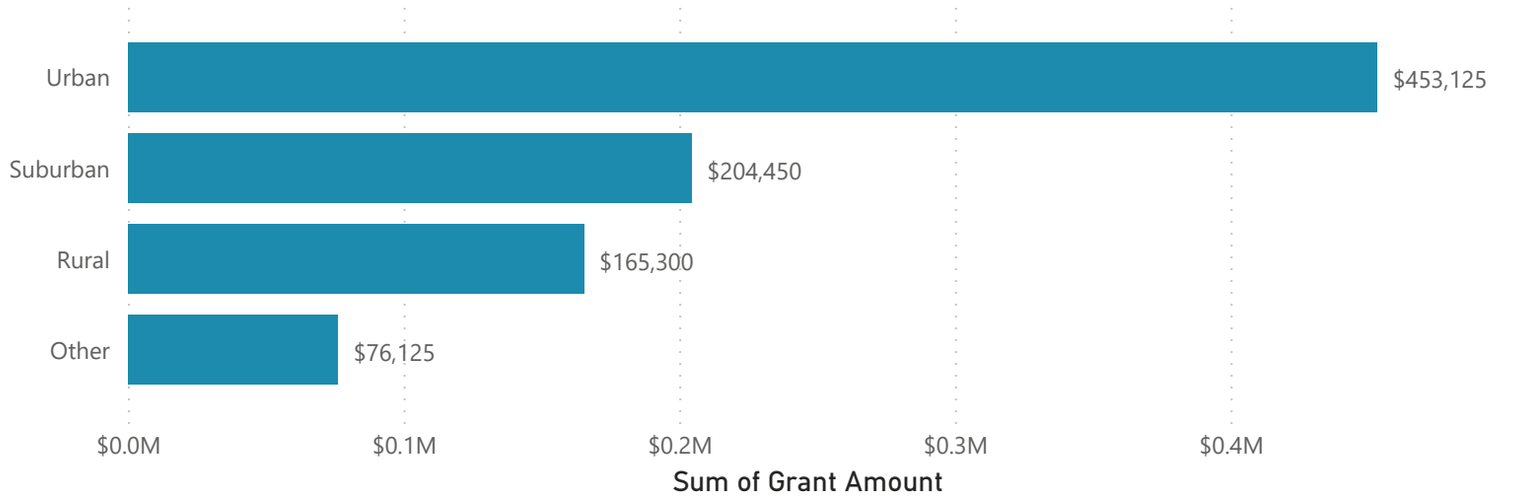
Last Updated: July 6th, 2023

School Name	Geographic Area	Number of Preceptors	Total Hours Precepted	Total Grant Amount
University of Washington	Urban	167	19318	$121,075
Washington State University	Other	101	12857	$74,675
Pacific Lutheran University	Suburban	91	15508	$66,700
Gonzaga University	Urban	86	12162	$65,975
Seattle University	Urban	85	12660	$63,075
Seattle Pacific University	Urban	52	7709	$38,425
Walla Walla Community College	Rural	51	4875	$36,975
Olympic Community College	Urban	44	5265	$31,900
Lake Washington Institute of Technology	Suburban	41	5910	$29,000
Clark Community College	Urban	39	4005	$28,275
Bellingham Technical College	Suburban	38	5640	$27,550
Lower Columbia College	Rural	38	4763	$27,550
Columbia Basin College	Urban	32	4307	$22,475
Everett Community College	Suburban	29	3739	$21,750
Whatcom Community College	Urban	29	3412	$21,025
Wenatchee Valley Community College	Rural	28	3743	$20,300
Yakima Valley Community College	Rural	27	2873	$19,575
St Martins University	Suburban	26	2707	$18,850
Bellevue College	Urban	24	2719	$17,400
Grays Harbor College	Rural	24	3843	$17,400
Tacoma Community College	Urban	23	3708	$16,675
Skagit Valley College	Rural	20	1760	$15,225
Spokane Community College	Urban	21	3077	$15,225
Peninsula Community College	Rural	18	2304	$13,775
Northwest University	Suburban	16	1844	$11,600
Renton Technical College	Suburban	16	1932	$11,600
South Puget Sound Community College	Urban	16	3069	$11,600
Centralia College	Rural	10	1135	$7,250
Highline College	Suburban	10	1378	$7,250
Pierce Community College	Suburban	9	1256	$6,525
Heritage University	Rural	6	971	$4,350
Edmonds Community College	Suburban	4	449	$3,625
Big Bend Community College	Rural	4	528	$2,900
Walla Walla University	Other	2	188	$1,450
Western Governors University		1	81	$725
Concordia SP University (Not Eligible)		1	180	
Creighton University College of Nursing (Not Eligible)		1	225	
George Washington School of Nursing (not eligible)		1	198	
Indiana State University		1	112	
Simmon's University		1	344	
University of North Dakota		1	120	
Total		**1234**	**162874**	**$899,725**

Preceptor Grant Data

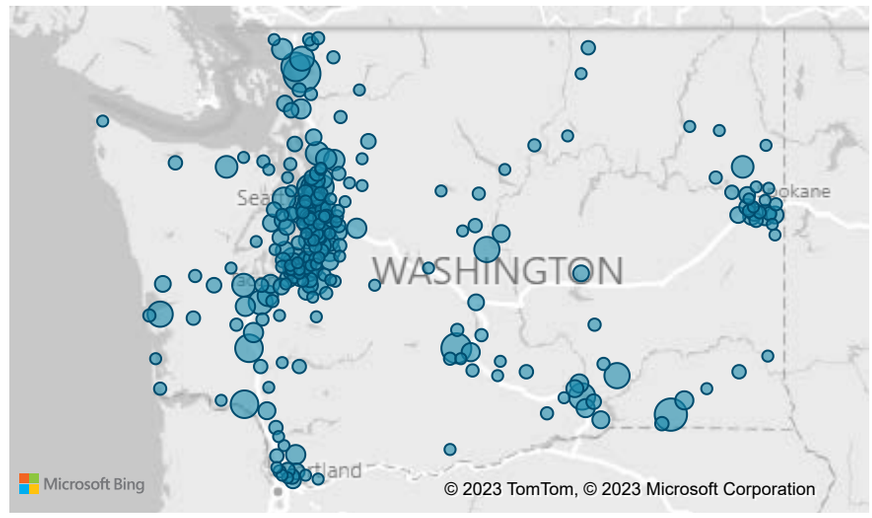
Last Updated: July 6th, 2023

Total Grant Amount by School's Geographic Area

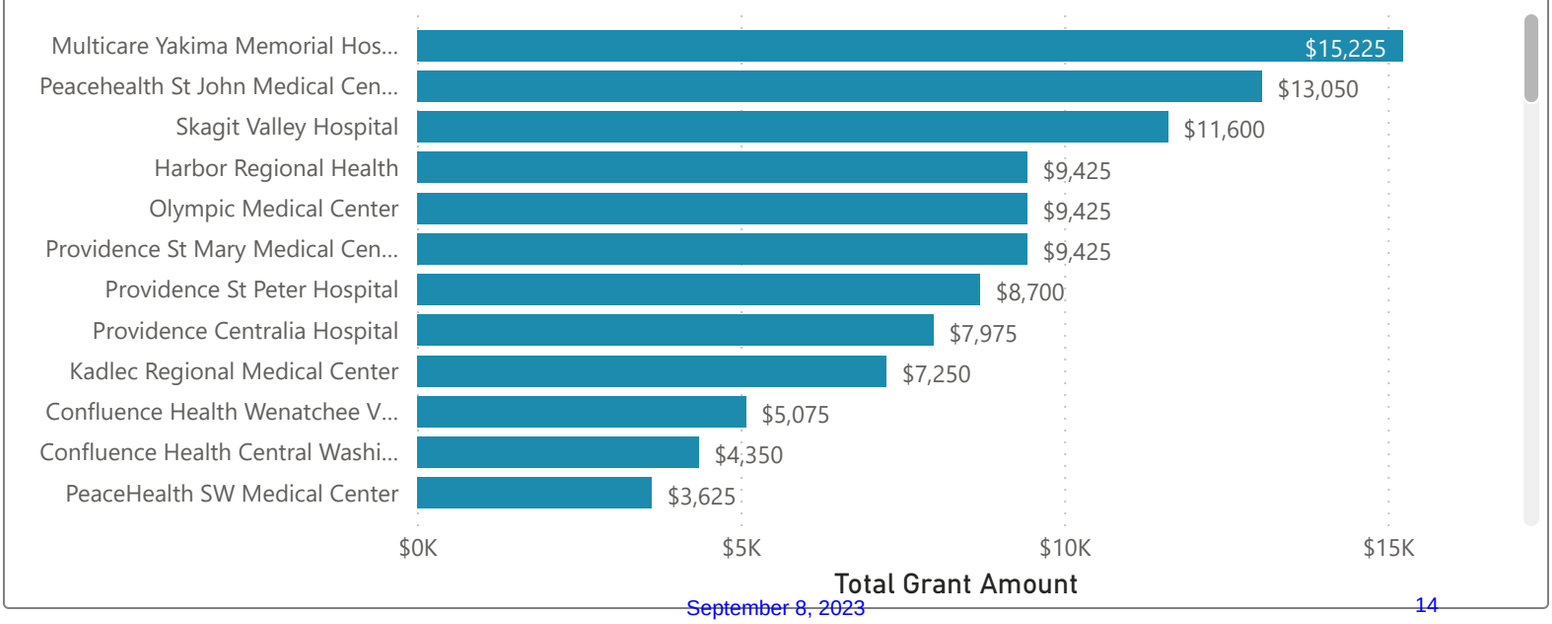


Critical Access Hospitals	Total Grant Amount
Cascade Medical Center	$725
Jefferson Healthcare	$725
Mason General Hospital	$725
North Valley Hospital	$725
Ocean Beach Hospital	$725
Prosser Memorial Health	$725
Three Rivers Hospital	$725
Whitman Hospital & Medical Center	$725

