



**Board of Nursing
Business Meeting Agenda**

May 10, 2024
8:30 AM- 5:00 PM

This is a virtual meeting, if you would like to participate in the virtual meeting and you don't have computer or phone access you may attend at building TC2 room 166 in the Washington State Department of Health, [111 Israel Rd SE, Tumwater, WA, 98501](https://www.wa.gov/locations/111-israel-rd-se-tumwater-wa-98501).

Zoom registration: <https://us02web.zoom.us/join/9tZEpdl--qgjwiGN2BgNYQ5aDscmprUsuLbfW>

Board Members:

Adam Canary, LPN, Interim Chair
Quiana Daniels, BS, RN, LPN, Interim Vice Chair
Kimberly Tucker PhD, RN, CNE, Interim Secretary/Treasurer
Jonathan Alvarado ARNP, CRNA
Jacob Garcia, MBA, MSN, RN, PCCN
Ella B. Guilford, MSN, M.Ed., BSN, RN
Heleena Hufnagel, BS, MBA-HCA, Public Member
Judy Loveless-Morris, PhD, Public Member
Ajay Mendoza, CNM
Dawn Morrell, RN, BSN, CCRN
MaiKia Moua, RN, BSN, MPH
Sharon Ness, RN
Norma Perez, M.Ed., Public Member

Assistant Attorney General:

Sierra McWilliams, Assistant Attorney General

Staff:

Alison Bradywood, DNP, MPH, RN, NEA-BC, Executive Director
Chris Archuleta, Director, Operations and Finance
Reuben Argel, Director, Nursing Assistant Education
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
Karl Hoehn, JD, FRE, Assistant Director, Discipline and Legal
Grant Hulteen, Assistant Director, Discipline, Investigations & WHPS
Anthony Partridge, MPPA, Assistant Director of Regulatory Affairs
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, (*May 3, 2024*).

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 – Adam Canary, Interim Chair – DISCUSSION/ACTION

II. Call to Order

A. Introductions

1. Name, length of time on board, committee participation, area of residence.

B. Order of the Agenda

C. Land Acknowledgement – Judy Loveless-Morris

D. Announcements

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

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

A. Approval of Minutes

1. WABON Business Meeting
 - a. March 8, 2024

III. Consent Agenda – DISCUSSION/ACTION. Continued.

A. Approval of Minutes. Continued.

2. Advanced Practice Subcommittee
 - a. January 17, 2024
 - b. February 21, 2024
 - c. March - No Meeting
3. Discipline Subcommittee – No Meeting
4. Consistent Standards of Practice Subcommittee Minutes
 - a. February 2, 2024
5. Licensing Subcommittee
 - a. February 20, 2024
 - b. March - No Meeting
6. Research Subcommittee
 - a. February 20, 2024
 - b. March 18, 2024
7. Education Subcommittee
 - a. April 25, 2024

B. Licensing Report to the Governor's Office

C. Washington Center for Nursing/WABON monthly meetings

1. February 27, 2024
2. March – No Meeting

D. Out of state travel reports - None

E. Procedure Revision *(name change and formatting only – non-substantive)*

1. J04.13 List of Credential Holders Requests
2. H03.05 In & Out of State Travel Approval
3. A55.02 DUI arrests and Conviction Reports

IV. 8:40 AM – 8:45 AM - WABON Panel Decisions – DISCUSSION

The WABON delegates the authority as provided by law for certain decisions 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. March 21, 2024
2. April 4, 2024
3. April 11, 2024
4. May 2, 2024

B. Nursing Assistant Program Approval Panel (NAPAP)

1. March 4, 2024
2. April 8, 2024

V. 8:45 AM – 9:00 AM - Chair Report – Adam Canary – DISCUSSION/ACTION

A. 2024-2025 Out of State Travel Plan

B. Disciplinary Hearing Dates

V. Chair Report – Adam Canary – DISCUSSION/ACTION. Continued.

C. H 08.04 Ethics, Conflict of Interest and Recusal

Situation: Review of the Conflict-of-Interest procedure reflected limitations to the ability of the board to address appointments by the Governor's Office.

Background: The existing procedure provides guidance to board appointments when perceived conflicts of interest are present through board and leadership roles with other professional organizations. The Governor's Office appointment process does not collect this type of information as criteria for appointment, nor screen candidates with this limitation.

Assessment: Revision of this procedure removes the prohibition of board member candidates from holding other board positions. It also more clearly details when board members should recuse themselves from discussion and decision making which is within the WABON scope. Education on this procedure will be needed with all board appointments.

Recommendation: Consider approval of the revised procedure to best support board members in awareness of conflicts of interest and the potential need for recusal.

VI. 9:00 AM – 10:45 AM - Executive Director Report – Alison Bradywood – DISCUSSION/ACTION

A. Orientation Planning – Alison Bradywood

B. Performance Measures – Emma Cozart

1. Investigations
2. Legal
3. Washington Health Professional Services (WHPS)
4. Nursing Program Approval Panel (NPAP)

C. Budget Report (Multistate Licensing Volumes)– Kimberly Tucker, Chris Archuleta, Amber Bielaski

D. Strategic Plan Update

1. Bill Implementation – Grant Hulteen
 - a. HB 1255 (RCW 18.79.440) Reducing stigma and incentivizing health care professionals participation in a substance use disorder monitoring/treatment program.
2. Data-Driven Practice (with Consistent Standards of Practice Committee Report)
3. Diversity, Equity, Inclusion, & Anti-Racism (DEI) – Anthony Partridge
4. Communications
 - a. Social Media Presence – Peniel Tovar, Amy Sharar
 - b. Website and GovDelivery Quarterly Numbers Presentation – Shad Bell

E. Rules Update – Jessilyn Dagum

F. H16.03 Signature Delegation w/ Forms Procedure – Alison Bradywood

Situation: Biennial review of Board to staff signature delegation.

Background: Procedure H16.03 has been updated to make technical changes, reflect the new WABON name, and update staff to whom the Board delegates signature authority.

Assessment: WABON directors responsible for managing the work reviewed and updated the procedure.

Recommendation: Approve Procedure H16.03 – Signature Delegation w/ Forms Procedure.

G. Health Enforcement & Licensure Management System (HELMS) – Karl Hoehn

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

H. Proposal for WABON Oversight for Nursing Assistants, Nursing Pools -Alison Bradywood

Situation: Nursing Assistant (NA-C, NA-R) and Nursing Pool licensure and discipline are currently administered by the Department of Health (DOH).

Background: Prior to the independent board pilot in 2008, nursing assistants were housed together with the board within DOH. The proposal to align nursing professions has been discussed intermittently over the last decade.

Assessment: Analysis of financial and operational data demonstrates minimal risk in incorporating oversight of these professions while continuing to streamline the nursing career pathway. If supported, request legislation is needed for implementation and close work with DOH unions would be added to ensure support for employee transitions. A long legislative session would be most appropriate for the size of this request.

Recommendation: Consider, 1) alignment of these departments within WABON, and 2) timing of request legislation for 2025 or 2027 sessions.

I. Recognition

1. Board Members completing their terms of service.
 - a. Adam Canary
 - b. Judy Loveless-Morris
2. Pro Tem members completing their fourth term of service.
 - a. Diana Brovold
 - b. Katie Haerling
 - c. Renee Hoeksel
 - d. Megan Kilpatrick
 - e. Anne Mulligan

10:45 AM – 11:00 AM - Break

VII. 11:00 AM – 11:45 AM - Subcommittee Report – DISCUSSION/ACTION

A. Advanced Practice – Jonathan Alvarado, Co-Chair, Ajay Mendoza, Co-Chair

1. AP Compact Workgroup Update

B. Consistent Standards of Practice – Ella Guilford, Chair

1. Non-Nurse Licensure Compact (NLC) Comparison Summary – School Registered Nurse (RN) Delegation on Out-of-State Field Trips

Situation: Request from school nurses for a guidance document that compares/summarizes the laws and rules for nurses providing care across state lines and/or RN delegation across state lines in states outside of the NLC.

Background: Out-of-state school field trips have been a continuing issue of whether the school RN is able to delegate nursing care tasks to unlicensed assistive personnel (UAP) across state lines.

Assessment: A summary/comparison draft was created specific to states not in the NLC. Laws and rules vary from each state, some allowing a nurse to accompany students without a state license for a specific amount of time. Many states are unclear about whether the RN can delegate tasks to UAP across state lines even if the nurse can accompany the student for a limited time. Two states did not respond.

Recommendations: Approve the comparison summary for publication.

VII. Subcommittee Report – DISCUSSION/ACTION. Continued.

B. Consistent Standards of Practice – Ella Guilford, Chair. Continued.

2. Strategic Plan: Practice Inquiry Data Presentation – Rebecca Nylin, RN, Student Overview of practice data collection and inquiry analysis with recommendations for improvement in consistent data collection.

C. Discipline – Sharon Ness, Chair – No Report

D. Licensing – Dawn Morrell, Chair – No Report

E. Research – Maikia Moua, Acting Chair – No Report

F. Education – Kimberly Tucker, Chair

1. Nursing Assistant Testing Rule Making Approval
Situation: Nursing Assistant skills testing by training programs is a key mechanism to provide timely and local testing opportunities for students.
Background: WABON transitioned NA skills testing to training programs in October 2023.
Assessment: Currently, 88 of the 180 programs are testing their own students with a 19% increase in testing volume. Rules to formalize this testing strategy would clarify support for students (accommodations, grievance process), define eligibility for in-program testing, and spread testing availability across the state.
Recommendation: Consider opening rulemaking to fully implement skills testing by training programs.

11:45 AM – 12:00 PM - Lunch

VIII. 12:00 PM – 1:00 PM - Education Session – Diverse Nursing Panel

A panel comprised of representatives of diverse nursing groups aims to increase awareness of the unique challenges and barriers faced by these communities.

IX. 1:00 PM - 1:15 PM - Public Comment

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

X. 1:15 PM – 1:45 PM - Rules Hearing – SHB 1255 Substance Use Disorder Stipend Program - DISCUSSION/ACTION

Situation: The Washington State Board of Nursing is proposing amendments and introducing a new section of rule relating to the board’s substance use disorder (SUD) monitoring program including application requirements for a stipend, in response to Substitute House Bill (SHB) 1255 (chapter 141, Laws of 2023).

Background: Cost can be a deterrent to participation in the board’s SUD program. SHB 1255, passed in the 2023 Legislative Session, provided general state funding for a stipend program that could defray up to 80 percent of the out-of-pocket expenses for nurses who establish a financial need. Rulemaking is necessary to carry out the Legislature’s directions as reflected in SHB 1255. The intent of the stipend program is to encourage initial participation and continuation in the board’s approved SUD monitoring program authorized by RCW 18.130.175.

Assessment: The board is proposing amendments to current rule sections to establish new definitions, to change “commission” to “board,” “abuse” to “use” and other changes relating to the board’s SUD monitoring in response to SHB 1255. A new rule section would establish application requirements for a stipend to offset costs, as directed by SHB 1255.

Recommendation: Consider approval of draft rule language.

XI. 1:45 PM – 2:15 PM - WCN Report – Sofia Aragon - DISCUSSION/ACTION

XII. 2:15 PM – 2:45 PM – Rules Hearing – SHB 1124 Blood Glucose Management - DISCUSSION/ACTION

Situation: The Washington State Board of Nursing (board) is proposing new sections of rule, WAC 246-840-835 and 246-840-935, and amendments to WAC 246-840-930 and 246-840-940, in response to Substitute House Bill (SHB) 1124 passed by the Washington State Legislature in 2022. SHB 1124 pertains to nurse delegation of glucose monitoring, testing, and insulin injections, expanding RN authority to delegate these tasks to nursing assistants (NA) and home care aides (HCA).

Background: The proposed new sections and amendments to current sections reflect a registered nurse (RN)'s authority to delegate glucose monitoring and testing beyond community-based and in-home care settings to all settings where NA-Rs, NA-Cs credentialed under chapter 18.88A RCW, or HCAs certified under chapter 18.88B RCW, work, as described in SHB 1124. The proposed changes also amend the interval of time in which RN supervision will occur from weekly to every two weeks for the first four weeks, while maintaining the allowance of more frequent supervision as needed, in rule.