Allocated Funds Across the State

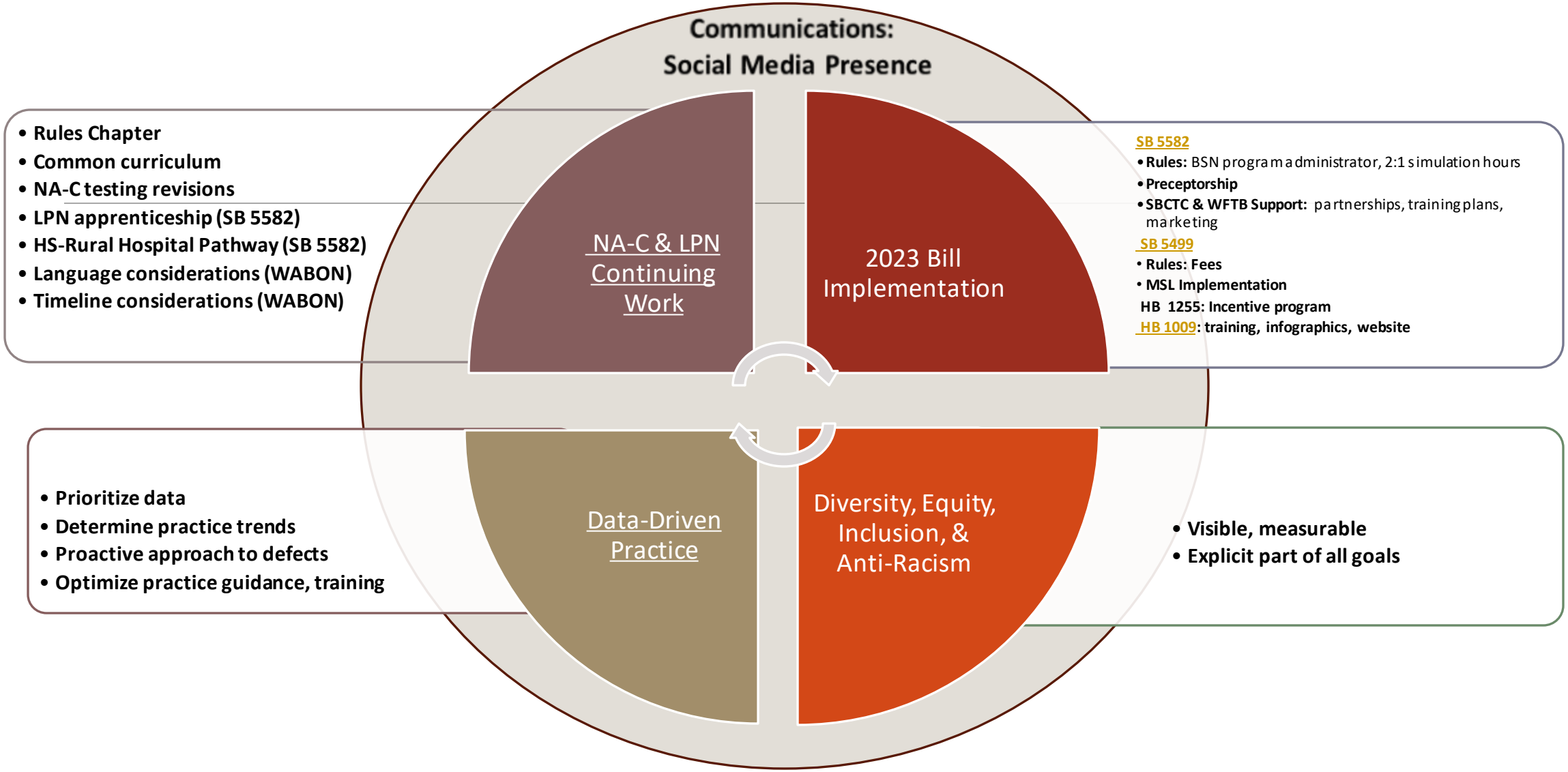


Top Facilities for Rural Schools



Strategic Plan Proposal

2023-2025



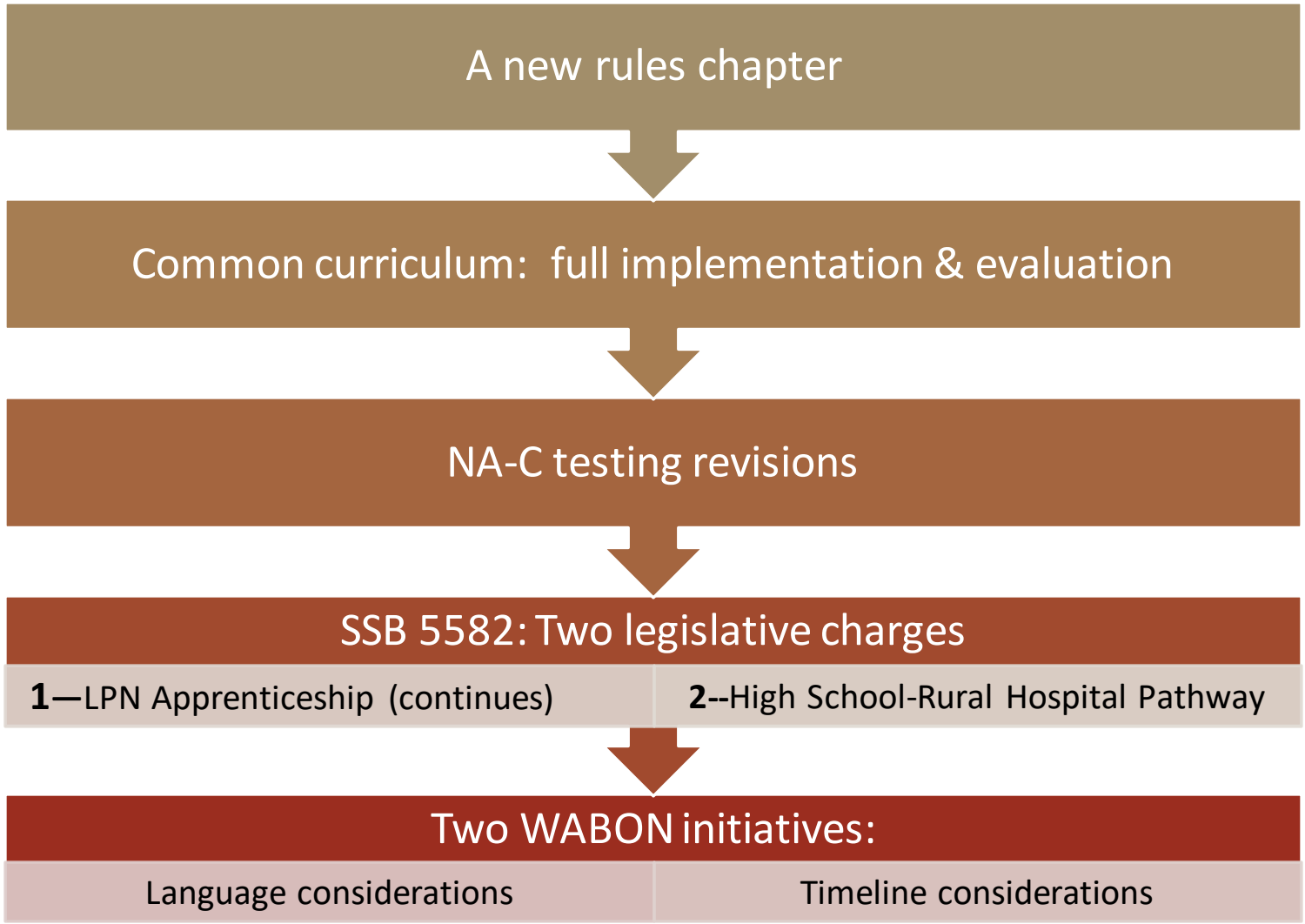
** Note: Please refer to the July Business Meeting for additional details on strategic priorities*

NA-C & LPN Workforce Strategic Plan: 2023-2025

Background

This is the 3rd in a series of strategic plans to create significant transformation for nursing assistants

It brings to fruition the work of previous plans; when complete, it will reflect six years of work with interested parties

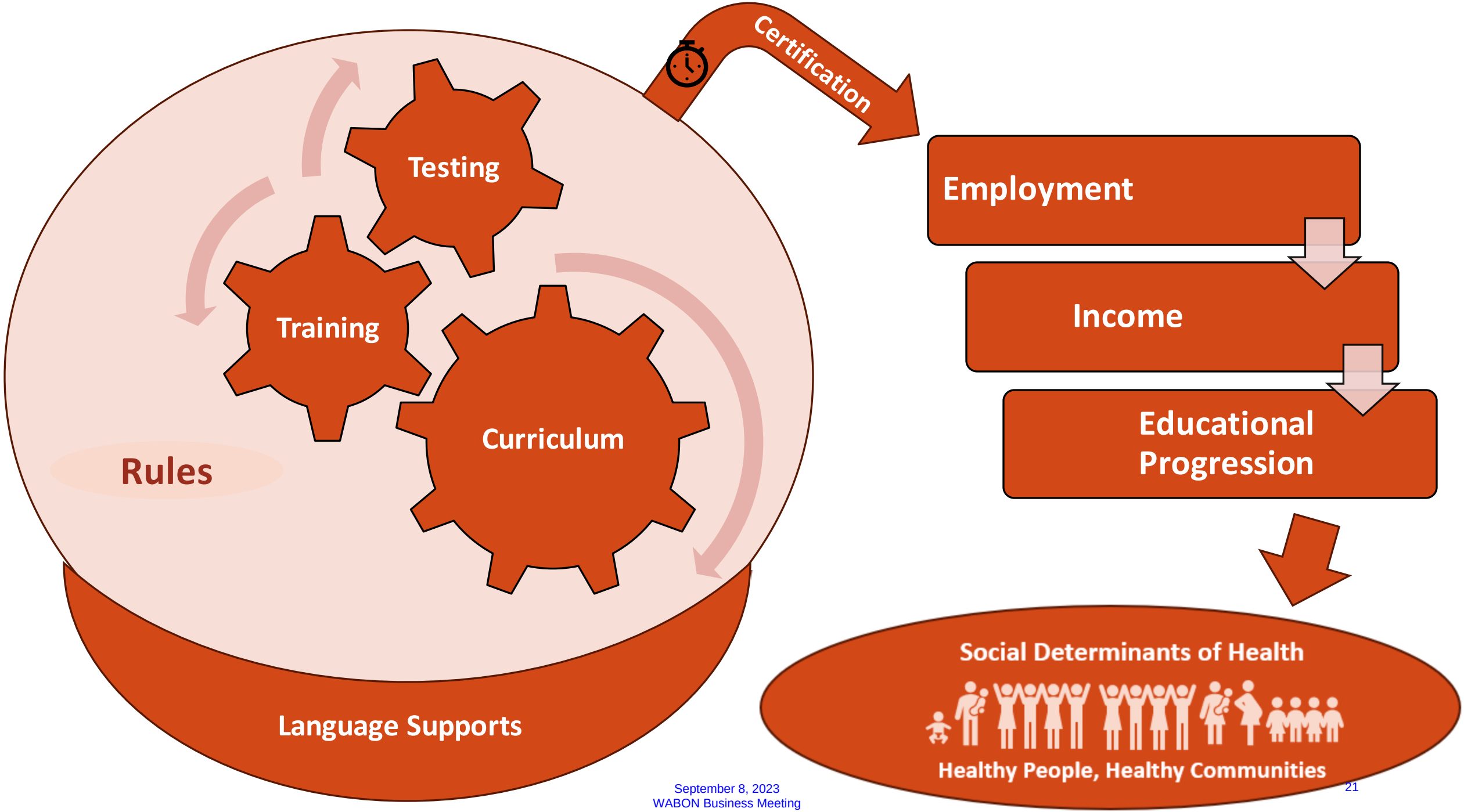


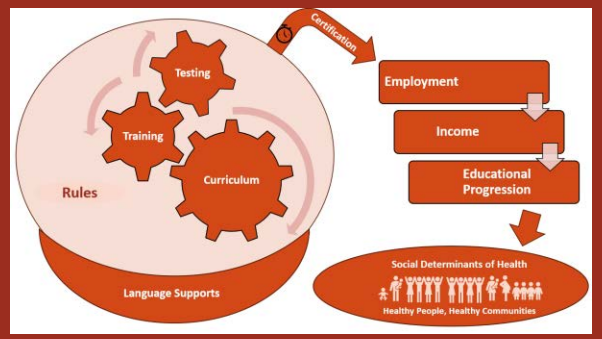
Main Areas of Focus

Goals

For ALL nursing assistants, including English language learners:

- TRAINING and TESTING ACCESS & SUCCESS
- SEAMLESS EDUCATIONAL & EMPLOYMENT PATHWAYS
- CLEAR, DATA-DRIVEN TIMELINES FOR PUBLIC PROTECTION


Certification
Testing
Training
Curriculum
Rules
Language Supports
Employment
Income
Educational Progression
Social Determinants of Health
Healthy People, Healthy Communities



Nursing Assistants & Diversity, Equity, and Inclusion

Nursing Assistants: Strategic Plan

Objectives	Responsibility	Key Steps/Resources	Anticipated Completion Date	Progress
Finalize Proposed Rules: WAC Chapter 246-841A	Kathy Moisio, Bonnie King	• Hearing scheduled for 8/30/23 • Complete required post-hearing activities • Final filing for effective date	By 10/31/23	
Implement Rules Changes, Including Common Curriculum with Integration of Specialty Units	Kathy Moisio, Amy Murray, Alana Llacuna, Christine Tran, Dennis Gunnarson	• Complete all necessary forms revisions • Complete all web updates • Create orientation materials, per rules (Program Director Orientation, Program Applicant Orientation) • Implement ongoing communication, orientation, and technical assistance plan with training programs • Finalize all training programs' curriculum implementation plans for Sept. 2024 launch • Collaborate with DSHS and training programs on plans and details for Specialty Unit Integration by Sept. 2025 • Implement evaluation plan of curriculum implementation	By 10/31/23 " " " " Ongoing By 9/1/24 Start 12/1/23 & Ongoing	

Nursing Assistants: Strategic Plan

Objectives	Responsibility	Key Steps/Resources	Anticipated Completion Date	Progress
Continue to Make & Implement Revisions to Nursing Assistant Testing	Kathy Moisio, Amy Murray, Alana Llacuna, Christine Tran, Dennis Gunnarson	• Continue increasing the availability of skills testing slots by allowing most training programs to conduct skills testing of their students at the training program site following graduation • Continue identifying additional efficiencies to improve all testing processes and availability • Execute contract amendment(s) to reflect revisions • Evaluate and refine testing revisions	By 10/1/23 & Ongoing Ongoing By 10/1/23 Ongoing	
Continue HCA-NAC-LPN Registered Apprenticeship Pilot work as legislated through June 2026 (SSB 5582)	Marlin Galiano with support from Dennis Gunnarson & Kathy Moisio	• Provide project management and budget planning support to lead agency and Sponsor to foster timely completion of required activities within budget • Support Sponsor in completing required activities, including finalization of all program standards • Support college partner(s) in completing required and necessary activities for Sept. 2024 launch, including communication with the Nursing Program Approval Panel (NPAP) as required • Consult on all pilot plans and activities to support compliance with WABON and other regulations • Consult on legislative reports and responding to legislative and other inquiries on pilot status • Support all activities required for timely submission of application to the Washington State Apprenticeship & Trade Council (WSATC) for a Sept. 2024 launch • Support evaluation of and reporting on the pilot to the legislature, the WABON, and interested parties	Ongoing 8/1/23 & Ongoing Ongoing Ongoing 8/1/23 & Ongoing By 3/1/24 Ongoing & **Legislative Report Due 12/1/25**	

Objectives	Responsibility	Key Steps/Resources	Anticipated Completion Date	Progress
Per SSB 5582, establish at least two pilot projects that partner rural hospitals with high school training programs for nursing assistant clinicals and employment (at least one on each side of the state)	New Hire—Nurse Consultant, New Hire—Health Services Consultant 1 (dedicated positions for this work, per legislature)	• Hire nurse consultant and health services consultant • Develop and implement a communication and outreach plan to identify potential partners for the pilot projects and to invite them into the work. • Convene potential partners for an introductory meeting(s) to introduce them to the legislative charge; gather information about communities (needs, goals, ideas, questions, concerns); and inform about what the pilot entails to identify interested partners. • Once pilot partners are identified, collaborate with them to develop, implement, and evaluate a workplan with steps, timelines, and outcomes for fulfilling the legislative charge and meeting their needs. • Implement the workplan • Evaluate the pilot(s) • Write and submit required two reports to the legislature outlining the status of the pilots and presenting findings and recommendations	By 10/31/23 By 11/30/23 By 1/5/24 By 3/1/24 Start 3/1/24 & Ongoing Ongoing with formal evaluation for report due to legislature 12/1/25 **Legislative Reports Due 12/1/24 & 12/1/25**	