Assessment: The proposed changes significantly broaden the scope of tasks that RNs can delegate related to glucose monitoring and testing. This expansion aims to enhance efficiency in care delivery across a wider range of healthcare settings as directed by SHB 1124.

Recommendation: Consider approval of draft rule language.

2:45 PM – 3:00 PM - Break

XIII. 3:00 PM – 3:45 PM – Education - DISCUSSION/ACTION

A. Nursing Education – Gerianne Babbo

1. SB 5582 – Reducing barriers and expanding educational opportunities to increase the supply of nurses in Washington.
2. Student nurse medication administration concerns
3. Nursing Education Annual Report – Mary Sue Gorski/Emma Cozart

Situation: The Washington State Board of Nursing (WABON) requires all nursing education programs to provide information annually [WAC 246-840-520(3)]. This report summarizes 2022-2023 academic year survey data from approved Washington State nursing programs and out-of-state programs approved for clinical placement of students. Selected data trends are highlighted.

Background: This report combines results from four different surveys; 1) the in state prelicensure nursing program survey administered by the National Council of State Boards of Nursing (NCSBN), 2) the in state post-licensure program survey administered by the WABON, 3) the in-state refresher program survey administered by WABON, and 4) the out-of-state program survey administered by WABON.

Assessment: The final report has been reviewed and refined by the Education Unit staff and presented to CNEWs members with links to the education dashboard. This report represents a summary of the required information provided by the nursing education programs for 2022-2023.

Recommendation: Approve the Nursing Education Program 2022-2023 Annual Report.

XIII. Education - DISCUSSION/ACTION. Continued.

B. Nursing Assistant – Alison Bradywood, Christine Tran, Amy Murray

1. Annual Report: Testing, Training, and Strategic Plan Updates

Situation: Nursing Assistant work in 2023 focused on improving skills testing and introduction of the common curriculum to continue to streamline student experience in training and testing.

Background: The COVID-19 pandemic dramatically impacted nursing assistant training and testing. Post-pandemic improvements required innovation to be able to address the volume of students and expedite testing to add them as critical members of the workforce.

Assessment: Close partnership with DSHS, Credentia, training programs, and Department of Health licensing has offered new opportunities to perform skills testing in Washington State, effectively increasing testing capacity.

Recommendation: Continue to support innovative approaches to nursing assistant training and testing. These novel methods best support programs to optimize safe, quality care among nursing assistant students and facilitate needed workforce growth.

XIV. 3:45 PM – 4:15PM - 2025 Legislative Priority Planning – Anthony Partridge – DISCUSSION/ACTION

XV. 4:15 PM – 4:45 PM – Nominations Committee – Sharon Ness – DISCUSSION/ACTION

A. WABON award nominees

Each year, the WABON recognizes staff for the award. The recipient(s) attend the NCSBN annual meeting.

B. Election of Officers

The WABON elects the chair, vice chair and secretary/treasurer for the coming year.

XVI. Meeting Evaluation

XVII. Closing



**Board of Nursing
Business Meeting Minutes**

March 8, 2024
8:30 AM- 5:00 PM

This meeting was held in person at Washington State Department of Health: [111 Israel Rd SE, Tumwater, WA 98501](#), in building TC2 room 166/167 and relocated to Labor & Industries: 7273 Linderson Wy SW, Tumwater, WA 98501, in Room S117 due to a power outage closure at the previous location as well as 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>.

Board Members:

Adam Canary, LPN, Interim Chair
Quiana Daniels, BS, RN, LPN, Interim Vice Chair
Kimberly Tucker PhD, RN, CNE, Interim Secretary/Treasurer
Jacob Garcia, MBA, MSN, RN, PCCN
Ella B. Guilford, MSN, M.Ed., BSN, RN
Heleena Hufnagel, BS, MBA-HCA, Public Member
Judy Loveless-Morris, PhD, Public Member
Ajay Mendoza, CNM
Dawn Morrell, RN, BSN, CCRN
MaiKia Moua, RN, BSN, MPH
Sharon Ness, RN
Norma Perez, M.Ed., Public Member

Excused:

Jonathan Alvarado ARNP, CRNA

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
Anthony Partridge, MPPA, Assistant Director of Regulatory Affairs
Catherine Woodard, Director, Discipline and WHPS

I. 8:30 AM - Opening – Adam Canary, Chair – DISCUSSION/ACTION

Due to a power outage, the board discussed meeting options as the meeting location is closed to the public.

The meeting is to resume at 10:00am at a new location that was communicated to members of the public on the zoom call and via GovDelivery.

Meeting resumed at 10:00 AM at Labor & Industries: 7273 Linderson Wy SW, Tumwater, WA 98501, in Room S117.

II. Call to Order

A. Introductions

B. Order of the Agenda

Due to time constraints, the WCN report is to be moved to the May meeting. So moved by Ms. Daniels and approved by the board.

C. Land Acknowledgement – Quiana Daniels

Dr. Loveless-Morris volunteered for the May Land Acknowledgement.

D. Announcements

Dr. Bradywood presented some updates.

1. Staff Updates

2. Celebrations

a. Ms. Quiana Daniels – named Puget Sound Business Journal's 2024 Top 40 Under 40

b. Ms. Dawn Morrell – inducted into the Washington State Nurses Hall of Fame

c. ICRS Certificate Recipients

1. Ms. Bethany Mauden

2. Ms. Victoria Hayward

d. Dr. Gerianne Babbo – Correction to NCSBN chair appointment.

e. Ms. Amber Bielaski – Appointment to the NCSBN Compliance Committee

3. WABON Conference on Joy in Practice

4. Board Orientation

5. Open Board Positions – RN, LPN, Public – applications close March 15, 2024

III. Consent Agenda – DISCUSSION/ACTION

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

Motion: Dr. Loveless-Morris moved, with a second from Ms. Guilford, to approve the consent agenda. The motion passed.

A. Approval of Minutes

1. WABON Business Meeting

a. January 12, 2024

2. Advanced Practice Subcommittee

a. November 15, 2023

3. Discipline Subcommittee

a. December 19, 2023

III. Consent Agenda – Continued.

A. Approval of Minutes. Continued.

4. Consistent Standards of Practice Subcommittee
 - a. December 1, 2023
5. Licensing Subcommittee
 - a. December 19, 2023
 - b. January 2024 – No meeting
6. Research Subcommittee
 - a. No meetings.
7. Education Subcommittee
 - a. January 31, 2024

B. Letter from NCSBN President Jay Douglas

C. Performance Measures

1. Investigations
2. Legal
3. Washington Health Professional Services (WHPS)
4. Substance Use Disorder Review Panel (SUDRP)
5. Nursing Assistant Program Approval Panel (NAPAP)
6. Nursing Program Approval Panel (NPAP)

D. Licensing Report to the Governor's Office

E. Washington Center for Nursing/WABON monthly meetings

1. January 29, 2024 – Joint meeting with DOH

F. Out of state travel reports

1. Federation of Associations of Regulatory Boards Forum – Karl Hoehn
2. NCSBN Scientific Symposium – Emma Cozart

IV. WABON Panel Decisions – DISCUSSION

The WABON delegates the authority as provided by law for certain decisions 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. January 4, 2024
2. January 18, 2024
3. February 1, 2024
4. February 15, 2024

B. Nursing Assistant Program Approval Panel (NAPAP)

1. January 8, 2024
2. February 12, 2024

V. Chair Report – Adam Canary, Interim Chair – DISCUSSION/ACTION

A. Nomination Committee – Sharon Ness

1. Slate of Candidates

Ms. Ness presented the slate of candidates for review. The board candidates spoke to the Board regarding the positions they are seeking in the election.

Mr. Canary requested nominations from the floor. No nominations were made.

Motion: Ms. Ness moved, with a second from Mr. Mendoza, for the Board to accept the slate of candidates. The motion passed.

B. Annual Board Survey– Preliminary Results of Board Member Responses – Lohitvenkatesh Oswal

Mr. Oswal reported the preliminary results of the annual survey. To date, eleven of thirteen board members and twenty-one pro tems responded. Mr. Oswal reported the results were primarily positive. More comprehensive results to be presented at a future meeting.

C. NCSBN Midyear Meeting

Mr. Canary discussed the NCSBN Midyear Meeting agenda and attendees.

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

A. Budget Report – Kimberly Tucker, Chris Archuleta

Mr. Archuleta reported on the impact of the MSL on WABON's fiscal outlook.

Full implementation of the NLC occurred on January 31, 2024, and WABON is issuing WA MSLs and collecting additional fees for the credentials. The revenue from the credential will begin to offset and is projected outpace the loss of revenue from nurses with active MSLs in other states not renewing their WA single state licenses. There is a final HELMS payment in June 2024 that will endanger WABON with a negative fund balance but is not a certainty.

Ms. Bielaski reported the MSL numbers for the first month of implementation and WA State licenses that are upgraded to an MSL.

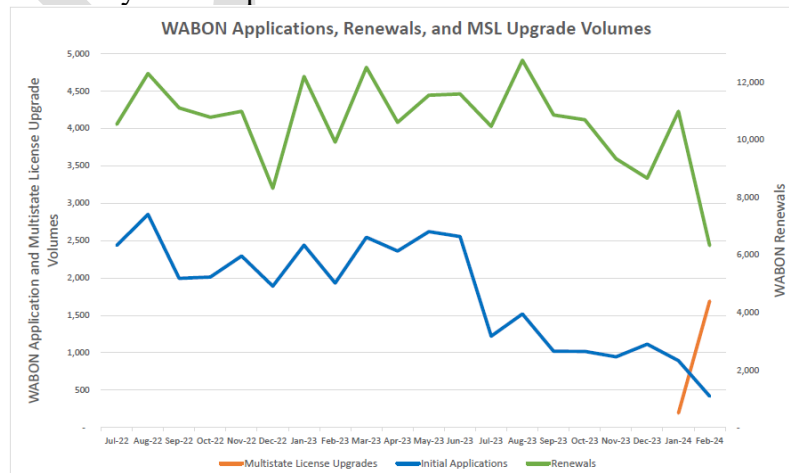
B. Strategic Plan Update

1. Nursing Assistants – to be presented during Education report.

2. Bill Implementation

a. SB 5499 – Nurse Licensure Compact – Alison Bradywood

Dr. Bradywood expanded on the MSL numbers and trends.



VI. Executive Director Report – Alison Bradywood – Continued.

B. Strategic Plan Update. Continued.

- b. SB 5582 – Reducing barriers and expanding educational opportunities to increase the supply of nurses in Washington. – to be presented during Education report
 - c. HB 1255 (RCW 18.79.440) Reducing stigma and incentivizing health care professionals to participate in a substance use disorder monitoring and treatment program. – Grant Hulteen
Mr. Hulteen reported IT is still working to implement the required changes to remove the status for WHPS graduates in ILRS, but the change may be delayed until implementation of HELMS.
 - d. HB 1009: Military Spouse Employment - Jessilyn Dagum, Amber Bielaski – No report
3. Data-Driven Practice – Debbie Carlson
Ms. Carlson reported they are working on the early remediation of data, on practice inquiries and student nurse practice errors.
4. Diversity, Equity, Inclusion, & Belonging (DEIB) – Jessilyn Dagum, Jacob Garcia
Ms. Dagum and Mr. Garcia reported the progress of the taskforce, next steps include setting specific, measurable, achievable, relevant, and time-bound goals; identify unit and Subcommittee opportunities for improvement; and to conduct a baseline assessment using an established tool.
5. Communications – Social Media Presence – Shad Bell, Peniel Parrao-Tovar
Ms. Parrao-Tovar presented pitfalls of having a social media presence. The pitfalls of social media can be navigated properly with policies and procedures that define conduct that is appropriate/inappropriate, with an outline of pre-approved automated messages and responses to specific situations and interactions.
- a. Social Media Procedures – Amy Sharar
Ms. Sharar presented a draft social media policy statement and procedure.