Nursing Assistants: Strategic Plan

Nursing Assistants: Strategic Plan

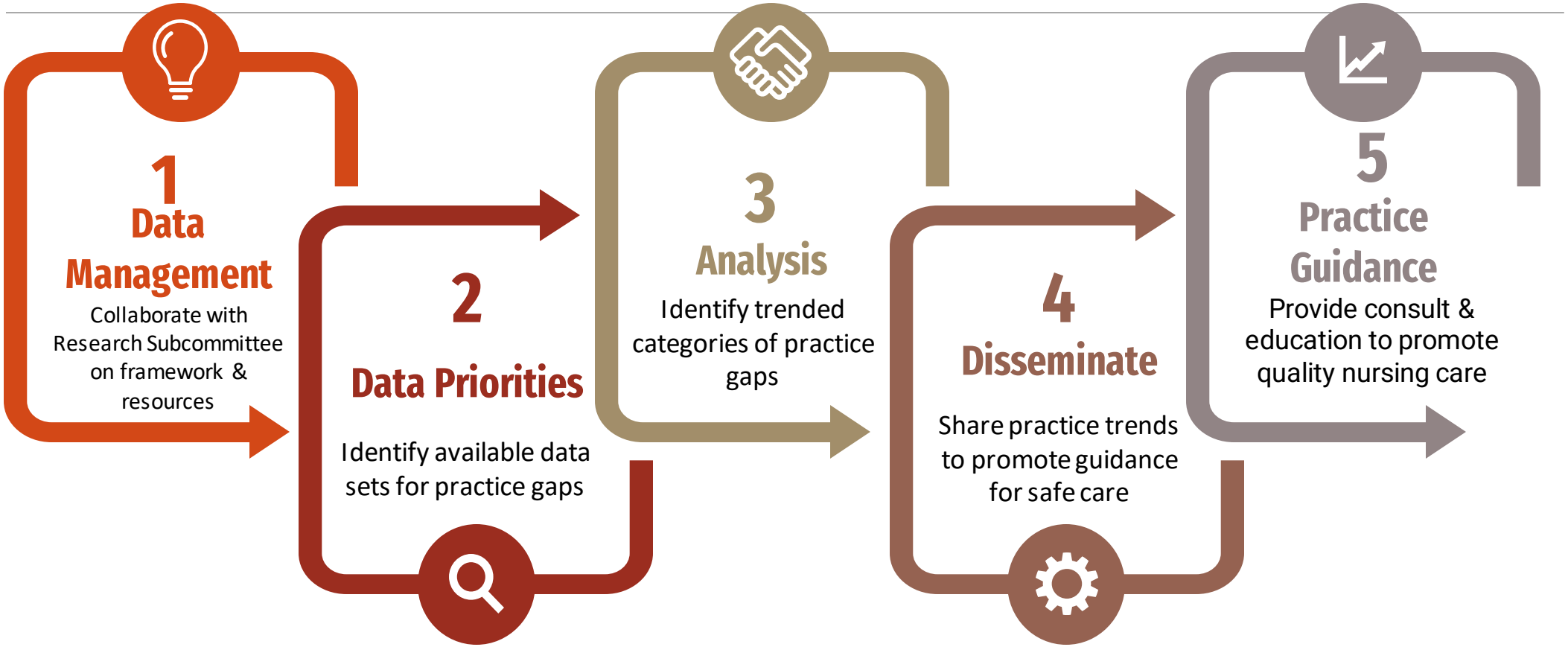
Objectives	Responsibility	Key Steps/Resources	Anticipated Completion Date	Progress
Language & Timeline Considerations for Nursing Assistants	Part of the role of a new hire (Nurse Consultant)	• Hire nurse consultant • Orient nurse consultant to nursing assistant unit and current state of nursing assistant language supports and timelines in WA (position has multiple aspects to it) • Conduct research as initial groundwork (i.e., literature review, discussion with other states, etc.) as background to identify data and/or evidence base related to language supports and timelines • Convene and facilitate conversations with interested parties to identify needs, evidence-based approaches or best practices, goals/outcomes. • Based on research and work with interested parties, develop a workplan with steps/milestones, timelines for achievement, and a plan for evaluation to share with the NCQAC and interested parties. • Collaborate with interested parties and contract with experts, if needed and able, to implement the workplan and achieve the goals/outcomes as deliverables. • Implement aspects of the evaluation plan (if implementation is far enough along to evaluate), report on the findings, and make recommendations for refinement to the NCQAC for moving the work forward.	By 10/31/23 By 3/1/24 By 4/30/24 By 5/31/24 By 6/30/24 Ongoing 7/1/24 to 6/30/25 Ongoing 7/1/24 to 6/30/25	

Practice Strategic Plan: 2023-2025

Goal:

Collect available data to identify and characterize practice breakdowns that promote safe nursing practice.

Strategic Objectives



Nursing Practice - Updated July 2023

Nursing practice breakdowns continue to disrupt safe patient care. WABON Early Remediation (ER) case nature data reveals practice breakdowns in team communication, medication omissions, and practicing beyond one's scope of practice.

Identifying datasets that provide information on nursing practice breakdowns will serve as a starting point to identify trends in practice breakdowns. Data will provide guidance for nurses and organizations to understand contributing factors in nursing practice breakdown.

Goals: Collect available data to identify and characterize practice breakdowns that promote safe nursing practice.

Objectives	Responsibility	Resource projections (time, staff, money, etc.)	Deadlines	Progress
Develop or adapt a data management plan (DMP)		Collaborate with Research Subcommittee (RSC re: their data management framework and resources. *Metric: Description of resources & shared framework obtained from DMP.*	December 2023	
Identify data sets that provide information on practice breakdown		Collect, organize, and prioritize available data sets. - Examine nursing student practice error data (Source: WABON Education Unit) - Examine any available patters or trends in nursing practice breakdown (Source: WABON Discipline data dashboard) - Examine Nursing Practice data inquiries (Source: Nursing Practice email box) - Explore other data sources (Source: HSAQ Call center reports) - Explore case nature data provided by the Case Management Team (CMT) (Source: CMT and Early Remediation (ER) reports) *Metric: Number of new datasets identified that are relevant to practice breakdown.*		

Analyze datasets that inform nursing practice breakdown		- Identify practice breakdown categories - Gather data that reflects practice breakdown categories - Sort & organize information within a spreadsheet - Analyze the data for trends or patterns of practice breakdown *Metric: Number of data sources used.*		
Share & disseminate date on practice breakdown/trends to strategic staff to facilitate guidance for safe nursing care in 2024		*Metric: Progress report in 2024 annual report to BON*	September 2024	
Provide nursing consultation, guidance, & education to internal and external customers to understand the laws & regulations related to nursing practice that promote quality nursing care using a preventive and regulatory approach.		- Coordinate with the BON subcommittees on prioritization, completion & evaluation of special projects, development, and revision of advisory opinions, FAQs, and resource tools. - Protect patients by resolving allegations of practice deficiencies of a less serious nature through the ER program.		

Diversity, Equity & Inclusion Strategic Plan: 2023-2025

Goal:

Align our internal and external practices with the cornerstone values of Equity, Innovation, and Engagement (EIE).

Define visible, measurable indicators for WABON work which reflects progress in EIE.

First steps…

- Align current initiatives with equity work set out in the Department of Health (DOH)'s Transformational Plan and required by Governor Inslee's Pro-Equity Anti-Racism (PEAR) Plan & Playbook.

- Center for Community Relations and Equity (CR&E) will provide guidance, access, and hands-on help to WABON, related to the following:

  - Health equity and social justice in WABON initiatives;
  - Community relations, investments, and partnerships;
  - Policy, systems, and environmental change efforts; and,
  - Language Access, Culturally and Linguistically Appropriate Services (CLAS) standards, communications, and outreach activities.

Current Work/Initiatives

- Health Equity CE rules for nurses.
- Equity Review Tool for rulemaking process.
- Identify other areas where an equity review/tool would be helpful.
- Work with DOH as they develop processes and tools.

Bill Implementation Strategic Plan: 2023-2025

Detailed Workplans Linked:

SB 5499 SB 5582 HB 1255 HB 1009

Parking Lot

- Alternative career pathways for nurses – small videos, options for nursing outside of mainstream
- LPN scope in acute care
- Documentation
- Prioritization
- Understanding systems and how to support nurses
- Hospital staffing impacts (research)
- Workforce safety – physical/gun safety, self-care, nurse health
- Education on ARNP roles (social media)
- Foreign nurse trafficking & exploitation
- LPN residency programs
- Quality care metrics – business case for nursing (PHN, acute care, telehealth)

Washington Board of Nursing 2023 Legislation

ESSSB 5582

Short Title **Reducing barriers and expanding educational opportunities to increase the supply of nurses in Washington**

DOH Implementation Plan 23-5582 E2SSB Nurse Supply (2).docx

Bill Section	Activity	Tasks	Lead Group to Implement	Lead & Staff Responsible	Planned Start Date	Planned End Date	Status: Red, Yellow, Green	Completion Date	Comments
5		Third party servicers. Title IV. (Loan default). Provide info for Kathy & Gerianne meeting.	Discipline	Karl Hoehn/ Sara Kirschenman		5/19/23		5/31/23	
4	Home Care Aide pathway (HCA-NAC-LPN Apprenticeship)	Administer the home care aide to LPN apprenticeship pathway pilot program with the Workforce Training & Educ. Coord. Board in consultation with L&I and report status to the legislature.	Education - NA	Kathy Moisio/ Marlin Galiano	7/1/21	8/1/25			Section 4 expires 8/1/2025. In progress. 8/23/23 Now have a sponsor.
11	Pilot projects: H.S. & Rural Hospitals.	Report to the legislature status of pilot project to establish at least two pilot projects for rural hospitals to utilize high school students training to become or who are NA-Cs.	Education - NA	Kathy Moisio	7/1/23	12/1/2024 & 12/1/2025			Section 11 expires 7/1/2026.
	Pilot projects: H.S. & Rural Hospitals.	Position descriptions: HSC1, RN consultant	Education - NA	Kathy Moisio					
5	Providers of NA training	Meet in person with Papadakis & Gattman who are with the Workforce Training & Education Coordinating Board: How much in state budget? Check with Chris.	Education - NA & RN	Kathy Moisio & Gerianne Babbo		6/30/23		6/14/23	Confirmed GFS funding with Chris 6/13/23. GFS $30K one-time contracted facilitator. FTEs: GFS Pilot Project (project positions): 2024 - 2 FTE; 2025 - 2 FTE; 2026 - 1 FTE GFS FTEs Apprenticeship Pathway (perm positions): 2024 - 1.3 FTE; 2025 - 1.3 FTE; 2026 - 1.3 FTE; met with Donald Smith (WTB) on 6/20--No additional state funds rec'd for HCA by WTB

9	Preceptorship	Reduced hours from 100 to 80 hours. Required elements for the report are in the statute. Submit a report to OFM and the legislature on outcomes of the nurse preceptor grant program.	Education - RN	Gerianne Babbo/ Victoria Hayward	7/23/23	9/30/25			Mary Sue's team to summarize data at the 9/7-8/23 Board meeting.
2	Communicate with State Board for Community & Technical Colleges	Email Dr. Paul Francis. CC to Gerianne, Kathy, Marlin, Bonnie. Add: Increase opportunities for rural and underserved students for grad degrees. Recommend inclusion of WA Student Achievement Council (WASAC). Quote concern from the WCN PPT presentation for universities.	Partnerships	Paula Meyer		5/19/23		5/18/23	Section 2 expires 8/1/2025. SBCTC Partnership with NCQAC Letter 5.18.23. (See Communications folder).
	Pilot projects: H.S. & Rural Hospitals.	OSPI discussion r/t grants & pilot; not able to work $$ in tandem	Education - NA	Kathy Moisio				8/23/23	Difference in interpretation between skill centers and high schools
7	Rules: 246-840-517 WAC & 246-840-534 WAC	Rule development.	Rules	Jessilyn Dagum	7/23/23	8/1/25			CR-101 filed 8/23. Interested Parties' Workshops Oct - Nov '23

Washington Board of Nursing 2023 Legislation

SSB 5499 Work Plan (Tasks)

Short Title **Concerning the multistate nurse licensure compact**

DOH Implementation Plan 23-5499 SSB Multistate nurse licensure.docx

Bill Section	Activity	Tasks	Lead Group to Implement	Lead Staff Responsible	Planned Start Date	Planned End Date	Status: Red, Yellow, Green	Completion Date	Comments	Comments
1	GovDelivery	Create electronic messaging about NLC and expectations of employers	Communications	Lead Staff: Shad Bell BON: Vanessa Patricelli		6/16/23		8/23 Phase I; Phase II refining	Communicate with other compact states re: implementation dates	
16	Website requirements	Annual summary of key differences in nursing practice acts across 40 states. Identify method to provide the information	Communications	Lead Staff: Shad Bell BON: Vanessa Patricelli		9/30/2023			Post annual summary of key practice act differences across compact states on website. John Furman assigned. Debbie Carlson to collaborate with Dr. Furman. Add risk information regarding WA HB1340 law as compared to other states which prohibit or restrict abortion and trans healthcare services.	
18	Website requirements	WCN surcharge fee	Communications	Lead Staff: Shad Bell BON: Vanessa Patricelli		7/24/23		7/24/23	Planned communication via website & broad notification. Confirm when active and then send.	
16	Website requirements	Website provides all NLC rules	Communications	Lead Staff: Shad Bell BON: Vanessa Patricelli		9/30/23		8/23/23	Jim Puente indicated in the 6/15 NLC training all the NLC rules must be provided on the BON website. Add a link to the NCSBN site.	
16	Website requirements	Website provides all meeting details for compact administrator meetings for ICLA.	Communications	Lead Staff: Shad Bell BON: Vanessa Patricelli		9/30/23			Communicate ICLA meeting dates on website	
	Broader communicaton	Communicate/educate Schools of Nursing once MSL offered in WA	Communications	Lead Staff: Shad Bell BON: Vanessa Patricelli		TBD			Geri and Amber working on communication content when MSL is available to WA nurses.	

		Send out ongoing communication re: status of implementation	Communications	Lead Staff: Shad Bell BON: Vanessa Patricelli		ongoing			Amber & Jessilyn. Ongoing	
	Broader communicaton	DOH Daily Dose and External Press Release (Media Release site)	Communications	Lead Staff: Shad Bell BON: Vanessa Patricelli		7/24/23		8/23/23 Phase I	Alison to make the initial contact with the communications group, etc. Content for Daily Dose & press release: Go live 7/24/name change/refer employers to website. Shad draft. Alison, Karl, Amber to review prior to release. Work with DOH personnel on press release.	
3	Compact Language definitions. New Board power for Cease & Desist (??)	Talk to NCSBN about it. Unlicensed practice does not need to come to the Board. HELMs implications dependent on when implementation occurs. Completed work with HSQA about use of NURSYS & unlicensed practice.	Discipline	Lead Staff: Karl Hoehn BON: Sharon Ness/ Disc. Subcommittee				7/19/23	Karl asks Shad to set up read only access to NURSYS for Deonna and Kirby in OILS for checking unlicensed complaints.	
4	Develop Disc, Invest, Legal groups	Start together and determine next steps for break-out groups as necessary.	Discipline	Lead Staff: Karl Hoehn BON: Sharon Ness/ Disc. Subcommittee				7/19/23		
6	Board powers: Disc. Changes subpoena power, etc.	Will need work flow revisions - Develop flow chart for discipline decision-making; authority of Secretary . Study other states. Work with AAGs (advisor and prosecutors).	Discipline	Lead Staff: Karl Hoehn BON: Sharon Ness/ Disc. Subcommittee				7/19/23	Seana on point to develop; met with OILS & AG team; follow up re. sexual allegation & role of the Secretary on MSL. No compact cases to be transferred to the Secretary; all with BON. More work to be done on workflow.	
7	Member of NURSYS	Adena will need special training. Requirements & timelines.	Discipline	Lead Staff: Karl Hoehn BON: Sharon Ness/ Disc. Subcommittee		7/19/23		8/3/23	Catherine/Adena to meet 6/28; Health Law Judge training in other state? NCSBN will notify us of future NLC basic training in other states.	

7	Member of NURSYS	Where does full invest file go and redacted version? Exception to public disclosure? Interface with PDRC.	Discipline	Lead Staff: Karl Hoehn BON: Sharon Ness/ Disc. Subcommittee		TBD			Ongoing. Nursys is used to transfer a file but file not retained in Nursys.	
	Investigation of MSL nurses	How to investigate MSL nurses?	Discipline/ Investigation	Lead Staff: Karl Hoehn BON: Sharon Ness/ Disc. Subcommittee					WHPS participants, military - whether BON will allow single-state license instead of MSL. Tactical based on case facts. Lynn, Karl & Grant to collaborate on solutions. Determine whether participants have MSL licenses. WHPS work with Licensing for conversion from MSL to single-state. Amber agrees that if a single state license is agreeable to BON, the nurse has to apply and be granted a single state before a referral contract will be approved.	
	ARNP credential reference license for nurse with MSL	Change of Scope added for - ILRS/ HELMS	IT	Lead Staff: Alison Bradywood		7/24/23		7/21/23		
	WCN surcharge increase from $5- $8	Change of scope added - ILRS/ HELMS/ OLIC	IT	Lead Staff: Alison Bradywood		7/24/23		7/21/23		
	Board of Nursing name change	Change of scope added - HELMS launch	IT	Lead Staff: Alison Bradywood		4/1/2024 HELMS launch				
	RN/LPN privilege to practice for discipline	In testing - ILRS	IT	Lead Staff: Alison Bradywood		7/24/23		7/21/23	In production and now visible on the Provider Credential Search	
	Board of Nursing name change – form letters & headers	Service Central request needed (NCQAC). Confirm with Barbee on CMT templates used - ILRS	IT	Lead Staff: Alison Bradywood		7/24/23			Use WA State logo for now with WABON below	
	Board of Nursing name change	Cordinate with Jenn Jaske - Internal DOH IT systems	IT	Lead Staff: Alison Bradywood		TBD once we have logo				
	Provider Credential Search – nurse with MSL	Discussed with IT; modified language out for review; plan to add link for Nursing (NURSYS) – Ramneeta/Timothy/Diane Young. HTML page with links to NURSYS	IT	Lead Staff: Alison Bradywood		7/24/23		8/2/23	Language added to PCS and WA BON webpage	

	Provider Credential Search – nurse graduated from WHPS	Discussed with IT; ticket submitted by Amber - ILRS/ HELMS/ NURSYS	IT	Lead Staff: Alison Bradywood		7/24/23				
	Removal of action on license	Discussed with IT; HELMS change needed? (NCQAC/Candria)- Teresa to confirm - ILRSL/ HELMS/ NURSYS	IT	Lead Staff: Alison Bradywood		7/24/23				
	Nurse License Compact (NLC) demographic fields updated	Change of Scope reviewed - HELMS	IT	Lead Staff: Alison Bradywood		4/1/2024 HELMS launch				
	Additional demographic data fields	Add fields - HELMS. Request not yet submitted.	IT	Lead Staff: Alison Bradywood		TBD after 4/4/2024				
5	Licensing	NCSBN has rules/ procedures. How to convert from multi-to single state or vice versa. Updates to our procedures and rules.	Licensing	Lead Staff: Amber Zawislak BON: Dawn Morrell/ Lic. Subcommittee		TBD				
5	Licensing	Change procedure re: felonies. Check with Jim Puente - NCSBN Compact Implementation. Answer: No. We can issue a single state TPP.	Licensing	Lead Staff: Amber Zawislak BON: Dawn Morrell/ Lic. Subcommittee					Include background check unit; meeting on 7/19 with FBI.	Questions: What work being done with 1) HSQA on defining requirements for background checks for multi-state licenses? 2) Work with OCS approval from FBI thru WSP to expand bor applicants applying through the NLC, use of existing live scan vender, talking points for HSQA Call Center Staff about MSL?
14	Multi-state licensure: collection of fingerprints & distribution of criminal history records	Licensing subcommittee awareness of this section. Coordinate with Discipline workgroup. Review grid will need to be rewritten for MSL and update procedure.	Licensing	Lead Staff: Amber Zawislak BON: Dawn Morrell/ Lic. Subcommittee					Discuss first at Disciplinary. Subcommittee 8/15/23.	
	MSL	Develop process for ineligibility for multistate license.	Licensing	Lead Staff: Amber Zawislak BON: Dawn Morrell/ Lic. Subcommittee		TBD				
	MSL	Process to convert MSL to Single State License. PSOR requirements. Must do within 15 days from notification of change in residence.	Licensing	Lead Staff: Amber Zawislak BON: Dawn Morrell/ Lic. Subcommittee		TBD once we have logo				
	MSL	Need procedure for change in residence is nurse is under investigation.	Discipline/ Investigation	Lead Staff: Karl Hoehn BON: Sharon Ness/ Disc. Subcommittee		TBD				

	Interstate Commission of Licensure Administrators (ICLA)	New rule passed at Admin. meeting. Goes into effect 1/1/24.	Licensing	Lead Staff: Amber Zawislak BON: Dawn Morrell/ Lic. Subcommittee		1/2/24				
15	Multi-state licensure choices for licensure	Nurses can seek multi-state or single state licenses. Do rules and revise the application. Coordinate with HELMS and Rules workgroup. Add additional statements. Declaration of primary state of residence.	Licensing	Lead Staff: Amber Zawislak BON: Dawn Morrell/ Lic. Subcommittee		TBD			Communicate Information on website and through same avenues as used in Sections 24-31. Must coordinate changes in rules process.	
22	Authorization for WABON to receive criminal history record to issue multi-state licenses	Authorization for WABON to receive criminal history record to issue multi-state licenses. Follow-up with Diane Young. (meeting to include Diane, Karl, Amber, Catherine, Alison)	Licensing	Lead Staff: Amber Zawislak BON: Dawn Morrell/ Lic. Subcommittee		TBD			Meeting scheduled for July 19, 2023 at 11am	
24	Hospital Employers 70.41 RCW report completion of demographic data surveys, completion of suicide assessment, treatment & management training.	Determine collection method for information.	Licensing	Lead Staff: Amber Zawislak BON: Dawn Morrell/ Lic. Subcommittee		9/1/23		7/24/23		
24	Hospital Employers 70.41 RCW report completion of demographic data surveys, completion of suicide assessment, treatment & management training.	Once collection method determined, notify DOH: Ian Corbridge (Hospitals) / Meghan Maxey (Nursing Pools)/ Blake Maresh (OCS)/ Judy Morton (OILS - unlic prac)	Licensing	Lead Staff: Amber Zawislak BON: Dawn Morrell/ Lic. Subcommittee		9/1/23		7/24/23	Allow time for programs to communicate with constituents.	
25	Private Entities 71.12 RCW that employ nurses report above	Research and develop a contact list of entities to be notified of the requirement	Licensing	Lead Staff: Amber Zawislak BON: Dawn Morrell/ Lic. Subcommittee		9/1/23		7/24/23	Contact DOL & L&I re: private entities that provide telemedicine. Possible student project to find nurses who don't live in WA, but live in a compact state. Determine how to contact their employers about the requirements.	

25	Private Entities 71.12 RCW that employ nurses report above	Notify private entities.	Licensing	Lead Staff: Amber Zawislak BON: Dawn Morrell/ Lic. Subcommittee		9/1/23		7/24/23	Allow time for programs to communicate with constituents.	
26	Ambulatory surgical facilities 70.230 RCW report above	Once collection method determined, notify DOH: Ian Corbridge (Hospitals & Ambulatory Surgical Centers & Hospice care centers)	Licensing	Lead Staff: Amber Zawislak BON: Dawn Morrell/ Lic. Subcommittee		9/1/23		7/24/23	Allow time for programs to communicate with constituents.	
27	Nursing homes chapter 18.51 RCW report above.	Once collection method determined, notify DSHS: Amy Abbott	Licensing	Lead Staff: Amber Zawislak BON: Dawn Morrell/ Lic. Subcommittee		9/1/23		7/24/23	Allow time for programs to communicate with constituents.	
28	Assisted living facilities 18.20 RCW report above	Once collection method determined, notify DSHS: Amy Abbott	Licensing	Lead Staff: Amber Zawislak BON: Dawn Morrell/ Lic. Subcommittee		9/1/23		7/24/23	Allow time for programs to communicate with constituents.	
29	Hospice care centers 70.127 RCW report above	Once collection method determined, notify DOH: Ian Corbridge (Hospitals & Ambulatory Surgical Centers & Hospice care centers)	Licensing	Lead Staff: Amber Zawislak BON: Dawn Morrell/ Lic. Subcommittee		9/1/23		7/24/23	Allow time for programs to communicate with constituents.	
30	Adult family homes 70.128 RCW report above.	Once collection method determined, notify DSHS: Amy Abbott	Licensing	Lead Staff: Amber Zawislak BON: Dawn Morrell/ Lic. Subcommittee		9/1/23		7/24/23	Allow time for programs to communicate with constituents. Will meet quarterly.	
31	Nursing pools 18.52C RCW report above	Once collection method determined, notify DOH: Meghan Maxey (Nursing Pools)	Licensing	Lead Staff: Amber Zawislak BON: Dawn Morrell/ Lic. Subcommittee		9/1/23		7/24/23	Allow time for programs to communicate with constituents.	Nice to do: Look at reproductive rights state by state
18	ILRS functionality for WCN surcharge to be applied	WCN Surcharge fee added: need to address ILRS, renewal letters, finance	Licensing	Lead Staff: Amber Zawislak BON: Dawn Morrell/ Lic. Subcommittee		7/24/23		7/21/23	Fee updated in ILRS, new renewal cards printed with correct fee, and online renewal/app now show correct fee. Having to run manual report to waive $3 for renewals sent prior to implementation.	
1	Review data from the Employer Compliance Form	Mary Sue/Emma to assist with review of data submitted within the Employer Compliance Form. Monthly?	Licensing	Lead Staff: Amber Zawislak BON: Dawn Morrell/ Lic. Subcommittee		TBD			Ongoing.	