VII. Education Session – Introduction to Artificial Intelligence (AI), Rich G. Kenny, MMCI, RN, Health Informaticist.

Mr. Kenny advised leading healthcare organizations on nursing workforce strategies and experience design. Mr. Kenny presented an overview of AI and integration into health care delivery.

VIII. 1:00 PM – 1:15 PM - Public Comment

This time allowed the public to present comments to WABON.

One person was signed up to speak but was not present. No comments were made.

IX. 1:15 PM – 1:45 PM - Rules Hearing – Initial Out-of-State Exam and Endorsement Licensing - DISCUSSION/ACTION

The rules hearing was called to order at 1:15 PM.

WABON proposed amendments to WAC 246-840-030 and WAC 246-840-090 to clarify specific licensing requirements for RN and LPN applicants. The amendments aim to address concerns regarding the acceptance of nursing program graduates from other states and to safeguard the standards of nursing education in Washington.

1:23 PM testimony period began.

No written comments were made regarding the rules hearing and no comments were made.

Rules hearing adjourned at 1:26 PM.

ACTION: Ms. Morrell moved, with a second by Mr. Mendoza, to approve amendments to WAC 246-840-030 and WAC 246-840-090 clarifying WABON's authority to determine if another state's board-approved nursing program substantially meets Washington state requirements. The motion passed.

VI. Executive Director Report – Alison Bradywood – Continued.

D. Rules Update – Jessilyn Dagum

Ms. Dagum reported on emergency rules, and rules in progress.

E. Health Enforcement and Licensure Management System (HELMS) Update – Karl Hoehn

Mr. Hoehn presented on the progress toward completion of the HELMS project. HELMS Lite is projected to start in March, partial HELMS in September and into 2025.

F. WHPS Annual Report and SUDRP Annual Report – Catherine Woodard and Grant Hulteen

Ms. Woodard and Mr. Hulteen presented the annual report including program performance from the previous calendar year. The comprehensive report included recommended information from the National Council of State Boards of Nursing *Substance Use Disorder in Nursing Resource Manual and Guidelines* (2011).

ACTION: Ms. Morrell moved, with a second from Ms. Guilford, to approve the WHPS and SUDRP annual reports. The motion passed.

VII. Subcommittee Report – DISCUSSION/ACTION

A. Advanced Practice – Jonathan Alvarado, Chair

1. AP Compact Education Brief

Dr. Gorski reported the Advanced Practice Subcommittee reviewed the Education Brief on February 21, 2024. There is general agreement that the concept of a national licensure compact is timely and has benefits for both patient care and Advanced Practice Nurses. There have been concerns expressed about specific aspects of the current National Council of State Boards of Nursing APRN Compact.

ACTION: Ms. Daniels moved, with a second from the Advanced Practice Subcommittee, to approve the Exploring the Advanced Practice Registered Nursing Compact for Washington State Education Brief. The motion passed.

B. Consistent Standards of Practice – Ella Guilford, Chair

1. No report

C. Discipline – Sharon Ness, Chair

1. Complaint form revisions

2. Procedure A.06.11 *Review of Board of Nursing Reports*

Ms. Ness reported the research unit conducted a study of data collected from closed cases from March to September 2023. Of these, 59 closed cases had elements of implicit and explicit bias and potential discrimination and 37 identified a given type of discrimination in the narrative.

ACTION: Ms. Ness moved, with a second from the Discipline Subcommittee, to approve improvements to the complaint intake form to include questions about discrimination and inclusion of the whistleblower statement, and to approve Procedure A06.11 Review of Board of Nursing Reports to include discrimination as an above threshold category, as well as misdemeanor crimes related to the practice of nursing for multistate licensure. The motion passed.

3. Procedure A.20.12 *Substance Use Orders*

Ms. Ness reported the Discipline Subcommittee reviewed the procedure and it has been updated to make technical changes and to reflect the new WABON name.

ACTION: Ms. Ness moved, with a second from the Discipline Subcommittee, to approve revisions to Procedure A.20.12 Substance Use Orders. The motion passed.

D. Licensing – Dawn Morrell, Chair

1. No report

E. Research – MaiKia Moua, Acting Chair

1. Procedure R02.04 *Student Engagement Procedure*

Ms. Moua reported the Research Subcommittee reviewed procedure R02.04 and it has been updated to make technical changes and to reflect the new WABON name.

ACTION: Ms. Moua, with a second from the Research Subcommittee, to approve the revisions to Procedure R02.04 Student Engagement Procedure. The motion passed.

VII. Subcommittee Report – Continued.

F. Education – Kimberly Tucker, Chair

1. SB 5582 Simulation Rules

Dr. Tucker reported on the Education Subcommittee developed with the Simulation of the 1:2 simulation rules. The board held seven public rule workshops, meetings with INACSL and SSIH representatives, and national researchers to ensure a broad variety of perspectives were considered in the drafted rule language.

ACTION: Dr. Tucker moved, with a second from the Education Subcommittee, to approve the draft proposed rule language for the SB 5582 Simulation Rules and move forward in the rulemaking process with the filing of a CR-102. The motion passed.

VIII. Education – Dr. Gerianne Babbo, Christine Tran - DISCUSSION/ACTION

A. Education

1. SB 5582 Next Steps 1:2 Draft Simulation Rules

Dr. Babbo presented the timeline of the draft simulation rules and thanked the simulation taskforce team for their work.

2. SB 5582 Rule Writing - level of graduate degree in Baccalaureate programs in (for Sect 7, line 31-34, rule writing)

Dr. Babbo presented NCSBN's member board web survey on the academic and experiential qualifications of BSN nurse administrators.

3. Model Act and Review Committee

Dr. Babo reported the first will be in April 2024 and to be discussed at the NCSBN mid-year meeting.

B. Nursing Assistant

1. Strategic Plan Update

Dr. Bradywood reported the strategic plan is on track and the high school training program is in development. Further, the high school program director is being hired.

2. Testing

Ms. Tran reported on testing trends.

IX. Legislative Panel Report – Quiana Daniels, Anthony Partridge – DISCUSSION/ACTION

Ms. Daniels reported the legislative session was a short sixty-day session and has now been completed.

APRN Title Protection passed the legislature and was fully funded. It was the first request legislation as well as being the first successful request legislation. Ms. Daniels thanked the supportive representatives and senators.

A. Legislative Coverage Map

Ms. Daniels presented the legislative coverage map of current WABON Board Members.

B. Legislative Updates

Mr. Partridge presented on the legislative updates and successful legislation.

The short list:

HB 2416 – fully funded.

SB 5184 – moving forward.

SB 6286 – fully funded.

IX. Legislative Panel Report – Quiana Daniels, Anthony Partridge – Continued.

B. Legislative Update. Continued.

Mr. Partridge discussed a simulation proposal for the strategic investment of funds for nursing education programs to provide professional development related to simulation activities. This proposal is going to be further pushed forward in future sessions toward a supplemental budget.

X. Board Hours Project Presentation – Bethany Mauden, Josh Smoots – DISCUSSION/ACTION

Mr. Smoots and Ms. Mauden presented the preliminary results of their research study based on a recent survey. The purpose of the assessment is to assess the workload of board and pro tem members; to provide transparency to prospective board members on the hours and duties of the average member; to improve onboarding processes and orientation materials; to streamline workflows for board members; and to produce more accurate position descriptions.

XI. WCN Report – Sofia Aragon – DISCUSSION/ACTION –

Due to time constraints, the item was moved to May 10, 2024.

XII. Meeting Evaluation

Meeting evaluation was completed via a zoom poll which was displayed.

WABON Business Meeting - March 8, 2024

1. Did the length of the packet meet your needs? 9/9 (100%) answered.

Strongly Agree 3/9 (33)%

Agree 4/9 (44)%

Neither Agree or Disagree 1/9 (11)%

Disagree 1/9 (11)%

Strongly Disagree 0/9 (0)%

2. Was the information and SBAR in the packet helpful? 9/9 (100%) answered.

Strongly Agree 5/9 (56)%

Agree 3/9 (33)%

Neither Agree or Disagree 0/9 (0)%

Disagree 1/9 (11)%

Strongly Disagree 0/9 (0)%

3. Did you feel like your voice was heard? 9/9 (100%) answered.

Strongly Agree 5/9 (56)%

Agree 3/9 (33)%

Neither Agree or Disagree 0/9 (0)%

Disagree 0/9 (0)%

Strongly Disagree 1/9 (11)%

4. The meeting content was relevant to the Strategic Plan and to the Board? 9/9 (100%) answered.

Strongly Agree 5/9 (56)%

Agree 4/9 (44)%

Neither Agree or Disagree 0/9 (0)%

Disagree 0/9 (0)%

Strongly Disagree 0/9 (0)%

5. Comments 4/9 (44)% answered.

[Quiana Daniels](#) - Great meeting!

[David Garcia](#) - I think we had a great conversation about the Nurse Administrator, this is great discussion, but I do worry if we remove one barrier are we adding additional (1 step forward 2 steps back)

[Adam Canary](#) - I thought the meeting went extremely well. Given the circumstances, with the power outage and change of venue, the staff handled it with an amazing attitude and exuded calmness, and professionalism.

[Maikia Moua](#) - I think I got an old version of the packet, the page numbers did not quite align, but I could follow along just fine. Nice job adjusting to the unexpected outage! I appreciated the education session.

XIII. Closing at 3:49 PM



**Washington State Board of Nursing (WABON)
Advanced Practice Subcommittee Meeting Minutes
January 17, 2024**

Subcommittee Members Present: Jonathan Alvarado, ARNP, CRNA, Chair
Ronna Smith, MN, ARNP
Bianca Reis, DNP, MBA, ARNP, PMHNP-BC
Jeffery Ramirez, Ph.D., PMHNP, CARN-AP, CNE, FNAP, FAANP, FAAN
Cyd Marckmann, DNP, ARNP
Michelle Dedeo, DNP, ARNP-CNS, ACCNS-AG, CCRN, CNRN, SCRNP
Molly Altman, PhD, CNM, MPH, FACNM
Kimberley A. Veilleux, DNP, RN, ANP-BC

Absent: Emerisse Shen, MSN, CNP, FNP, ARNP
Megan Kilpatrick, MSN, ARNP-CNS, AOCNS
Wendy E. Murchie, DNP, CPNP-AC

Staff Present: Mary Sue Gorski, PhD, RN, Director, Advanced Practice and Research
Alison Bradywood, DNP, MPH, RN, NEA-BC, Executive Director
Anthony Partridge, MPPA, Assistant Director of Regulatory Affairs
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/WABON Business Meeting Updates
- Review of Advanced Practice Draft Minutes: November 15, 2023
 - Reviewed, with consensus to bring to the March 8, 2024 WABON business meeting for approval.

III. Old Business

- Anesthesia Assistant
 - Jonathan Alvarado gave an update on this item.
- APRN Title Change
 - Anthony Partridge gave an update on this item. Alison Bradywood and Jonathan Alvarado provided further background.

IV. New Business

- AP Compact
 - Information Sheet
 - Spokane meeting (01/10/2024 3:00PM-6:00PM)
 - Virtual workshops (01/24/2024 11:30AM-12:30PM & 01/25/2024 12:00PM-1:00PM)
 - Mary Sue Gorski provided updates on AP Compact workshops and information sheet.

V. Ending Items

- Public Comment
 - The public was given the opportunity to comment on the agenda items.
- Date of Next Meeting – February 21, 2024
- Adjournment – The meeting adjourned at 7:25 PM.

DRAFT



**Washington State Board of Nursing (WABON)
Advanced Practice Subcommittee Meeting Minutes
February 21, 2024**

Subcommittee Members Present:	Emerisse Shen, MSN, CNP, FNP, ARNP, Acting Chair Michelle Dedeo, DNP, ARNP-CNS, ACCNS-AG, CCRN, CNRN, SCRNP Cyd Marckmann, DNP, ARNP Molly Dutton, MS, MN, ARNP-BC Wendy E. Murchie, DNP, CPNP-AC
Absent:	Jonathan Alvarado, ARNP, CRNA Ronna Smith, MN, ARNP Bianca Reis, DNP, MBA, ARNP, PMHNP-BC Jeffery Ramirez, Ph.D., PMHNP, CARN-AP, CNE, FNAP, FAANP, FAAN Molly Altman, PhD, CNM, MPH, FACNM Kimberley A. Veilleux, DNP, RN, ANP-BC
Staff Present:	Mary Sue Gorski, PhD, RN, Director, Advanced Practice and Research Anthony Partridge, MPPA, Assistant Director of Regulatory Affairs Lohitvenkatesh Oswal, Research Assistant

**I. 7:00 PM Opening – Emerisse Shen, Acting Chair
Call to Order**

- Emerisse Shen 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/WABON Business Meeting Updates
 - New subcommittee member, Molly Dutton, was introduced.
- Review of Advanced Practice Draft Minutes: January 17, 2024
 - Reviewed, with consensus to bring to the May 10, 2024 WABON business meeting for approval.

III. Old Business

- Update on AP Compact Workshops
 - Mary Sue Gorski gave an update on AP Compact Workshops and Educational Brief. Subcommittee recommended bringing educational brief to March 8, 2024 WABON business meeting for approval.
- Update on APRN Title Change
 - Anthony Partridge gave an update on this item and answered questions from subcommittee.
- Anesthesia Assistant
 - Anthony Partridge gave an update on this item and answered questions from subcommittee.

IV. Ending Items

- Public Comment
 - The public was given the opportunity to comment on the agenda items.
- Date of Next Meeting – April 17, 2024
- Adjournment – The meeting adjourned at 7:20 PM.

DRAFT



Washington State Board of Nursing (WABON)
Consistent Standards of Practice
February 2, 2024

Committee Members Present: Ella Guilford, MSN, M.ED., BSN, RN, Chair
Heleen Hufnagel, MBA-HCA, BS, Member
Quiana Daniels, BSN, RN, LPN, Member
Tiffany Randich, RN, LPN, Pro Tem
Diana Meyer, DNP, RN, NEW-BC, FAEN, Pro Tem

Staff: Deborah Carlson, MSN, PMC, CPM, RN, Director of Nursing Practice
Shana Johnny, DNP, MN, RN, Nursing Practice Consultant
Margaret Holm, JD, RN, Nursing Practice Consultant
Dennis Gunnarson, Administrative Assistant
Seana Reichold, Staff Attorney

Opening:

Committee Chair Ella Guilford called the meeting to order at 12:03 p.m. The Consistent Standards of Practice subcommittee members and staff were introduced. Ella Guilford read the Public Disclosure Statement.

Announcements:

- Ella introduced the Commission members.
- Debbie Carlson introduced the staff.
- Shana Johnny introduced new staff and support staff; Josh Smoots is Programs Specialist for Operations; Kathy Bay is with the Rural Hospital and High School pilot; Rachel Purcell in Communications, and four new students are joining us for various projects.
- Ella introduced the Hot Topics.
- Discussion and agreement from members to move the CSPSC to the first Friday to the first Tuesday of the month from 12:00 a.m. to 1:00 p.m.
- Quina introduced the Legislative Update.
- Ella opened the floor for public comment.
- Debbie provided an update on the status of Patient Abandonment and Commonly Asked Questions (CAQs) on the website.
- Debbie provided an update on the status of CSPSC Position Description.
- Debbie provided an update on the status of web updates/logo changes.
- Shana introduced the presentations/webinars.
- Ella introduced the informed consent project.

Draft Minutes:

CSPSC agreed to move the December 1, 2023, draft minutes to the March WABON business meeting. CSPSC members recommend the WABON approve the minutes.

Old Business:

Informed Consent Advisory Opinion – Shana provided an update and announced that the first workshops provided good recommendations from the public and partners. Additional workshops will be scheduled. Notification will be sent to the public through GovDelivery distribution list and an invitation to key partners.

Registered Nurse (RN) Delegation: Commonly Asked Questions (CAQs) – Debbie provided an update about the CAQ drafts related to RN delegation. Staff continue to refine these documents.

COVID-19 Screening Workshop Update – Shana provided an update about the questions and challenges with the COVID-19 screening CAQs. Significant changes have emerged since the emergency waiver was lifted last May. Some of the challenges are with the authority of the RN to delegate. Facilities may not have an RN and sufficient staff available to continue testing, or they might have unlicensed assistive personnel (UAP) available to perform testing, but do not have an RN to delegate to the UAP. Another issue is whether an order is required from an authorized practitioner to do CLIA-waived COVID-19 testing. Meetings were held with concerned parties, and email follow-up was sent to concerned parties to communicate next steps.

Quality Improvement/CSPSC's Prioritization Work Update: Shana provided an update about the work on the prioritization model for CSPSC activities. The model is under development and will be tested shortly. This work is guided by Diana Meyer. Ms. Meyer explained that this will allow us to be timely about completing requests with the resources available.

New Business:

Multistate License Implementation – Ms. Carlson previewed the website and the resources available to self-educate us as we address lots of questions that are coming in. There are eleven states that are not in the Nurse Licensure Compact (NLC).

CSPSC Position Description Revision work— Ms. Carlson reviewed the draft. The CSPSC reached consensus to send the draft to the WABON Board Meeting in January for approval.

Public Comment: Gail McGaffick commented on the collaborative work going into the RN Delegation CAQs listed in the packet. Erika Stardig commented on the guidance being offered to RN delegators.

Ending Items

Date of Future Meetings in 2024 – April 2, June 4, August 6, and October 1, December 3

Adjournment 12:47 PM



WASHINGTON STATE BOARD OF NURSING

Licensing Subcommittee Minutes

February 20, 2024 1: 00 pm to 2: 00 pm

Committee Members: Dawn Morrell, BSN, RN, Chair
Adam Canary, LPN
Helen Myrick, Public Member
Yvonne Strader, RN, BSN, BSPA, MHA
Jacob Garcia, MBA, MSN, RN, PCCN

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
Miranda Bayne, Staff Attorney
Jessilyn Dagum, Policy Analyst
Lori Underwood, Licensing Supervisor

This meeting was digitally recorded to assist in the production of accurate minutes. All recordings are public records. The minutes of this meeting will be posted on our website after they have been approved at the **May 10, 2024**, WABON 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** - Board Member Dawn Morrell, Board Member Helen Myrick, Board Member Yvonne Strader, Board Member Jacob Garcia, Mr. Karl Hoehn, Ms. Miranda Baines, Ms. Jessilyn Dagum, Ms. Lori Underwood.

II. Standing Agenda Items

- **Announcements/Hot Topic/WABON Business Meeting Updates** - Board Member asked the committee if there were any topics to be discussed, no topics were brought forward by the Board members. Board member Morrell asked Ms. Underwood to share with the committee a few insights on the Multistate License launch party that we had on January 31st. Ms. Underwood shared how awesome it was to have many of the Board members attend either in person or virtually to witness the very first Washington state multistate license be issued. She further shared that Board Member Kiana Daniels was the first licensee to apply and be issued a Washington state multistate license. She added that the staff and Board members, people from the Department of Health IT joined in celebration of this occasion with sparkling apple cider and a variety of goodies that people brought in to share.

Board Member Morrell recognized everyone that helped to build the license behind the scenes. She concluded that it was amazing to see all hands-on deck building this license, ironing out all the wrinkles. Ms. Underwood gave recognition to Ms. Dagum as all her help played such a huge instrumental piece to this. With Ms. Zawislak-Bielaski on maternity leave, Ms. Dagum was always available to help anytime we needed her to step in.

- **Approve Minutes for December 19, 2023** - Board Member Myrick moved with a second from Board Member Strader to approve the minutes for December 19, 2023.

III. Old Business

- **Temporary Practice Permit Rules** – Ms. Dagum provided an update on where we were on the Temporary Practice Permit rules. She announced that this rule was in effect as of February 11, 2024. She continued by adding that the CR103 was just filed a month ago on January 11, 2024, under Wizard 2403-055. She explained that this rule reduces the length of time the Temporary Practice Permit is active. The Permit is now active for 60 days rather than 180 days except for military spouses. It can be extended for an additional 30 days if necessary. Ms. Dagum concluded that this rulemaking has been completed. Board member Morrell asked about the temporary practice permits which were issued with the previous time frame. She inquired whether those nurses would be contacted, and their permits be adjusted to reflect the new 60 days. Ms. Underwood spoke to this question by replying that those nurses holding a temporary practice permit with the previous time frame would not be affected, they would keep their permits as issued. Only those permits issued on February 11th and moving forward will reflect the new 60-day expiration date.

IV. New Business

- **Governor's Weekly Report** – Ms. Underwood provided an update on the Governor's report. She shared that we remain under the seven days to issue a temporary practice permit and that currently we are at three days. She shared with the committee that we are starting to see our new application count start to rise again. Ms. Underwood added that these application numbers include the multistate license conversions, exams and endorsement applications. She provided the application count from this time last year was at two hundred, twenty-one. Today, the new application count was at five hundred, sixty-eight. Board member Morrell asked what kind of questions we were receiving with regards to the multistate license applications. Ms. Underwood shared that mostly the questions were about the Primary State of Residence rules and obtaining their fingerprints for the required FBI background check. Ms. Underwood provided an example of when we would require a declaration of primary state of residence being Washington state. Board member Strader inquired if this was a lot more work for the staff and if we were able to keep up with the reviews. Ms. Underwood replied that it was just a little more detail to the review process that we needed to incorporate, but that our staff had been preparing for this time since a few months back. Board member Myrick complimented the staff on how well they have been moving through the review of the high number of multistate license applications.
- **Nurse Licensure Compact Implementation Update** – Ms. Underwood shared that our website has been updated with the multistate license requirements and directions on applying online. She shared that we are constantly updating our website with any changes. Ms. Underwood advised the committee that since January 31, 2024, we have received over one thousand, five hundred multistate conversion applications. Ms. Underwood shared that we are working on providing more data to share at our next meeting. Soon, we will be presenting to school and facilities on the multistate license. In addition to these, there will

be a webinar offered that will provide information regarding the multistate license requirements in Washington state. Ms. Dagum added that our informational webinar on the multistate license will be presented on February 28, 2024.

- **Initial Out of State and Exam Licensing Rule – Emergency to Permanent Rule Update** – Ms. Dagum reminded the committee that there will be a rule hearing for this on March 8, 2024. She also added that we held a rules workshop back in June 2023 and now the next step is to move forward with filing the CR102 and having the hearing. This will be permanent rule making and moves our current emergency rule into permanent rules.

V. Ending Items

- **Public Comment** - None
- **Review of Actions**
- **Meeting Evaluation** - All
- **Date of Next Meeting** - April 16, 2024
- **Adjournment** 1:22 PM



**Washington State Board of Nursing (WABON)
Research Subcommittee Meeting Minutes
February 20, 2024 5:00 p.m. to 6:00 p.m.**

Subcommittee Members: MaiKia Moua, RN, BSN, MPH, Acting Chair
Judy Loveless-Morris, PhD
Mary Baroni, PhD, RN
Heleena Hufnagel, BS, MBA-HCA

Absent: Katie Haerling, PhD, RN, CHSE
Sharon Ness, RN

Staff Present: Mary Sue Gorski, PhD, RN, Director of Advanced Practice and Research
Shad Bell, Assistant Director of Operations
Emma Cozart, Data Consultant
Lohitvenkatesh Oswal, Research Assistant

I. 5:00 PM Opening

- Call to Order, Introduction, Public Disclosure Statement, Roll Call
 - MaiKia Moua called the meeting to order at 5:05 pm 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
 - New subcommittee member, Heleena Hufnagel, was introduced.
 - Mary Sue Gorski provided background on update of Student Engagement Procedure. Subcommittee recommended bringing to March 8, 2024 WABON business meeting for approval.
- Review of Draft Minutes: November 20, 2023
 - Reviewed, with consensus to bring to the March 8, 2024 WABON business meeting for approval.
- Review work plan
 - Mary Sue Gorski introduced work plan update, removing subcommittee members from workgroups.

III. New Business

- Practice data collection – student projects
 - Mary Sue Gorski gave an update on ongoing student projects. Subcommittee discussed.