1	Transfer Employer Compliance Form to HELMS as a survey for employers (FUTURE)	After HELMS is live, transfer Employer Compliance form to HELMS.	Licensing	Lead Staff: Amber Zawislak BON: Dawn Morrell/ Lic. Subcommittee		TBD				
8	Interstate Commission of Licensure Administrators (ICLA)	Determine timeframe for MSL to work in WA and process to move to either single state or MSL.	Licensing	Lead Staff: Amber Zawislak BON: Dawn Morrell/ Lic. Subcommittee	8/20/23	TBD			Rules anticipated from ICLA (60 days)	
1	ILRS functionality for ARNPs with an active RN MSL (reference license)	Coordinate with ILRS staff to create a workaround within our current database for ARNPs with an active RN MSL who will either let their WA RN expire, or will apply for a new ARNP beginning on 7/24/23	Licensing	Lead Staff: Amber Zawislak BON: Dawn Morrell/ Lic. Subcommittee	6/21/23	7/24/23		7/21/23		
1	Task Force Meetings	Leg implementation oversight	Partnerships	Lead Staff: Alison Bradywood BON: Yvonne Strader	6/5/23	ongoing			See Task Force Meeting Folder for meeting minutes.	
1	Agency (DOH & DSHS) Meetings	Assure employer requirements are communicated to employers. Next meetings in August 2023.	Partnerships	Lead Staff: Alison Bradywood BON: Yvonne Strader	6/6/23	ongoing			6/16 communication to employers; scheduling quarterly updates - August for required reporting employers; webinars for employers; Travis??; record sessions	
8	Interstate Commission of Licensure Administrators (ICLA)	Bd representative. Alison get familiar with this section, etc. NQAC (BON) appoints as respresentative at July meeting effective 7/23/23 to enable ICLA meeting attendance. Agenda under the Chair report. Alison's ICLA mentor Anne Oertwick.	Partnerships	Lead Staff: Alison Bradywood BON: Yvonne Strader		7/14/23		7/14/23	Agenda item 7/14.	

8	Interstate Commission of Licensure Administrators (ICLA)	Present on Sections 8-10 in 5499 at the September BON meeting. Reassure constituents about limitations re: authority. Discuss current rules and how WA BON provides input for rulemaking. Jessilyn understand the distinction between ICLA rules and WA BON rules.	Partnerships	Lead Staff: Alison Bradywood BON: Yvonne Strader		9/7/23		9/7/23	Communicate with constituents - include tribes. Could send a DTLL re: NLC. Macey Parker contact for DOH Tribal meeting 8/9/23 - Alison to discuss NLC at that time. Information on website. During September meeting clarify authority between Interstate Commission and WABON.	
8	Interstate Commission of Licensure Administrators (ICLA)	How to pay the $3K/yr. Determine the ICLA fiscal year for payment purposes. Chris report at 7/14 under Finance Report.	Partnerships	Lead Staff: Alison Bradywood BON: Yvonne Strader		7/14/23		7/14/23	Agenda item 7/14; FYI financial report. Not required to pay until implemented (FY 24)	
9	ICLA completes rules	How will WABON have input to rules being adopted by ICLA. What is the process? Special meetings to determine input? Depends on timing.	Partnerships	Lead Staff: Alison Bradywood BON: Yvonne Strader	8/15/23	9/7/23		8/2/23	Proposed NLC Rule Changes	
10	Enforcement of compact	Authority of ICLA re: individual states. The DOBBS decision workshop representation. Alison attending the ICLA workgroup.	Partnerships	Lead Staff: Alison Bradywood BON: Yvonne Strader		8/31/23		7/17/23	Gender affirming care or reproductive health care (discipline) differs from state to state. HB 1340. Add risk factor to the state by state comparison of practice acts re: HB 1340.	
	Legal	Health Law Judges - potential training, educated on NLC & NPDB codes & NCSBN resources	Partnerships	Lead Staff: Alison Bradywood BON: Yvonne Strader				7/17/23	Karl has communicated with necessary parties. Will send out a reminder about the compact being in place.	
	Unlicensed Practice	OILS coordination to handle unlicensed practice complaints	Partnerships	Lead Staff: Alison Bradywood BON: Yvonne Strader		7/24/2023		8/2/2023	Access-view only? Training? Karl will close the loop with Shad. He can give read-only access to Nursys to OILS - necessary personnel (Deonna and Kirby).	

	Health Care Authority	Employment of multi-state nurses employment and what they need to know	Partnerships	Lead Staff: Alison Bradywood BON: Yvonne Strader		7/21/2023			Jessilyn to add to contact lists. Additional webinars in August. Additional outreach may be necessary. Alison to check with Jessilyn.	
18	New surcharge for central nursing resource center	Surcharge increase from $5 to $8	Rules	Lead Staff: Jessilyn Dagum BON: Helen Myrick		7/24/23		7/20/23	Communicate surcharge increase; draft in July. Will become part of the CR-101 rulemaking for MSL & fees	
23	Authorization to charge fees for multi-state licensure	File CR-101 to establish fee amount for multi-state licensure for those applying whose residence is WA. Fees are Secretary Authority.	Rules	Lead Staff: Bonie King/ Jessilyn Dagum BON: Helen Myrick	7/21/23	TBD - Consider fiscal impact of effective date.			Fee modeling & projections and comparing with other compact states; interested parties workshops; Sept BON decision. Standard rulemaking under Secretary authority to continue after that.	
3	Applying for WA multi-state license	Develop rules for issuance. Consider ILRS/ HELMS.	Rules	Lead Staff: Jessilyn Dagum BON: Helen Myrick		TBD				
16	Website requirements	Publish any rules implemented related to the compact. Annual summary of differences in state practice acts rules.	Rules	Lead Staff: Jessilyn Dagum BON: Helen Myrick		Ongoing			Communicate rules on website. Update website with new rules once passed.	
	DOC, SNOW	Employment of multi-state nurses employment and what they need to know. Contact hiring authorities.	Partnerships	Lead Staff: Alison Bradywood BON: Yvonne Strader		8/31/23			Jessilyn to add to contact lists. Additional webinars in August. Additional outreach may be necessary. Alison to check with Jessilyn.	
	Schools of Nursing	Employment of multi-state nurses employment and what they need to know.	Partnerships	Lead Staff: Alison Bradywood BON: Yvonne Strader		8/31/23			Jessilyn to add to contact lists. Additional webinars in August. Additional outreach may be necessary. CNEWS Annual Conference in October as a venue to provide information.	

Washington Board of Nursing 2023 Legislation

SHB 1255 Work Plan (Tasks)

Short Title **Reducing stigma and incentivizing health care professionals to participate in a substance use disorder monitoring and treatment program**

DOH Implementation Plan 23-1255 SHB (Health care professions SUD program).docx

Bill Section	Activity	Tasks	Lead Group to Implement	Staff Responsible	Planned Start Date	Planned End Date	Status: Red, Yellow, Green	Completion Date	Comments
1	Gov Delivery & Website Requirements	How to communicate with nurses in the program, other DOH divisions, providers. Website updates also. GovDelivery. Peer Support Groups. Outreach Coordinator (John Furhman). Info graphics.	Communications	Shad Bell/ Grant Hulteen		7/1/24			Website Information displayed on the web must include total # participants, ave. total amt of stipend per person, aggregate for all, amt of funds available.
1	Public Records Disclosure	Not an exception to public disclosure request. Would stay in NPDB and NURSYS. Work with Adena.	Discipline	Karl Hoehn					Ongoing.

1	Orders on DOH Provider Credential Search(PCS)	Orders not to be shown on DOH PCS once individuals complete the program successfully. Make Invisible. Ramneeta needs to confirm what shows in both PCS and Open Data, which is separate. PCS feeds Open data. Jenn: They need to be in sync. 1) Confirm what is available. 2) Confirm assumptions of ACO about how data is shown on PCS and Open Data. Will changes to PCS auto-update Open Data? Will this change impact milestones & timing for ILRS and HELMS. Need to modify indicator (PCS & Open Data). Will need to change the "yes flag" in PCS. Contact developer. Site owner: Sasha DeLeon.	Discipline/ IT	Karl Hoehn					Follow up with Timothy & Ramneeta; need to start removing completed nurses as of 7/23/23) Nurses
	Orders on DOH Provider Credential Search(PCS)	Update Provider Credential Search language for nurses that are removed after WHPS completion	Discipline/ IT	Karl Hoehn	7/24/23				
	Orders on DOH Provider Credential Search(PCS)	Ability to remove WHPS graduates from Provider Credential Search to note no encumberance on license (no external visibility but internal ability to view history)	Discipline/ IT	Karl Hoehn					We can easily have ACO make documents non-public, but the "enforcement flag" issue is unlikely to be solved before HELMS
1	Develop & submit new decision package for 2024 Legislature.	Establish the stipend program. GFS $25K/yr stipend. $29K one-time rulemaking. $14K/hr ongoing for reporting. Funding not sufficient at $25K/year. Develop a new decision package in 2024. Need preliminary research to determine $$ need. Define "financial need." Rules around the grant process considered. Need guidance from OFM. Need clear guidance on how to introduce to a nurse. Need due process for denial. Money goes to the providers of the services, not the nurses. Be mindful of the timeline for a decision package. Need	Partnerships	Alison Bradywood/ Chris Archuleta		9/15/23			Cicely/Grant - define & clarify how to allocate funds.

1	Legislator Outreach	Contact sooner than later about issues about development of 2024 decision package.	Partnerships	Alison Bradywood		8/1/23		7/7/23	Rep Simmons 7/7. Met with Rep Simmons and discussed Stigma and Stipend status. Need for more funds during the 2024 Leg Session. She will help and we will provide updates.
	Treatment Facilities	Develop relationships with in-state treatment facilities to control costs	Partnerships	Grant Hulteen		7/1/24			Ongoing relationship building.
1	Rulemaking	Develop Rules for stipend program. Reimbursement in place by 7/1/24.	Rules	Jessilyn Dagum					Rule Crosswalk.docx 5.31.2023
1	Application Development	Develop an application form	WHPS	Alicia/ Cicely/ Grant		11/17/23			Sent email to OFM 6/6/23, f/u on 7/6 to Breann Boggs w/ OFM re: application language. Meeting w/ Alicia, Grant, Cicely and Breann Boggs 7/12 - additional information needed before OFM can advise on application process. Will f/u with DOH Kristin Bettridge. Sent HCA an email requesting meeting to discuss insurance coverage for SUD treatment and monitoring costs.
1	Contracting	Does there have to be a bidding process to determine who will be the recipients of the funds (stipends)? Need a system of accounting funds provided.	WHPS	Alicia/ Cicely/ Grant		10/1/23			Contacted Contract and scheduling a meeting to discuss. 7-26-23 Alicia sent Brad Halsted and email requesting meeting to discuss contracts with facilities and providers.
	Procedures	Review and update current WHPS procedures	WHPS	Alicia/ Cicely/ Grant	6/20/23	7/1/24			8/23/23 Halfway through. Will go to Disc. Subcommittee in Oct '23.

Nursing Care Quality Assurance Commission 2023 Legislation

2SHB 1009 Work Plan

Short Title **Concerning military spouse employment**

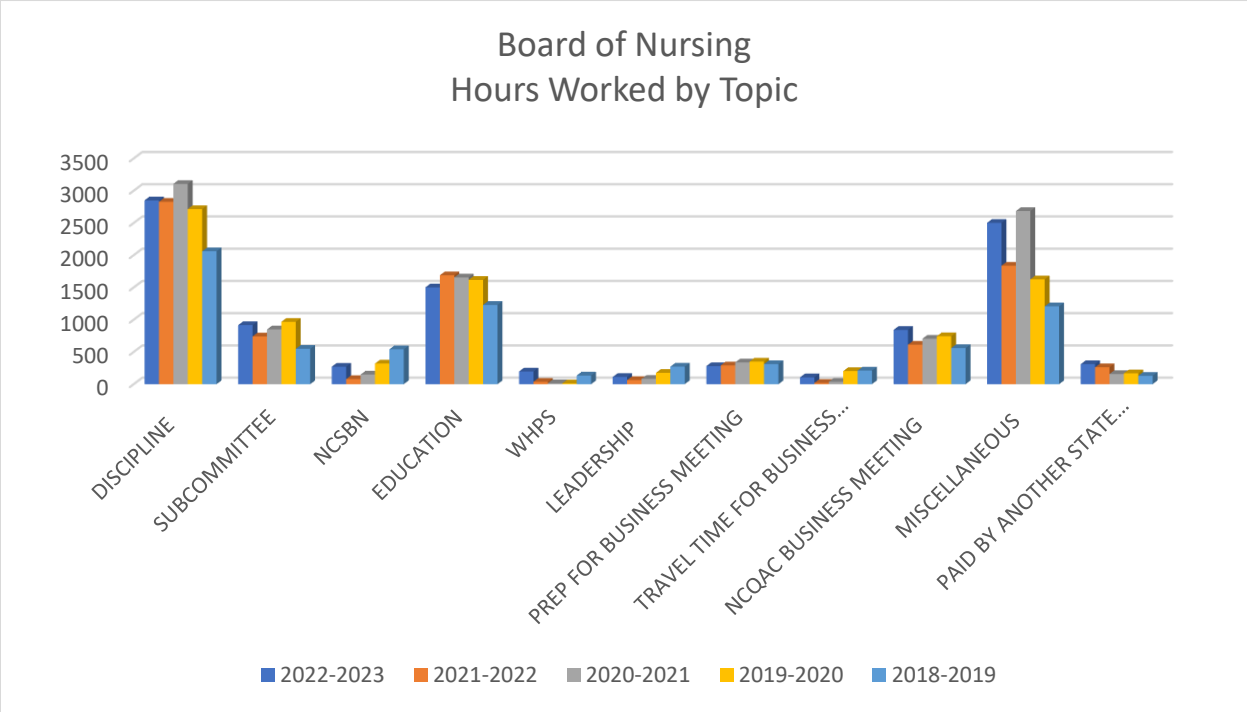
DOH Implementation Plan 23-1009 2SHB Military spouse employment.docx