- Preliminary report of the 2023 Annual Board Member Survey
 - Lohitvenkatesh Oswal presented results of Board Member responses to the 2023 Annual Board Member Survey. Subcommittee discussed and provided feedback. Analysis of the full 2023 Annual Board Member Survey results will be completed with input from a workgroup of board members.

IV. Ending Items

- Public Comment
 - The public was given the opportunity to comment on the agenda items.
- Date of Next Meeting – March 18, 2024
- Adjournment – Meeting adjourned at 6:01 pm.

DRAFT



**Washington State Board of Nursing (WABON)
Research Subcommittee Meeting Minutes
March 18, 2024 5:00 p.m. to 6:00 p.m.**

Subcommittee Members: MaiKia Moua, RN, BSN, MPH, Chair
Judy Loveless-Morris, PhD
Mary Baroni, PhD, RN
Heleena Hufnagel, BS, MBA-HCA
Sharon Ness, RN

Absent: Katie Haerling, PhD, RN, CHSE

Staff Present: Mary Sue Gorski, PhD, RN, Director of Advanced Practice and Research
Luis Cisneros, JD, Staff Attorney
Emma Cozart, Data Consultant
Lohitvenkatesh Oswal, Research Assistant

I. 5:00 PM Opening

- Call to Order, Introduction, Public Disclosure Statement, Roll Call
 - MaiKia Moua called the meeting to order at 5:04 pm 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
 - New staff member, Luis Cisneros, was introduced.
 - Subcommittee discussed regular meeting schedule and recommended updating schedule to every other month, starting with the April meeting.
- Review of Draft Minutes: February 20, 2024
 - Reviewed, with consensus to bring to the May 10, 2024 WABON business meeting for approval.
- Review work plan
 - Mary Sue Gorski introduced work plan update.

III. Old Business

- Discrimination research at CMT
 - Lohitvenkatesh Oswal presented research on discrimination in nurse discipline closed cases. Subcommittee discussed and provided feedback.

IV. Ending Items

- Public Comment

- The public was given the opportunity to comment on the agenda items.
- Date of Next Meeting – April 15, 2024
- Adjournment – Meeting adjourned at 5:47 pm.

DRAFT



WASHINGTON STATE
BOARD OF NURSING
111 Israel Road SE
P.O. BOX 47864
Olympia, WA 98504

**Washington State Board of Nursing (WABON)
Education Subcommittee Meeting Minutes
Thursday, April 25, 2024, at 4:00pm-5:00pm
Nursing Assistant – Skills Testing Rule Making**

Committee Members: Kim Tucker PhD, RN, CNE, Chair
Ajay Mendoza PhD, CNM, ARNP CM
Renee Hoeksel PhD, RN, ANEF, FAAN Pro Tem
Julie Benson MHA, MN, RN, CNE Pro Tem
Patty Cochrell, MBA, RN, NE-BC Pro Tem
Fionnuala Brown, DNP, MSN, FNP-C, RN Pro Tem (**Excused**)
Helen Myrick, Public Member
Tracy Rude, LPN Member

Staff: Alison Bradywood, DNP, MPH, RN, NEA-BC, Executive Director
Jessilyn Dagum, Policy Analyst
Christine Tran, Nursing Assistant Program Specialist, Testing Lead
Amy Murray, Nursing Education Consultant
Gerianne Babbo, EdD, MN, RN, Director of Nursing Education
Sarah Bear, EdD, MSN, RN, Nursing Education Consultant
Kathy Bay, PhD, MN, RN, Nursing Education Consultant
Margaret Holm, JD, RN Nursing Education Consultant Practice
Sara Kirschenman, WABON Attorney
Seana Reichold, WABON Attorney
Judy Soeum, BA, Health Services Consultant

Meeting Minutes

WABON records meetings to help write accurate minutes. Minutes are then approved at the 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

12:00 PM Opening – Kim Tucker Chair Call to Order

- Introductions
- Public Disclosure Statement
- Roll Call

1. Standing Agenda Items

a. Announcements

- None

b. Old Business

- None

c. New Business

- Nursing Assistant – Skills Testing Rule Making

Ending Items

- Public Comments
- Date of Next Meeting: TBD
- Adjournment

Nursing Assistant – Skills Testing Rule Making

Dr. Alison Bradywood and Ms. Christine Tran presented on the nursing assistant skills testing pilot project.

Background:

Mass skills testing occurred through May 2023. When the mass testing ended, a backlog occurred of applicants who needed skills testing. In October 2023, a pilot program began where sites volunteered to offer skills testing.

Request: Subcommittee recommendation to bring the request to the WABON to open rulemaking to formalize the nursing assistant pilot program

Rationale was reviewed for the request. Examples included:

- Spread testing volume across programs and across the state.
- Decrease volume for Regional Test Sites (RTS) (sites take students other than their own).
- Increased student confidence in testing through familiarity with environment and instructors.

- Decrease testing delays.
- Decrease “no-show rate with in-program testing.”

Pilot results

A survey was distributed to the RTS testing sites asking what programs liked and what issues were encountered:

Examples of what programs liked included:

- Ability to test quickly.
- Good use of space when classes weren’t scheduled.

Examples of Issues:

- No shows.
- Candidates not coming consistently prepared (proper ID, certificate of completion)

When asked why programs were not offering skills testing, responses included:

- Working with administration to accept testing fee.
- Finding other RN evaluators to test their students.
- Strict schedules and one RN on staff.
- Need time to review new process.

Positive stories from the pilot were shared.

Next steps:

- Continue to offer RTS testing to students of programs not eligible to test own.
- WABON support through implementation (payment, best practice sharing, individual support).
- Rulemaking to address the following:
 Program eligibility, student accommodation/grievance process, payment structure, testing integrity, and continued monitoring for approval.

Comments from subcommittee: Several comments were made commending the staff for their hard work to develop and implement the pilot project. Subcommittee members also spoke in support of formalizing the pilot project through the rule making process.

Public comments:

Love the self-testing. Would like to see opportunities for flexibility and adaptability because they are still learning how to do this, and it is a work in progress.

One comment directed toward staff was a thank you for the support and quick response to questions as well as being excited about continuing this option.

Subcommittee unanimously recommended the request to seek approval to open rulemaking to for nursing assistant skills testing at the May WABON meeting.

Washington State Board of Nursing (WABON)

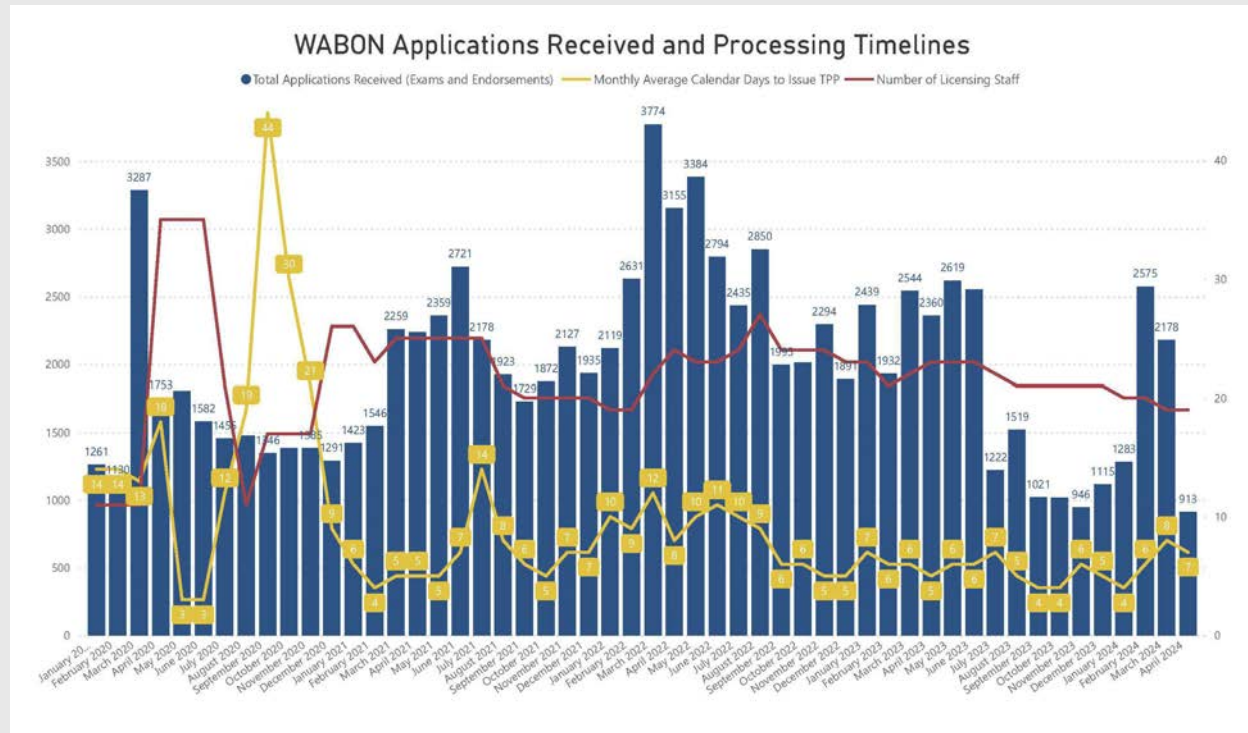
Nurse Licensure Timelines

III.B. Governor's
Licensing Report
April 2024

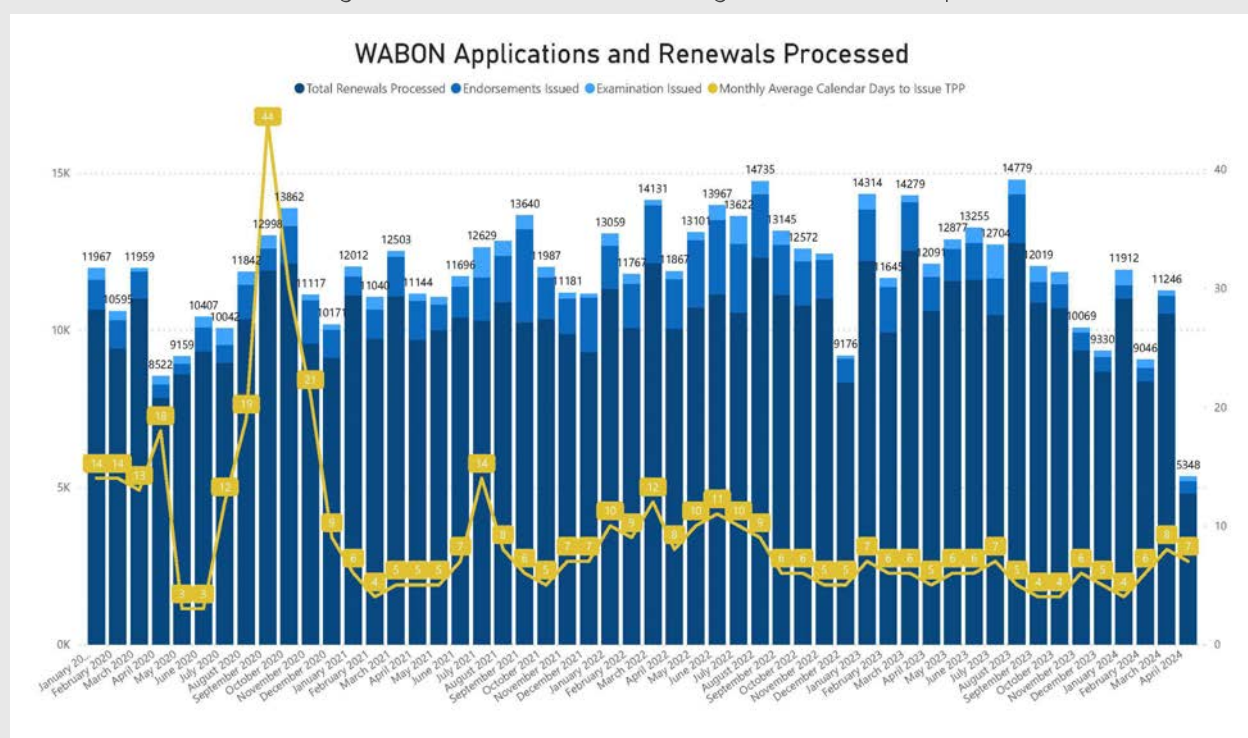
Update: Monday, April 15, 2024

For the week of April 15, 2024, the current processing time to issue a complete temporary practice permit (TPP) is five days (including weekends and holidays). WABON averaged an eight-day processing time for March 2024.

The first chart below reflects the monthly nursing application volumes, application processing times, and staffing levels for WABON since January 2020. The WABON received 2,179 new applications during March 2024. Of the applications received, 862 applications were MSL upgrade applications from nurses with a current active WA single state license.



The second chart on this report reflects the monthly outputs from the WABON. In March 2024, the WABON issued a total of 788 new nursing licenses. In addition, 10,510 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. Delinquent applications are omitted from the report since this delay is outside of the WABON's control.



WCN/WABON CHECK IN Meeting
February 27, 2024
Minutes

Present: Sofia Aragon, Alison Bradywood, Bethany Mauden, Frank Kohel

Topics	Discussion	Action Needed
Call to order	4:00 PM	
1. Deliverables	<p>4.1, 4.3 - WCN is issuing a revision.</p> <p>6.3 - Alison shared the acceptance criteria for the 6.3, there were a lot of attachments not toward the acceptance criteria. Sofia explained there is not a formal evaluation of CNEWS and WCN will talk to CNEWS about the evaluation. The deliverables contract should be reviewed for the components to make sure it makes sense on the criteria.</p> <p>Sofia reported WCN met with CNEWS to discuss the deliverables, as WCN does not drive the meeting just coordinates it and presents.</p> <p>Sofia recommended meeting with WABON and CNEWS to discuss an evaluation or goals of the collaboration. Frank will take a look at the deliverable for the missing sections. Alison offered her support for the conversations.</p>	
2. CNEWS	Sofia reported the new CNEWS president is being called into military service and CNEWS will be moving to a new president.	
3. Other	Alison reported upcoming rules in simulation, and RN-BSN program directors may be masters prepared instead of requiring a doctorate.	
Next Meeting – March 2024 Canceled		

Adjourned: 4:39 PM

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION WASHINGTON STATE
BOARD OF NURSING
PROCEDURE

Title:	List of Credential Holders Requests	Number:	J04. 12 <u>13</u>
Reference:	RCW 42.56.070 (8) RCW 18.79.100 RCW 34.05		
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services Nursing Care Quality Assurance Commission (NCQAC) <u>Washington State</u> <u>Board of Nursing (WABON)</u>		
Effective Date:	May 12 <u>10</u> , 2023 <u>2024</u>	Date for Review:	May 12 <u>10</u> , 2024 <u>2025</u>
Supersedes:	May 12, 2024 September 2016 April 1, 2016 September 11, 2015 September 12, 2014	March 13, 2009 October 19, 2009 July 11, 2008 November 16, 2007 September 13, 2002	

Approved:

Adam Canary, LPH
Interim Chair
Washington State Board of Nursing (WABON)

PURPOSE:

Pursuant to RCW 42.56.070(8), the ~~NCQAC~~Washington State Board of Nursing (Board) may approve the release of lists of individual nurses, including addresses, to professional associations and educational organizations recognized by ~~NCQAC~~Board. This procedure defines criteria for ~~NCQAC~~the Board to evaluate requests for lists of credential holders from entities to determine if they meet the criteria for either a professional association or educational organization.

PROCEDURE:

I. Approval Criteria

A. Educational Organization: an accredited or approved institution or entity that

1. prepares professionals for initial licensure in a health care field; or
 2. provides continuing education for health care professionals.
- B. Professional Association: a group of individuals or entities organized to
1. represent the interest of a profession or professions;
 2. develop criteria or standards for competent practice; or,
 3. advance causes seen as important to its members, which improves quality of care rendered to the public.
- C. It is irrelevant whether the requestor intends to use the list for a commercial purpose. The only relevant issue is whether the requesting entity meets the approval criteria.
- D. A Washington State Agency is exempt from meeting the criteria of an educational organization or professional association. The initial ~~NCQAC~~ Board screening panel decides whether to share the information with the agency.

II. Approval Process:

- A. After receiving an application for a list of credential holders directly from DOH Health Systems Quality Assurance Public Disclosure Records Center (PDRC), case management staff determine if the application is complete with information to make a proper approval or denial decision. When complete, staff add the application to the following week's case management team (CMT) agenda and packet as the last item.
- B. ~~NCQAC~~ The Board delegates the task of reviewing the application for lists of credential holders to an initial screening panel of three ~~NCQAC~~ Board members, reviewed at weekly CMT meetings. Associations or organizations clearly meeting the criteria may receive lists of individual nurses, including addresses, upon payment of an appropriate fee as allowed by RCW 42.56.070(8).
- C. After a ~~NCQAC~~ Board panel approves the application, case management staff draft the approval letter and forward to the executive director for signature. Case management staff email a scanned copy of the signed approval letter to PRDC (pdrc@doh.wa.gov). Case management staff send a request form and approval letter to the applicant. The applicant returns the request to PDRC. PDRC will release the information to the approved entity upon receipt of the request. The approval is valid for five years, unless ~~NCQAC~~ the Board extends the approval. Those entities not extended may re-apply upon expiration of their approval.

III. Denials

- A. If ~~NCQAC~~ the Board denies a request, case management staff draft the denial letter and forward to the executive director for signature. Case management staff email a scanned copy of the executive director's signed letter to PRDC (pdrc@doh.wa.gov) informing their staff of the denial. PDRC staff mail the denial letter to the requesting agency informing them of the decision and their right to a hearing. They enclose the letter and hearing request form.

- B. ~~NCQAC~~The Board may deny an educational organization or professional association only for good cause after a hearing pursuant to the Administrative Procedure Act, RCW 34.05. If the requestor appeals the denial, the ~~NCQAC~~Board delegates the final decision to a hearing panel comprised of commissioners who were not on the initial screening panel.
- C. ~~NCQAC~~The Board must receive the hearing request within 20 days from the date of the denial letter. The compliance officer schedules the hearing and panel members.
- D. If ~~NCQAC~~the Board previously denied an organization or association's request, the requestor must submit additional relevant information for ~~NCQAC~~the Board to consider. Without additional relevant information, the denial stands.

IV. Annual Review

- A. ~~NCQAC~~The Board staff maintain the list of approved and denied entities.
- B. A ~~NCQAC~~Board panel reviews the list annually in September to determine whether any approved entity set to expire within the next year is allowed to lapse or extend for another five years.
- C. After the panel review, ~~NCQAC~~the Board staff ensure any list maintained by PDRC matches the ~~NCQAC~~Board list.

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION WASHINGTON STATE
BOARD OF NURSING
PROCEDURE

Title:	In & Out of State Travel Approval	Number:	H03. 04 <u>05</u>
Reference:	RCW 18.79.010 ; NCQAC Procedure J10 – Travel Reservation Requests Procedure H04 – Board Pay		
Author:	Bethany Mauden Administrative Assistant 5 (AA5) Washington State Board of Nursing (WABON) Chris Archuleta Director of Operations and Finance Nursing Care Quality Assurance Commission		
Effective Date:	January 13, 2023 May 10, 2024	Date for Review:	January 13 May 10 , 2025
Supersedes:	H03.04 - January 13, 2023 H03.03 - July 13, 2018 H03.02 - April 1, 2016 H03.01 - November 18, 2011		
Approved:	Adam Canary, LPN Interim Chair Washington State Board of Nursing (WABON)		

PURPOSE:

Promotion of fairness and transparency in the decision making for in and out of state travel for ~~NCQAC~~ [Washington State Board of Nursing \(Board\)](#) members and staff working with the ~~NCQAC~~ [Board](#).

Some of the work and events associated with the ~~NCQAC~~ [Board](#) requires travel within and beyond the borders of the state of Washington. The work may include participation in national association committees, trainings, attending conferences and meetings with a regulatory focus, and providing leadership and consultation to other boards of nursing. Travel associated with assigned work duties which may include site visits, presentations, interviews, DES trainings,

participation as a vendor, and ~~off-site~~off-site meetings with clients, legislators, or other state agencies are excluded from this procedure.

Costs associated with travel require evaluation. In and out of state travel may be allowed or prohibited by state law, Governor executive order, or lack of financial means to support the costs.

Benefit to the ~~NCQAC Board~~ requires evaluation. Documentation of activity must include purpose, learning objectives, and outcome statement. The purpose of the event must be related to the regulatory purpose of the NCQAC, [RCW 18.79.010](#):

It is the purpose of the ~~Nursing Care Quality Assurance Commission~~ Washington State Board of Nursing to regulate the competency and quality of professional health care providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensing, consistent standards of practice, continuing competency mechanisms, and discipline. Rules, policies, and procedures developed by the ~~commission~~ Board must promote the delivery of quality health care to the residents of the state of Washington.

PROCEDURE:

I Two (2) logs for travel exist and are saved on the [S: drive](#); one for in state travel and one for out of state travel. The logs are locked and can only be edited by the Executive Director (ED) or delegate. This procedure applies to both in and out of state travel. Requests for in and out of state travel must be submitted to the appropriate Director for their review. Once reviewed and if approved by the Director, the Director will forward the request to the ED for approval. If the ED approves, the ED or delegate will enter the ~~information on to~~information into the appropriate log.

II. Each May, the ED or delegate reviews the in and out of state travel for the previous year and biennium. The ED or delegate prepares a projection of in and out of state travel for the upcoming ~~biennium~~year. The projection includes committee appointments, conferences, meetings, and special events. The ED or delegate completes the projection and assures the necessary travel allotment is available.

III. The ED and the ~~NCQAC Board~~ chair review the report. The ED must consider direction from the ~~governor~~Governor, state legislature, department of health, and financial standing of the ~~NCQAC Board~~ in the review. Limitations on how many trips per person per year, or number of people attending events will be at the discretion of the ED and ~~NCQAC Board~~ chair. The ED and ~~NCQAC Board~~ chair prepare and present the plan for in and out of state travel to the ~~NCQAC Board~~ annually at the July business meeting. The criteria (if applicable) used to evaluate travel requests includes, but not limited to:

A. Payer for the event: The National Council of State Boards of Nursing (NCSBN) generously supports travel to committee meetings, the annual meeting, the midyear meeting, and other events ~~through~~throughout the year. The ED determines availability of NCSBN funds for attending ~~NCQAC Board~~ members

or staff. The ED completes all waivers necessary for NCSBN payment or reimbursement.

- B. If NCSBN sponsors the event and waivers are unavailable, but the event directly benefits the work of ~~NCQAC~~Board, the ED might consider the use of NCSBN resource funds.
- C. ~~NCQAC~~Board Members: The ~~NCQAC~~Board chair reviews the content and learning objectives for upcoming events. The chair determines if the event benefits ~~NCQAC~~the Board and its members. The chair may recommend a member for the travel, considering the following:
 - 1. Past attendance and participation in all ~~NCQAC~~Board meetings
 - 2. Past attendance and participation in ~~NCQAC~~Board responsibilities: i.e., charging panels, hearing panels, conference calls, task forces
 - 3. Past completion of all assignments in a timely manner, including review of disciplinary cases, disciplinary paperwork submittal, sub-committee reports and business packet material submittal
 - 4. Leadership of a sub-committee, task force, Nursing Program or Nursing Assistant Program Approval Panel, or as an Board officer ~~for NCQAC~~
 - 5. Service on a NCSBN committee, leadership of a committee, ~~board-board~~ member, or officer
 - 6. Availability of member to attend
- D. ~~NCQAC~~Board Staff: The ED reviews the content and learning objectives for upcoming events. The ED determines if the event meets a need for education or training for staff. The ED may recommend a staff member for the travel, considering the following:
 - 1. Past performance ~~of NCQAC staff support~~supporting; sub-committees, task forces
 - 2. Past completion of all assignments in a timely manner, including submitting agenda items, minutes, business packet materials, and supporting documents.
 - 3. Supportive working relationship with ~~NCQAC~~Board members
 - 4. Content benefit to the work of the ~~NCQAC~~Board.
 - a) Examples include training on: NurSYS®; substance use and abuse regulations; Taxonomy of Error, Root Cause Analysis and Practice Breakdown; finance; personnel laws; ~~and, and~~ nursing regulatory trends.
 - 5. Service on a NCSBN committee, leadership of a committee, board member, or officer
 - 6. Availability of ~~staff member~~ to attend
- E. The chair of the ~~NCQAC~~Board and the ED present the recommendations in the form of the In and Out of State Travel Logs to the ~~NCQAC~~Board for decision.
- F. The ED or delegate updates the In and Out of State Travel Logs on the S: drive with the date the ~~NCQAC~~Board approves the travel.