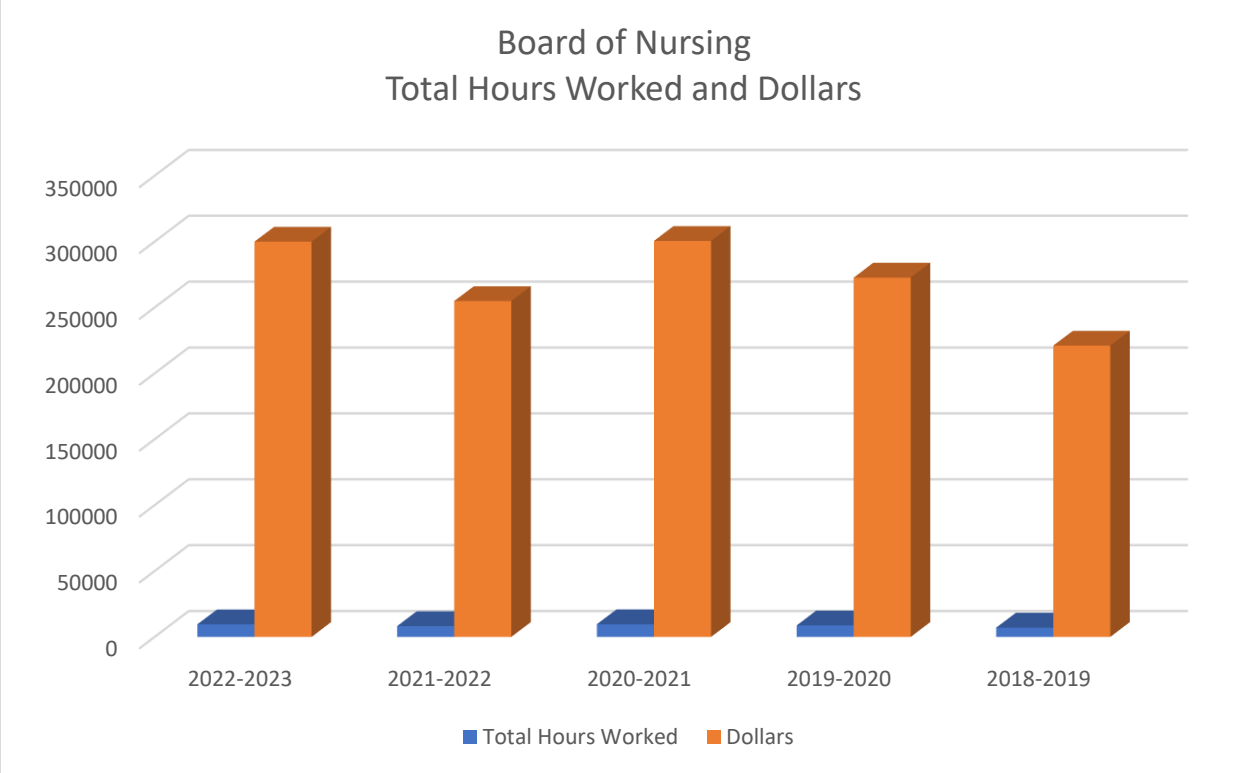
Section	Activity	Tasks	Staff Responsible	Planned Start Date	Planned End Date	Completion Date	Cost	Comments
New Section 1	Refer to 246-12 WAC	Rule development. CR-101 in process.	Jessilyn & Amber					Updated language in CR-102 for TPP rules. Should go to WABON for hearing in Nov 2023.
New Section 2								
New Section 3	Definitions.	Encourage Governor to appoint a military spouse to the Board or Alison could appoint a pro-tem.	Alison	4/24/23				Discussed at the July WABON meeting.
		Revise pro-tem app to include ID as military spouse.	Alison	4/24/23	4/24/23	4/24/23		
		Contact Tammie Perreault to recruit applicants for pro-tem appointment who are military spouses.	Paula	4/24/23	5/1/23	5/1/23		Email sent to Tammie on 4/25/23. Response on 5/1/23. Referred Paula to Olivia Burley Dept of Veterans Affairs.
		ED Appoints military spouse as pro-tem or Governor appoints as commissioner	Alison	4/24/23				
		After appointment, licensing subcommittee reviews process & application and fees.	Amber	4/24/23				TBD upon appointment of military spouse.
New Section 5	Military spouse assistance/ coordinator	Board identifies contact/ coordinator. Wil be Amber. Add info to Board pages.	Jessilyn & Amber	4/24/23	4/24/23	4/24/23		Working on materials to add to a military spouse page before creating webpage. Did create a NLC military resources page.

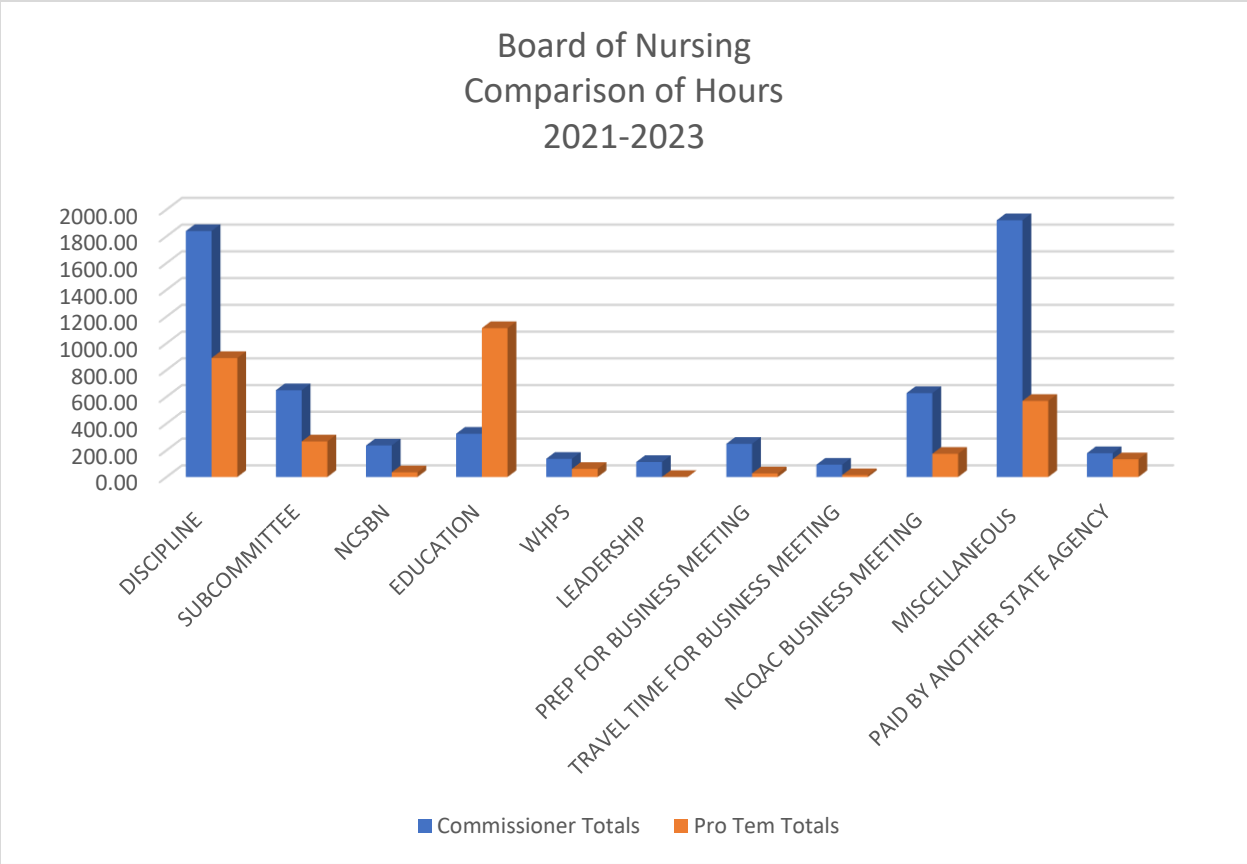
		Training provided to the Board. Jessilyn will check with Ross about what HSQA is using.	Jessilyn	4/24/23	9/8/23			Email sent to Sherry Thomas and Cori Tarzwell on 4/25/23. Possible training at Nov WABON meeting??
		Complete training. VA provided internet version. Should be ready by 7/1/2023.	Jessilyn	4/24/23	1/1/24			BON internet training provided by VA
		Work through HSQA to ask Gov's office to include change to board apps to include whether they are military spouse.	Jessilyn	4/24/23				
New Section 6	Coordinators	Identify coordinators for each board	Jessilyn	4/24/23				
		Identify coordinator for HSQA Secretary professions	Jessilyn	4/24/23	4/26/23	4/26/23		
New Section 7								
New Section 8								
New Section 9								
Section 10	Report due		Amber		1/1/24			Annual reports after that.
New Section 11	Leg Committee							

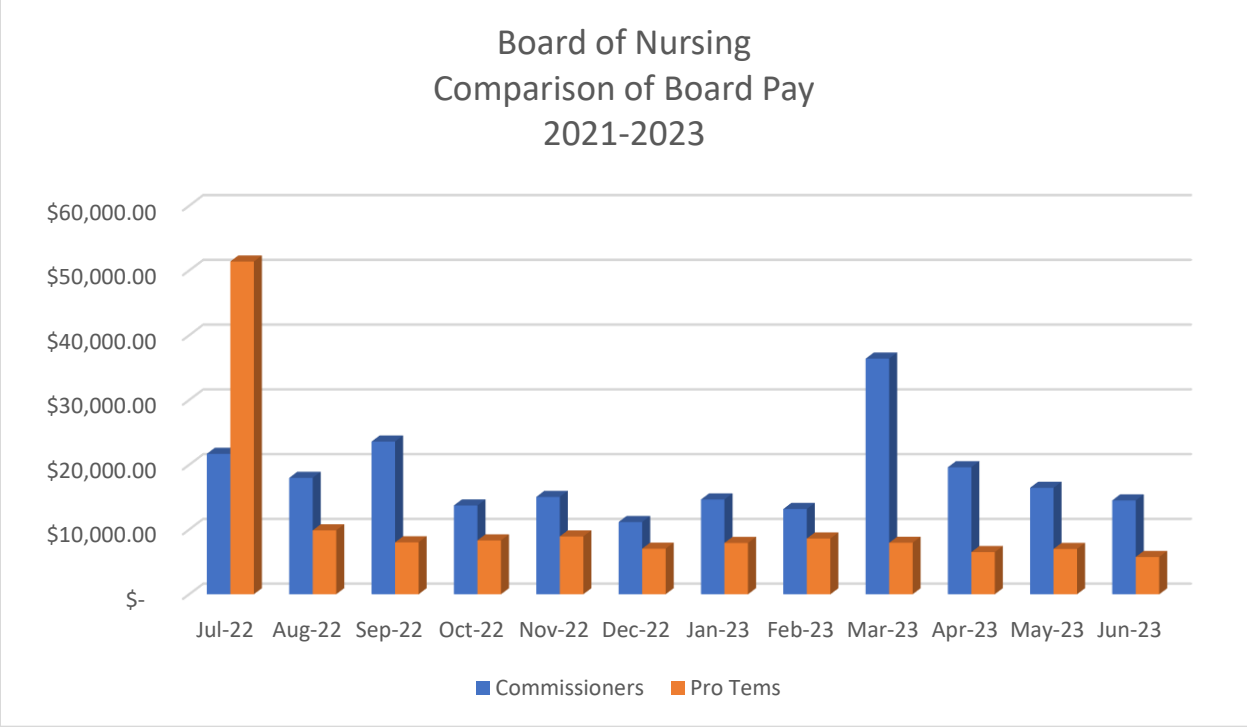
VIII. A.

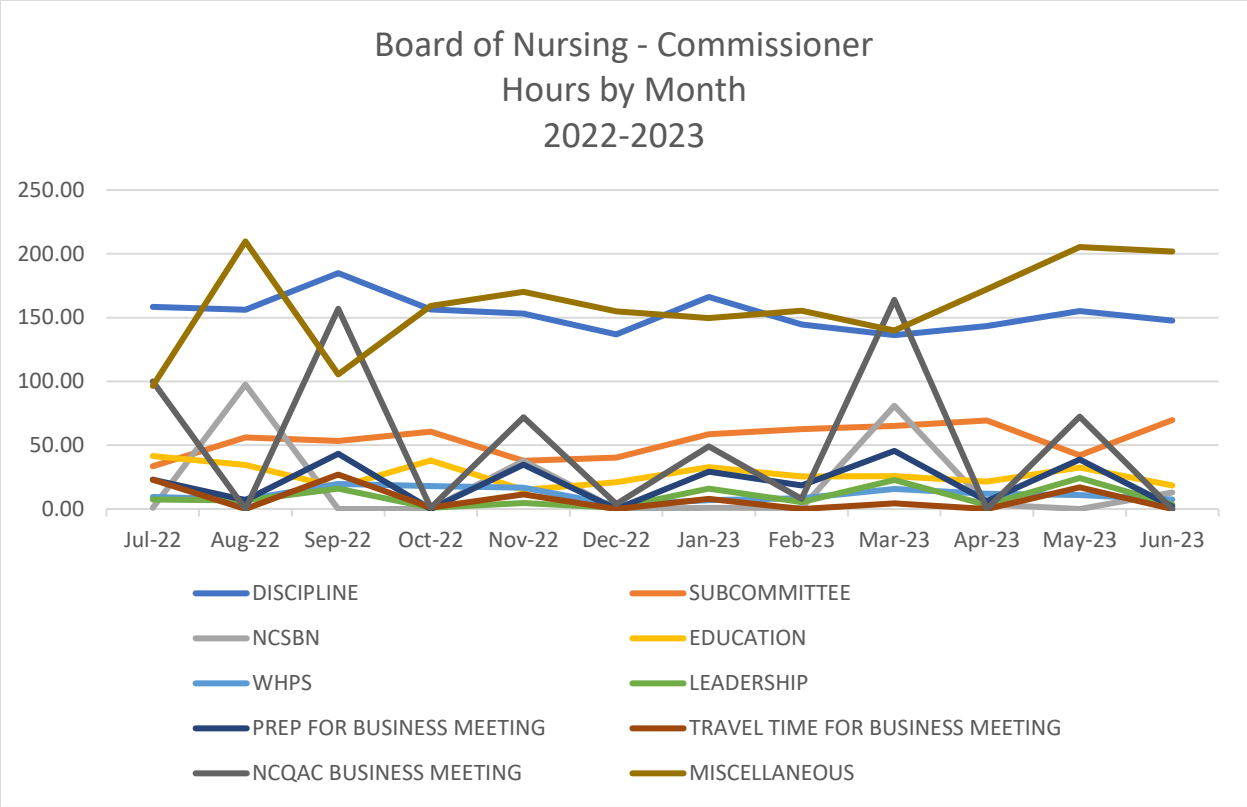
Board of Nursing – Board Pay Summary

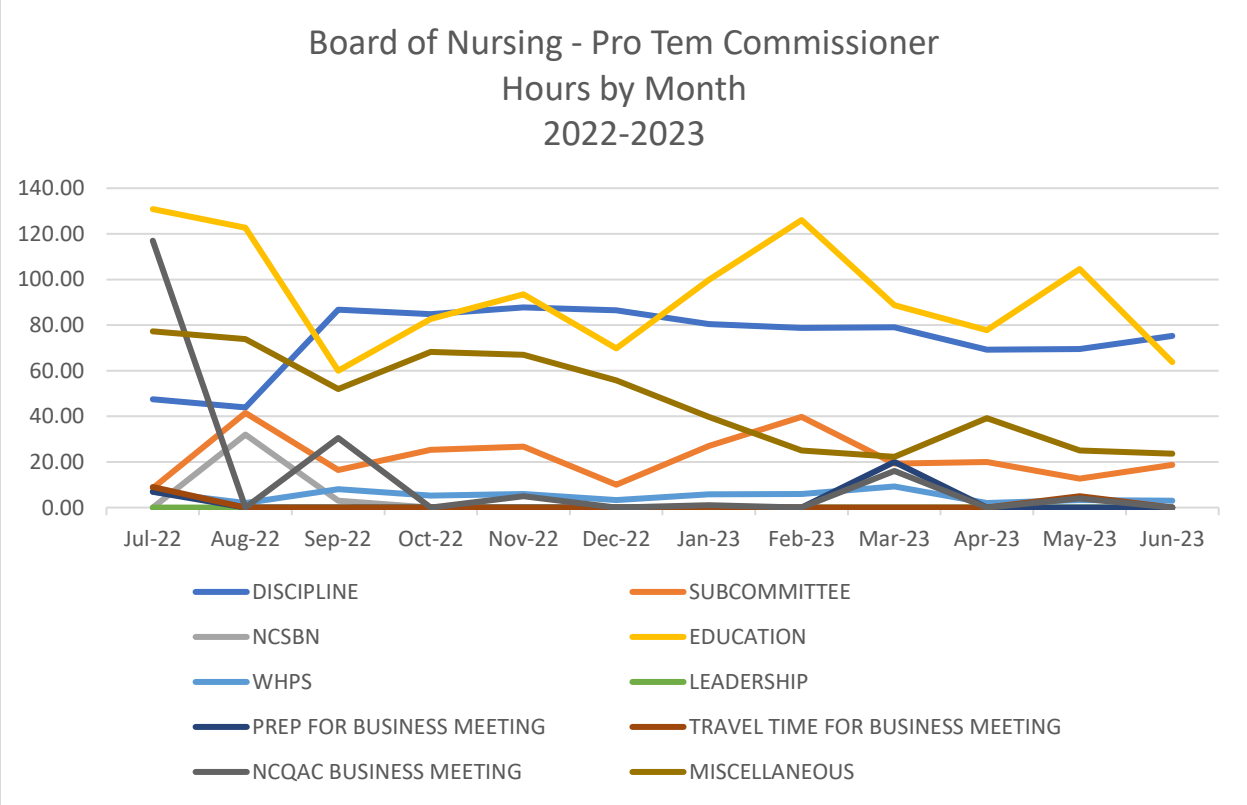





Board of Nursing
Comparison of Hours
2021-2023
2000.00
1800.00
1600.00
1400.00
1200.00
1000.00
800.00
600.00
400.00
200.00
0.00
DISCIPLINE
SUBCOMMITTEE
NCSBN
EDUCATION
WHPS
LEADERSHIP
PREP FOR BUSINESS MEETING
TRAVEL TIME FOR BUSINESS MEETING
NCQAC BUSINESS MEETING
MISCELLANEOUS
PAID BY ANOTHER STATE AGENCY
Commissioner Totals
Pro Tem Totals


Board of Nursing
Comparison of Board Pay
2021-2023
$60,000.00
$50,000.00
$40,000.00
$30,000.00
$20,000.00
$10,000.00
$-
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Commissioners
Pro Tems


Board of Nursing - Commissioner
Hours by Month
2022-2023
250.00
200.00
150.00
100.00
50.00
0.00
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
DISCIPLINE
SUBCOMMITTEE
NCSBN
EDUCATION
WHPS
LEADERSHIP
PREP FOR BUSINESS MEETING
TRAVEL TIME FOR BUSINESS MEETING
NCQAC BUSINESS MEETING
MISCELLANEOUS


Board of Nursing - Pro Tem Commissioner
Hours by Month
2022-2023
140.00
120.00
100.00
80.00
60.00
40.00
20.00
0.00
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
DISCIPLINE
SUBCOMMITTEE
NCSBN
EDUCATION
WHPS
LEADERSHIP
PREP FOR BUSINESS MEETING
TRAVEL TIME FOR BUSINESS MEETING
NCQAC BUSINESS MEETING
MISCELLANEOUS

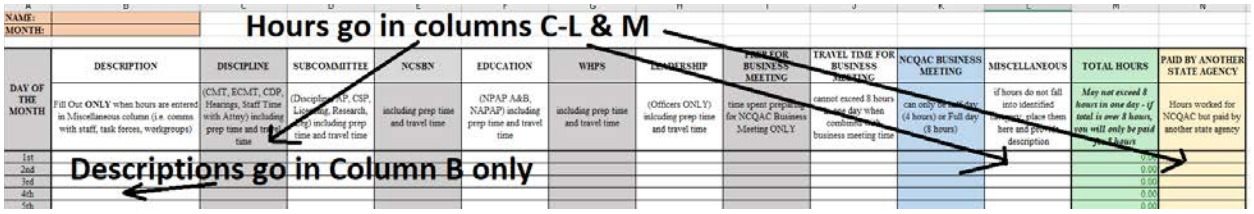
VIII.B.1. TEMS and Pay Sheets

- If you **DO NOT** have any TEMS to submit for the month, please add a note in your message letting me know.
- Please submit the pay worksheet monthly, along with your TEMS request, in digital form to DOHNCQACOPS@doh.wa.gov
- ***Forms are DUE no later than the 10th of each month; your pay will be deposited into your bank account on or about the 25th of each month.***
- Enter your name and month in the upper left hand corner
- For your Pay worksheet, enter times in **fifteen minute increments** (.25 = 15 min, .50 = 30 min, .75 = 45 min., 1.00 = an hour) round up or down to meet the increments closest to the end time.

Important Reminders:

PAY:

- Per RCW 43.03.265, you *MAY NOT* be paid more than $250 per day (which equates to $31.25/hour for an 8 hour day) for time performing duties related to the commission
- Enter your hours worked in the appropriate day of the month, there is a row for each day of the month
- You may enter hours worked in multiple columns for each day worked, however, if you enter more than 8 hours in one day the 'TOTAL HOURS' column will turn RED indicating you are over the allowable hours for one day.
    - Please adjust hours to equal 8 hours or less.
- If a pay worksheet is submitted with more than 8 hours claimed in one day, staff will adjust the total hours to 8
- Each column has a brief explanation of the type of hours are to be reported
- Do not forget for those of you who are employed by another state agency to report any hours you work paid by another state agency in the last column….we do track those even if we do not pay you!



Please reach out if you have any questions.

TEMS:

- **Travel Regulations**
- *90 Day Rule:* **Per DOH Travel Policy 11.016** Effective July 1st of 2018, TEMS reports with all required information must be submitted by the Operations Unit to the Travel Desk within **90 days of travel**.
- *11 Hour Rule*: **Per SAAM 10.40.50.b**: You can only Claim Breakfast, Lunch, and Dinner if you're within 11 hours of Traveling (starting at your front door, to meeting/event, then back to your front door).
- *50 Mile Rule*: **Per SAAM 10.30.30.b**: You can only Claim Lodging if you're 50 miles away from your place of residence.
- **If you have any questions regarding your Pay, TEMS or the DOH Policies please let me know!**

Name: _____

Month: _____

TEMS Travel Information Form

Purpose of Travel	Start Date/Time	End Date/Time	From City	To City	Miles One Way	Meals B,L,D,P*	Lodging Per Diem Rate	Lodging Tax	Approved Expenses
	From when you left your home and returned				Miles driven one way. If you fly, miles to where you parked	What meals were provided and which were not			Includes: Taxi's, Ubers, Airporters, Parking, Tolls, etc

VIII.B.1. Blank Pay Worksheet

NAME:	
MONTH:	

DAY OF THE MONTH	DESCRIPTION	DISCIPLINE	SUBCOMMITTEE	NCSBN	EDUCATION	WHPS	LEADERSHIP	PREP FOR BUSINESS MEETING	TRAVEL TIME FOR BUSINESS MEETING	NCQAC BUSINESS MEETING	MISCELLANEOUS	TOTAL HOURS	PAID BY ANOTHER STATE AGENCY
	Fill Out **ONLY** when hours are entered in Miscellaneous column (i.e. comms with staff, task forces, workgroups)	(CMT, ECMT, CDP, Hearings, Staff Time with Attny) including prep time and travel time	(Discipline, AP, CSP, Licensing, Research, Leg) including prep time and travel time	including prep time and travel time	(NPAP A&B, NAPAP) including prep time and travel time	including prep time and travel time	(Officers ONLY) inlcuding prep time and travel time	time spent preparing for NCQAC Business Meeting ONLY	cannot exceed 8 hours in one day when combined with business meeting time	can only be half day (4 hours) or Full day (8 hours)	if hours do not fall into identified category, place them here and provide description	***May not exceed 8 hours in one day - if total is over 8 hours, you will only be paid for 8 hours***	Hours worked for NCQAC but paid by another state agency
1st												0.00	
2nd												0.00	
3rd												0.00	
4th												0.00	
5th												0.00	
6th												0.00	
7th												0.00	
8th												0.00	
9th												0.00	
10th												0.00	
11th												0.00	
12th												0.00	
13th												0.00	
14th												0.00	
15th												0.00	
16th												0.00	
17th												0.00	
18th												0.00	
19th												0.00	
20th												0.00	
21st												0.00	
22nd												0.00	
23rd												0.00	
24th												0.00	
25th												0.00	
26th												0.00	
27th												0.00	
28th												0.00	
29th												0.00	
30th												0.00	
31st												0.00	
Total		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
												0	

Department of Health
Policy

Title:	Travel	Number:	11.016
Procedure:	See associated procedures: Air Travel or Travel Advance		
References:	SAAM Chapter 10 - Travel; OFM SAAM Glossary; DOH Policy 11.019; DOH Policy 15.004;		
Applies to:	All DOH employees, fellows, authorized volunteers or interns		
Contact:	Accounting and Grants Director, Financial Services		
Effective Date:	May 16, 2018	Review Date:	May 16, 2021
Supersedes:	DOH Policy 11.016 - Reimbursement For Use of Privately Owned Motor Vehicles Policy, dated May 1, 2014		
Approved:	Jessica Todorovich	Chief of Staff, Department of Health	

Policy Statement:
The Department of Health is committed to ensuring consistent and fair treatment of individuals required to travel on official state business. DOH travelers will be reimbursed for approved travel expenses directly related to DOH business based on established allowances in this policy and the State Administrative and Accounting Manual (SAAM). DOH travelers are expected to know, understand and follow all travel rules and regulations prior to travel, choosing the most economical and efficient means possible.

Definitions:

Commercial lodging facility means a business, non-profit or governmental entity that provides lodging accommodations for a fee. A commercial lodging facility other than a hotel must be supported by a tax ID number and be available to the general public (i.e. listed with a rental agency, newspaper ad, etc.).

Commute means travel between the official residence of the traveler and their official station (OS) or other place of work.

Economical means direct financial, work-related costs, which the state is responsible to pay, that occur at the least cost to the state.

Official Residence means the city, town, or other location where a state official or employee maintains a residence that is used as their primary residence.

Official State Business means the activities performed by an official or state employee, authorized volunteer or intern, contractor, student or employee of another city, state or federal agency as directed by his or her supervisor in order to accomplish state programs or as required by the duties of his or her position or office.