- G. If travel opportunities occur between ~~NCQAC Board~~ meetings, the chair and the ED review the opportunity and apply the criteria. The chair and ED decide and present the circumstance and decision at the next ~~NCQAC Board~~ business meeting.
- H. Staff at the ~~NCQAC Board~~ office coordinates travel arrangements with the person traveling in accordance with items listed in the reference section of this policy. All approval forms must be completed prior to completing reservations. All in and out of state travel requires approval by the ED. If travel approval is not secured prior to reservations and travel, reimbursement may be denied. Travel arrangements must be made at least 30 days in advance. Hotel reservations are to be made immediately. Exceptions are at the discretion of the ED.
- I. At times, airline arrival and departure times do not coincide with the event times. It is up to the ~~NCQAC Board~~ member or staff to make every effort to arrange travel to allow for full participation in the event. If travel times do not allow the ~~NCQAC Board~~ member or staff to attend the full event, the chair or the ED must approve this plan.
- J. The ~~NCQAC Board~~ member or staff chosen must submit all reimbursement documents within two weeks of completing travel to the appropriate source.
- K. The ~~NCQAC Board~~ member or staff must complete a written report of the event (Attachment-4). If multiple members attend, the members coordinate who will report on separate items. The members need to address the learning objectives and needs identified by the chair or the ED. Members submit their written reports to the ~~Nursing Commission Board~~ office within two weeks of the event. **Note:** Exceptions to this procedure will be made on case-by-case bases and require the ED's approval.

Attachment-4: In and Out of State Travel Report Form

(HOST)
(Title of Event)
(Date of Meeting)
(Location)
(Name)

PURPOSE:

OUTCOME:

RECOMMENDATION:

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION WASHINGTON STATE
BOARD OF NURSING
PROCEDURE

Title:	DUI Arrests and Conviction Reports	Number:	A55.02 1 ⁴
Reference:	Dietary Guidelines for Americans; Alcohol & Alcohol Addiction -TMdWeb Procedure A.06 - Review of Board of Nursing Reports		
Contact:	Catherine Woodard Director, Discipline and Washington Health Professional Services Washington State Board of Nursing (WABON)		
Effective Date:	May 10, 2024	Date to be Reviewed:	May 10, 2026
Supersedes:	A55.01 – May 10, 2019 & November 4, 2022		

Approved:

[Adam Canary, LPN](#)
[Interim Chair](#)
[Washington State Board of Nursing \(WABON\)](#)

PURPOSE:

The Case Management Team (CMT) receives reports of arrests and/or convictions of nurses for Driving Under the Influence (DUI) of alcohol or drugs to consider for investigation. Often these reports do not include information of previous DUI arrests, convictions, circumstances of DUI or alcohol-related arrests, blood alcohol levels (BAC), presence of drugs, prior substance use issues, or substance use disorder treatments. Access and availability to this information will assist CMT in determining if the nurse is at risk for substance use disorder (SUD) and therefore should consider authorizing an investigation in the interest of protecting the public.

PROCEDURE:

- I. When the Washington State Board of Nursing (Board) receives a report of a DUI or alcohol-related arrest or conviction, including reckless driving or 1st degree negligent driving, CMT will review the report at their next meeting unless circumstances warrant an earlier review by an Emergency Case Management Team (ECMT).

- A. CMT has the option to authorize a full investigation or limited investigation to obtain additional information to determine if the nurse has a pattern of substance use related violations that may indicate SUD.
 - B. CMT should consider the nurse's previous history related to substance use, previous alcohol or drug violations, the circumstances of the current arrest, the BAC and the nurse's level of physical impairment when determining if the report warrants a full investigation.
- II. Upon the first report of a nurse's DUI, alcohol-related arrest or conviction, including reckless driving or 1st degree negligent driving, CMT may authorize a limited investigation if the information mentioned above is not available with the original report. The purpose of the limited investigation is to obtain the information through documents such as:
 - A. Police report
 - B. BAC results
 - C. Prior arrest/conviction history from Superior Court Management Information System (SCOMIS), Justice Information System (JIS), and
 - D. SUD evaluation or treatment obtained by the nurse.
- III. The investigations supervisor or their designee will present this additional information at the next CMT to inform the panel who will determine if further investigation is warranted. CMT will open to a full investigation any subsequent reports of a DUI, or alcohol-related arrests or convictions of the nurse.

Washington State Board of Nursing

NPAP DECISION SUMMARY REPORT **Date:** April 4, 2024 & April 11, 2024 **Updated:** April 12th

Actions	Number Added for this reporting period	2024 Panel Actions YTD	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	4 ADN Programs 2 LPN-BSN Programs
Intent to Withdraw Approval						13 RNB Programs	10 BSN Programs
Conditional Approval			2	1	2	18 BSN Programs	25 RNB Programs
Deny Approval					3	121 Post BSN Programs	448 MSN Programs
Letter of Decision:						4 Refresher Programs	207 DNP Programs
Approval – Programs		7	80	21	30	6 LPN to BSN	1 RN Refresher Program
Deny Approval – Program		1					
Approval – Sub Change Request	3	8	34	35	20	5 PVR	1 LPN Refresher Program
Plan of Correction (POC) Required			8	4	2	8 LPN to ADN	11 Nurse Tech
Acceptance of Submitted Documents or POC	3	19	75	60	64		
Additional Documents or Actions Required			2	1	4		
Deferred Action		2	10	9	12		
Removal of Conditional Approval							
Limit Student Enrollment			1	1	1		
Voluntary Closure			1		1		
Require Monitoring Report		5	13	8			
Site Visit Report		2	11	10	3		

Removal of Moratorium on admissions					
Covid-19 Curriculum Adjustments					7
Other			1	3	2
Other- Acknowledge Receipt of POC			2		
Letter of Concern				1	
Approvals- Miscellaneous (non-program)			3	3	2
Monitoring Report:					
Accept			22	1	
Not Accept					
Deferred					
Out-of-State DL Student Waivers:					
Accept					
Deny					
Deferred					
Complaints:					
Open		2	8	2	3
Closed			3	3	3
Defer					
Complaint Investigation Reviewed:					
Accept Investigation Report			4	1	3
No Action Required			1	1	
Action required					
Licensing Education Exemption (Waiver) Request:					
Exemption Request Approved	1	1	1	4	5
Exemption Request Denied				2	1

Out of State Travel Log July 1, 2024 – June 30, 2025							
Title of Event	Dates	Location	Name(s)	Expenses reimbursed by	Notes	Date Commission Approved	ED Approval & date
NCSBN NLC Annual Business Meeting	August 27, 2024	Chicago, IL	Alison Bradywood, Executive Director	NCSBN			
NCSBN Annual Meeting https://www.ncsbn.org/events.htm	August 28-30, 2024	Chicago, IL	WABON, Chair	NCSBN	Chair - NCSBN Pays for Delegates		
			Alison Bradywood, Executive Director	NCSBN	ED Delegates - NCSBN Pays for Delegates		
				WABON	NCQAC Award Winner		
			Chris Archuleta	NCSBN	NCSBN Finance Committee Member		
				WABON			
				WABON			
			MaiKia Moua	WABON			
			Board member	WABON			
			Board member	WABON			
Federation of Associations of Regulatory Boards (FARB) Innovation In Regulation Conference https://farb.org/home	September 19-22, 2024	Atlanta, GA					
NCSBN NCLEX Conference https://www.ncsbn.org/events.htm	September 12, 2024	Virtual					
FARB Regulatory Law Seminar https://farb.org/home				WABON			
Council on Licensure, Enforcement and Regulation (CLEAR) Annual Meeting https://clearhq.org/							
NCSBN BBONIT				NCSBN			
				NCSBN			
NADDI Western Regional Conference (NADDI's 35th Anniversary Conference)	October 22-25, 2024	Jacksonville, FL					
Tri-Regulator Symposium https://www.ncsbn.org/events.htm							
Advanced Practice in Primary Care National Conference							
NCSBN Leadership and Public Policy	October 9-11, 2024	Charlottesville, VA					
International Nurses Society on Addictions	March 11-14, 2025	Disney Spring, FL	Dawn Morrell	NCQAC	SUDRP Member	060623 AB	060623 AB
Citizens Advocacy Center (CAC) www.cacenter.org							
NCSBN Scientific Symposium	January 2025						
FARB Forum							
CLEAR Winter Symposium & Midyear Meeting							
Region 10 Advanced Practice Nurses							
NCSBN Midyear Meeting	March 2025	Philadelphia, PA					

NADDI Western Regional Conference							
NCSBN APRN Roundtable							
NCSBN IT Operation Conference	May 2025						
National Organization of Alternative Programs (NOAP)	May 2025	Las Vegas					
National Forum of State Nursing Workforce Centers							
NCSBN Discipline Case Management Summit	May 2025						
NCSBN EO Summit	June 2025						
NCSBN Committees	Dates	Location	Name(s)	Expenses reimbursed by	Notes	Date Commission Approved	ED Approval & date
NCSBN Board of Nursing Investigator Training (BONIT)			Catherine Woodard	NCSBN			
				NCSBN			
NCSBN Item Review Subcommittee			MaiKia Moua	NCSBN			
			Sarah Bear	NCSBN			
NCSBN Model Acting Rules			Gerianne Babbo				

2025 Nursing Board Hearing Dates

Name:

Today's date:

January 6, 2025, Monday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
January 23, 2025, Thursday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
February 7, 2025, Friday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
February 24, 2025, Monday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
March 10, 2025, Monday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
March 25, 2025, Tuesday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
April 7, 2025, Monday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
April 24, 2025, Thursday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May 6, 2025, Tuesday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May 19, 2025, Monday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
June 6, 2025, Friday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
June 19, 2025, Thursday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
July 1, 2025, Tuesday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
July 21, 2025, Monday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
August 1, 2025, Friday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
August 19, 2025, Tuesday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
September 4, 2025, Thursday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
September 26, 2025, Friday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
October 9 2025, Thursday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
October 20, 2025, Monday	<input type="checkbox"/> Yes	<input type="checkbox"/> No

November 3, 2025, Monday

☐ Yes

☐ No

November 21, 2025, Friday

☐ Yes

☐ No

No hearings in December!

**DEPARTMENT OF HEALTH
WASHINGTON STATE BOARD OF NURSING
PROCEDURE**

Title:	Ethics, Conflict of Interest, and Appearance of Fairness, Principles, and Guidelines <u>Recusal</u>	Number: H08.044
Reference:	Chapter 42.52 RCW Chapter 292-110 WAC Executive Ethics Board Advisory Opinions DOH Policy: HR07015pol.docx - Ethics DOH Policy: IM10008pol.docx – Use of Internet & Electronic Systems DOH Policy: OS17003pol.doc – Public Records Disclosure DOH Policy: OS17005pol.docx – Responsibilities of Confidential Information	
Author:	Chris Archuleta Chris Archuleta Karl Hoehn Director, Operations and Finance Assistant Director, Legal Operations and Finance WASHINGTON STATE BOARD OF NURSING Washington State Board of Nursing (WABON) Nursing Care Quality Assurance Commission	
Effective Date:	May 102, 20243	Date for Review: May 10, 12, 20265
Supersedes:	H08.03 - May 12, 2023 H08.01 – September 13, 2013 H08.02 – February 10, 2016 H08.01 - September 13, 2013 H08.03 – May 12, 2023	
Approved:	Adam Canary, LPN Vonne Strader, RN, BSN, BSPA, MHA Chair Washington State Board of Nursing (WABON) Nursing Care Quality Assurance Commission (NCQACWABON)	

Field Code Changed

Field Code Changed

Field Code Changed

Field Code Changed

Field Code Changed

PURPOSE:

This procedure informs the ~~NCQACWABON~~ Washington State Board of Nursing (Board) and staff about their ethical responsibilities and recognizes the unique position of the ~~NCQACWABON~~ Board due to regulatory functions. This procedure provides a framework to address political and real conflicts of interest, which arise in the regulatory arena, including

appearance of fairness issues. These guidelines formally implement chapter [42.52 RCW](#) and [DOH Policy HR07015](#).