Official Station means the city, town, or other location where the state official or employee's office is located, or the city, town, or location where the state official or employee's work is performed on a

permanent basis. For the purpose of this travel policy, Olympia, Tumwater and Lacey are considered to be the same official station. Official station is interchangeable with the common term “duty station.”

Non-Employee is someone who is not on the DOH payroll participating in DOH trainings or meetings, as a speaker or panelist, an employment applicant or interviewee.

Per Diem Expenses are the daily travel costs covering both lodging expenses and subsistence expenses while in travel status.

Three Hour Rule means a traveler may be reimbursed for meal expenses only when the traveler is in travel status for the traveler’s entire regularly scheduled working hours plus an additional three hours. The three hours may consist of hours occurring before, after, or a combination of both before and after the traveler’s regularly scheduled working hours for the day.

Travel and Expense Management system (TEMS) is the system used to manage requests for reimbursements to state employees and other individuals for personal expenses incurred while conducting state business.

Traveler means a state official, employee, fellow, authorized volunteer or intern in travel status who is on official state business.

Travel Status is the official status of a traveler when the traveler is away from both the official residence and official workstation, exclusive of commuting between the traveler’s official station and official residence on official state-related business.

Framework:

DOH is accountable for the enforcement of travel regulations and management of all travel funds. Each traveler is individually responsible for understanding and complying with all travel policies and regulations, and discussing travel arrangements with their supervisor prior to travel. Managers and supervisors are responsible for ensuring travel costs are in compliance with the State and DOH’s travel regulations, costs incurred are work related, obtained at the most economical price, and both critical and necessary for state business. Financial Services is responsible for processing travel related vendor payments and staff travel reimbursements through the Travel and Expense Management System (TEMS), assuring accuracy, completeness, and valid coding.

The following are items to remember when traveling for DOH:

- Travelers must make use of the mandatory state contracted vendor for all airfare and rental vehicle travel arrangements.
- Travelers may not make reservations for travel using unauthorized online booking sites (i.e. Orbitz.com, Expedia.com, Airbnb.com, etc.).
- Travelers must submit a properly completed travel expense report, with all required information, to the travel desk **within 90 days of travel**. Requests submitted after 90 days will be denied.
- Financial Services will process reimbursements for completed expense reports within ten business days of receipt of a properly completed travel expense report.

Air Travel

Travelers must purchase all business airfare through a state contract travel agency or state contract internet provider. The state contract discount airfares is a mandatory use contract. The contract exclusions are as follows:

- When the city pair (flights between two major airports) is not available.
- When a less expensive ticket is available to the general public.

The need to purchase a fully refundable fare is at the discretion of the Appointing Authority or their authorized designee on a case-by-case basis, dependent upon budget, scheduling and other specific travel needs.

Before making airline reservations, confirm what pre-approval requirements apply.

All air travel arrangements must be purchased using the state charge card system or Corporate Travel Account (CTA). For emergency situations, refer to SAAM 10.50.75.

An Airline Request (AR) must be completed to purchase tickets with the department CTA. AR forms must be used for all air travel on commercial carriers. The signature of the Appointing Authority or their authorized designee is required on the AR form to purchase a non-refundable fare.

For more information on Air Travel, refer to Procedure 11.016A.

Automobile Travel

Travel involving the use of an automobile can be done using a Department of Enterprise Services (DES) Fleet vehicle, an agency assigned vehicle, a personally owned vehicle (POV), or a rental car. DES Fleet vehicles are available at the Fones Road location or the Tumwater campus by reservation through Office of Facilities. When a DES Fleet vehicle is not available, logistically accessible or economical for the trip, a personally owned vehicle (POV) or rental car is an alternative option. It is the responsibility of the traveler and their supervisor to discuss the options and pre-determine the most economical, safe, and logistically accessible mode of transportation for each trip.

Any traveler who drives a POV or DES Feet vehicle must comply with Policy 15.004. The responsible traveler must report traffic incidents involving a POV or DES Fleet vehicle while on state business. The traveler must submit the State of Washington Vehicle Accident Report form-SF137 to the supervisor, and the Office of Facilities as soon as possible.

Personally Owned Vehicles (POV)

The POV mileage reimbursement rate is specified in RCW 10.90.20. No reimbursement will be allowed for expenditures related to the operation, maintenance and ownership of the POV. All mileage will be calculated from the point of origin to the point of destination using the current Department of Transportation Official State Highway Map.

Rental Vehicles

Travelers must use the mandatory state contract vendor when renting a vehicle for conducting official DOH business. Travelers must complete an AR to rent a vehicle. This request may not be combined with airline request.

Out-of-State Travel

Travel outside Washington boundaries is considered out-of-state, except for travel to counties and/or cities in Oregon and Idaho that are contiguous to Washington's border. All travelers must receive prior authorization on form A40-A Travel Authorization, for all out-of-state travel from the Appointing Authority or their designee.

Foreign Travel
Travel in all areas of the world outside of the United States and its territories is foreign travel. Travel to Hawaii (non-continental) and foreign countries except British Columbia, Canada requires additional prior written approval from the Office of the Governor.

Per Diem – Lodging and Meals
Domestic lodging and meal allowance rates are based on location set by OFM. DOH will reimburse up to the maximum per diem allowance specified for your destination while you are there and during your travel to and from that location. In certain situations, the maximum allowable lodging amount may not be adequate and the agency may approve payment of lodging expenses up to 150% of the applicable maximum.
For example, if the maximum lodging is $93 per day, and maximum meal allowance is $51 per day, then the allowable reimbursement under the 150% exception is ($93 + $51) x 150% = $216.00.

For more information on maximum lodging exceptions, refer to RCW 10.30.20.

- Lodging: DOH will reimburse travelers for lodging if the traveler is on official business, the destination is more than 50 miles (most direct route) from the traveler's official residence or official station, whichever is closer, and the traveler stays in a commercial lodging facility. DOH will not reimburse lodging expenses incurred at Airbnb's or like facilities.

- Meals: DOH will reimburse travelers for meals if the traveler meets the three hour rule and is in travel status during agency-determined meal times while traveling during scheduled or non-scheduled workdays, such as weekends or holidays. Travelers may not stop for meals to extend travel time or meet the three hour rule. Allowances for meals covers the basic cost of a meal, incidental expenses, applicable sales tax, and customary tips or gratuities.
    - To qualify for breakfast, the traveler must first meet the three hour rule and be in travel status for the 1 and 1/2 hours immediately before his or her normally scheduled work period.
    - To qualify for lunch, the traveler must first meet the three hour rule and be in travel status during the entire agency determined lunch time (11:30 am - 1:30 pm).
    - To qualify for dinner, the traveler must first meet the three hour rule and be in travel status for the 1 and 1/2 hours immediately after the end of his or her normally scheduled work period.

Refer to the Washington State per diem maps for current and past rates.

Personal Trips
SAAM 10.20.40.d states, if a traveler couples a vacation or other personal use onto a legitimate business trip, it is allowable **when all of the following conditions exist**:

- The primary purpose of the trip is official state business;
- The traveler uses, his or her approved leave for the vacation or personal part of the trip;
- The state agency does not incur any extra expenses beyond what it would normally have cost had no personal use been coupled with the trip.

When personal time is taken while on official state business, the exact hour of departure and return to the temporary duty station must be shown on the Travel Expense Voucher. Travelers will be reimbursed for expenses that would normally be incurred had the personal time not occurred.

Miscellaneous Expenses
The following are classified as reimbursable expenses:

Baggage fees: DOH will reimburse for one bag. If a second bag is required for DOH official business, you must have a business reason and supervisor approval listed in Travel Expense Management System (TEMS). Receipts are required.

Communications: Brief phone calls to family members are allowable to notify them of your arrival and departure as well as internet connections, postage and shipping costs, and other DOH official business related costs (i.e. fax, copies). Business justification for communication expenses must be listed in TEMS.

Laundry: Dry cleaning and/or laundry expenses are authorized for travelers in continuous DOH travel status after five or more days. Receipts are required**.**

Transportation: Fees for buses, shuttles, taxis, bridge tolls, ferry tolls, Uber, and Lyft (for DOH official business only) are reimbursable. Receipts are required**.**

Non-reimbursable Expenses
DOH will not reimburse travelers for the following types of travel-related costs:

- Alcohol
- Daily commute mileage between the traveler's official station (or approved telecommuting site) and official residence. For details on mileage that can be reimbursed, refer to SAAM 10.50.20 and 10.50.25.
- Entertainment expenses (radio or television rental and other items of a similar nature)
- Event tickets for personal use
- Expenses for personal travel (transportation, hotel, etc) in conjunction with agency travel
- Official duty station parking fees. This does not include fees for parking at temporary duty stations such as required training events.
- Gratuity or tips
- Insurance coverage fees of any kind
- Meals, lodging, ferry fees, etc. for any person other than the traveler
- Medical and hospital services
- Parking or traffic fines
- Pet expenses, unless an ADA certified service animal is documented prior to travel
- Tolls for high occupancy vehicle lane fees or high occupancy toll (HOT) lanes. Note: Agency assigned vehicles are equipped with *Good to Go* passes at the Agency's expense.
- Valet Service fees

For additional information on non-reimbursable expenses, refer to SAAM 10.20.20.

Travel Financing
Travelers have several options to cover travel expenses: personal credit card, travel advance, or a corporate travel charge card.

Travel Advance:
In order to support the out of pocket costs for travelers, DOH may advance funds for the payment of meal and lodging expenses incurred while the traveler is on business travel. Travelers requesting advances must be on the current DOH payroll and have no outstanding advances. DOH will not process advances for less than $150.00. Only travelers without an individual corporate travel charge

card are eligible for advances. Advances may **only** be used for state business travel expenses for the individual requesting the advance. The maximum amount of funds requested is calculated at 90% of the allowable per diem rates for the period and location of travel.

Travelers must submit a fully itemized travel expense voucher on or before the tenth day following the month in which the travel advance was furnished. If the travel advance is greater than the actual expenses incurred, the traveler will owe the excess amount to DOH. If the travel advance is not substantiated by the submission of a travel expense voucher within 60 days after the travel occurred, DOH is required to report the funds as income and withhold payroll taxes from the traveler's next semi-monthly earnings. If the excess amount is not repaid within 120 days after the travel has occurred, then the agency will deduct the amount of the advance from monies due the traveler (i.e., payroll).

For information on how to request a travel advance, refer to Procedure 11.016b.

Corporate Travel Charge Cards:
DOH contracts with US Bank to provide VISA charge accounts for travel expenses while on official state business. There are two types of VISA charge accounts:

- Individual Corporate Travel Charge Cards: This card is to be used by a traveler or board/commission member for state-related travel expenses.
- Agency Corporate Travel Account (CTA): This is the DOH agency charge account used for airfare and Amtrak only.

For more information on corporate travel charge cards, refer to Policy 11.019.

Travel Reimbursement
TEMS is the online system used by Washington State for reimbursement of personal expenses incurred while conducting official state business. The roles are defined as follows:

- Requestor – the traveler
- Preparer – the person delegated to prepare a reimbursement request for a traveler
- Reviewer – a program staff member who reviews the request for correctness before forwarding to an Approver
- Approver – the manager or supervisor who has signature authority to approve travel reimbursement
- Fiscal – Accounting staff who reviews travel for compliance with agency and state travel rules and regulations and then processes payment
- Administrator – Accounting staff with delegated authority to set up traveler accounts, designate Preparers, Reviewers and Approvers. This role includes the authority to redirect errant reimbursement requests

Reimbursement requests must be approved by supervisors and submitted through TEMS no later than 90 days after the month of travel; **requests submitted after 90 days will be denied.**
For example: Travel date July 15, 20XX – reimbursement request would have to be submitted no later than October 31st of that year or it would be denied.

Under extraordinary circumstances reimbursement requests submitted beyond the 90 day filling period may be approved by the Chief Financial Officer or their designee.

Travel occurring April – June must be submitted no later than July 10th of the same year due to state and federal financial reporting requirements.

Travel authorizations and reimbursement requests must be approved as follows:

- Employee In-State – Managers/Supervisors
- Employee Out-of-State – Appointing Authority
- Non-Employee – Office Director
- Employee Foreign – Office of the Governor

Approver must be listed with the appropriate level of authorization in the signature authority database. For more information on signature authority, refer to Policy 02.001.

Travelers may only include those expenditures incurred for their travel costs. The only exception is in the event multiple travelers share the cost of transportation to and from the venue; one of the travelers may pay the expense for all travelers and submit for reimbursement. The traveler requesting reimbursement must include the names of the other travelers in the TEMS request and must provide a receipt to substantiate the transportation costs for reimbursement.

Review and Approval:

The Director of Accounting and Grants will be responsible for coordinating any updates or rescinding of this policy or its associated procedure(s) with the Labor Relations Manager in the Office of Human Resources. The Secretary, Department of Health, has full authority to review and approve this policy and associated procedure. The Secretary may delegate this responsibility.

TEMS Travel Information Form

Name: _____

Month: _____

Purpose of Travel	Start Date/Time	End Date/Time	From City	To City	Miles One Way	Meals B,L,D,P*	Lodging Per Diem Rate	Lodging Tax	Approved Expenses

* MEAL LEDGEND:

B = Breakfast L = Lunch D = Dinner P = Provided

- Enter one month of travel per sheet. Email form by the 10th of each month to DOHNCQACOPS@doh.wa.gov
- Send receipts for hotels and expenses over $25. No receipt is required for approved expenses under $25. Receipts must be received by the **10th of each month**.
- All TEMS reports with all required information must be submitted within 90 days of travel.