Field Code Changed

Field Code Changed

PROCEDURE:

I. Basic principles apply to all employees and the [NCQACWABON Board](#). These include:

- A. **Objectivity:** Public employees, including the [NCQACWABON Board](#), must place the public interest before any private interest or outside obligation—choices are made based on merit.
- B. **Selflessness:** Public employees, including the [NCQACWABON Board](#), should not make decisions to gain financial or other benefits for themselves, their family, or their friends.
- C. **Stewardship:** Public employees, including the [NCQACWABON Board](#) have a duty to conserve public resources and protect funds against misuse and abuse.
- D. **Transparency:** Public employees, including the [NCQACWABON Board](#) must practice open and accountable government. Decisions and actions must be transparent while protecting truly confidential information.
- E. **Integrity:** Public employees, including the [NCQACWABON Board](#), should not place themselves under any financial or other obligation to outside individuals or organizations that might influence them in the performance of official duties.

II. Conflicts of interest in employment and affiliations should be avoided.

- A. Core principles include:
 - 1. Outside employment activities and other business relationships present special problems for public employees, including the [NCQACWABON Board](#) and expert reviewers. The [NCQACWABON Board](#)'s decision-making authority regulates the livelihoods of many professionals. Decisions made by the [NCQACWABON Board](#) have far-ranging economic, social, and psychological effects. ~~Utmost~~The utmost care must be given to guard against the appearance of favoritism, selective investigation, cronyism, and other conflicts of interest.
 - 2. This procedure and its guidelines incorporate more than considerations of the Executive Ethics Law. It includes concerns associated with the Appearance of Fairness Doctrine, and its application to the [NCQACWABON Board](#) serving in their adjudicative and regulatory role. Under this doctrine, a hearing before the [NCQACWABON Board](#) must not only be fair, but it must also appear fair to a reasonable, unbiased observer. When the [NCQACWABON Board](#) holds a position of authority in a state or national professional association, it creates the appearance fellow members of that organization may be treated differently than non-members when someone in a leadership role in that association sits as an adjudicator. Similarly, it creates the impression fellow [NCQACWABON Board](#) members may

be influenced in decision-making by influences outside the [NCQACWABON Board](#).

B. The following guidelines are intended to ensure compliance with applicable ethics statutes, regulations, and policies.

1. Public employees, including the [NCQACWABON Board](#), will not engage in outside employment, affiliations, or other outside activity, with or without compensation which:
 - a) Interferes, or is not compatible with the performance of their professional regulatory duties.
 - b) May reasonably be expected to bring discredit upon the [NCQACWABON Board](#)'s duties and responsibilities.
 - c) Is otherwise inconsistent with the requirements and intent of Governor Executive Orders, Ethics Policies, or Washington State Regulation. This includes the requirements to avoid actions that reasonably can be expected to create a conflict of interest or the appearance of a conflict of interest.
2. Under these guidelines, a [NCQACWABON Board](#) member ~~may not who~~ concurrently holds a leadership position in a professional association should exercise great care to avoid conflicts of interest. Under [RCW 42.52.020](#), a [NCQACWABON Board](#) member ~~must should consider recusal~~ himself or herself from any decision which requires an exercise of authority over members of an association where the [NCQACWABON Board](#) member also stands in a leadership role. ~~Concurrent NCQAC membership and professional association leadership would result in such an extensive recusal requirement that the member would be rendered ineffective with respect to service for the NCQAC.~~
3. To eliminate the appearance of coercion, intimidation, or pressure, public employees, including the [NCQACWABON Board](#), will not make personal commercial or non-commercial solicitations to other employees either on or off the work site, if any of the following apply:
 - a) The dealings may cause actual or perceived partiality or unfairness.
 - b) The dealings involve the actual or apparent use of position or supervisory authority for personal gain.
 - c) The dealings can otherwise be expected to undermine employee morale or, if made public, confidence in the integrity of employees including the [NCQACWABON Board](#).
4. To preserve appearance of fairness, public employees, including [NCQACWABON Board](#) members, are cautioned to avoid any situations in which an appearance of special handling may exist. Public employees, including [NCQACWABON Board](#) members, must pay particular attention to the appearance of fairness when dealing with:
 - a) Licensees they regulate.
 - b) Applicants.
 - c) Fellow [NCQACWABON Board](#) members.
 - d) Vendors.
 - e) Examination candidates.

- f) Anyone subject to a pending investigation.
 - g) Anyone charged for unprofessional conduct.
 - h) Special expert case reviewers.
 - i) Lobbyists.
 - j) Anyone known to be an active officer of an organization, association, or corporation whose members have a substantial direct interest in health care provider regulation, operations or decision making.
5. Although not an employee situation in the traditional sense, and because of the appearance of conflict of interest, improper influence and/or improper ex parte communications, public employees, including the [NCQACWABON Board](#), shall avoid, whenever reasonable, health care provider/patient relationships with:
- a) Any practitioner known to be an examination candidate.
 - b) A provider pending investigation or charges for unprofessional conduct.
 - c) An active officer of a professional organization, association, or corporation over whose members the employee, unit or board has regulatory and/or disciplinary authority.
 - d) A lobbyist.
 - e) A special case reviewer.
 - f) A fellow [NCQACWABON Board](#) member or pro tem [NCQACWABON Board](#) member.
6. When it is not reasonable or desirable to terminate the provider-patient relationship, the public employee, including the [NCQACWABON Board](#) member, must recuse himself or herself from any regulatory activity in which he or she is personally and substantially involved that concerns the practitioner.
7. When acting in a professional capacity as a public employee, or on one's personal time, public employees, including the [NCQACWABON Board](#), may participate in widely attended gatherings of mutual interest to nursing that are sponsored or hosted by professional, industrial, commercial, or technical organizations.
8. Public employees, including the [NCQACWABON Board](#), shall not use their titles, positions, or associations with the [NCQACWABON Board](#) or the state of Washington in connection with any public presentation, correspondence, commercial enterprise or to endorse any commercial product. However, books or articles may be published which identify the author by reference to his or her title or position, provided that appropriate disclaimers are stated.
9. Public employees including the [NCQACWABON Board](#) shall not use their titles, positions, or associations with the [NCQACWABON Board](#) or the state of Washington as the basis for involvement in for profit, not for profit, or non-profit corporations. Employees may not commit the state to agreements upon their own signature.

Examples:

—Acceptable

—Not
Acceptable

X		Nurse A, a member of the NCQACWABON, is also a member of the Washington State Nurses Association (WSNA). He has been nominated to chair a WSNA subcommittee whose responsibilities are not directly related to licensing, or his position with the NCQACWABON.
	X	Provider B is a member of the NCQACWABON. She has been elected to the Washington State RNP United Board of Directors. She serves on both the NCQACWABON and the Board of Directors.
	X	Provided C is a member of the NCQACWABON. She has agreed to represent the interests of the NCQACWABON by serving as a board member on a non-profit corporation set up for the purpose of dealing with provider workforce shortage issue. She has signed the incorporation documents.

A-C. Gifts, gratuities, and favors should be avoided.

RCW 42.52.140 provides that: No state officer or state employee may receive, accept, take, seek, or solicit, directly or indirectly, anything of economic value as a gift, gratuity, or favor from a person if it could be reasonably expected that the gift, gratuity, or favor would influence the vote, judgment or action of the officer or employee, or be considered as part of a reward for action or inaction.

1. DOH Policy HR07015 governs the acceptance of any gift, gratuity, or favor.
 - a) A gift is something of value received by an employee which the employee did not pay for or earn. No consideration was given for the item received and it was unsolicited by the employee.
 - b) A gratuity is a gift given without recompense or return. It is unearned and given without cost or obligation.
 - c) A favor is an act exhibiting a kind, gracious or friendly attitude.
2. Core principles to consider:
 - a) It is the ethical obligation of the public employee, including NCQACWABON Board members, to reject gifts for themselves or their family members which may cast doubt on the integrity, independence, and impartiality of the public employee, including the NCQACWABON Board or state office. Except as outlined, gifts or benefits, no matter how significant, should be rejected if they

could be reasonable construed to affect the official judgment or actions of the public employee, including the ~~NCQACWABON~~, [Board](#) or if the gift could create any sense of obligation to the giver, or if the purpose or motive for the gift could appear to be improper. Even monetarily insignificant gifts or favors may be perceived as being inappropriate.

- b) Since no offsetting public good is achieved by creating an appearance of impropriety when accepting gifts, unclear cases should always be decided by rejecting gifts, gratuities, or favors which may raise questions regarding the public employee, including ~~NCQACWABON~~ [Board](#) member's, integrity, independence, and impartiality.
- c) Nothing in this Section on Gifts, Gratuities, and/or Favors shall be intended to negate any public employee's, including the ~~NCQACWABON~~ [Board](#)'s, job recognition.
- d) These guidelines apply to all relationship combinations of the ~~NCQACWABON~~ [Board](#), management, and staff.
- e) Any offer of private benefit to a public employee or ~~NCQACWABON~~ [Board](#) member intended to influence a public decision is considered **bribery** and may violate federal and state law. Public employees and the ~~NCQACWABON~~ [Board](#) must firmly and unequivocally reject such offers and report them to the proper authorities.

D. State resources should not be used for financial or personal gain.

- 1. State property, and equipment, personnel, money, services, and time are for public purposes and must be used as directed in [Department of Health Policy HR07.015](#).
- 2. Core principles to consider include:
 - a) Except in the course of his/her duties, no public employee or ~~NCQACWABON~~ [Board](#) member shall use any state facilities, equipment, telephone, postage, supplies directly or indirectly to support or oppose an initiative to the legislature, the election of any individual, or promotion or opposition of any ballot proposition.
 - b) No supervisor shall use his or her position to require public employees or ~~NCQACWABON~~ [Board](#) members to make involuntary contributions for political purposes. No public employees or ~~NCQACWABON~~ [Board](#) members shall solicit contributions for political purposes on state property.
 - c) No public employee or ~~NCQACWABON~~ [Board](#) member, except where otherwise permitted by statute or rule, may hold part-time public office in a political subdivision of the state if such office is incompatible with, or substantially interferes with, the discharge of official state duties.
 - d) No public employee or ~~NCQACWABON~~ [Board](#) member shall use the power and/or authority of his/her position and responsibilities to induce or coerce another person to provide the employee with anything of economic value, directly or indirectly for personal gain.

E. Confidential information is generally protected.

1. All employees, including the ~~NCQACWABON Board~~, must comply with [DOH Policy HR 07015](#) with respect to confidential information.
2. Core principles to consider include the following:
 - a) No public employees or ~~NCQACWABON Board~~ members shall provide information regarding confidential functions, except in the conduct of that person's job.
 - b) Confidential information shall include, but is not limited to, current investigations, examination content and information not disclosable as public information.
 - c) Each public employee or ~~NCQACWABON Board~~ member shall be cognizant of the location and time of conversations in maintaining confidentiality.

Examples:

Acceptable	Not Acceptable	
X		A reviewing NCQACWABON member meets with an investigator to discuss a case after commission meeting.
	X	Two staff members for the NCQACWABON are at a party where they share with others details of a recent investigation of a provider.

F. Compensation and honoraria are available in limited situations.
[DOH Policy HR07015](#)

WABON Board Member Support

Goal: Rapid, thorough support to maximize expertise and engagement.

May 10, 2024

New Board Membership

Hiring

- Computer set-up
- Work assignments
- Schedules
- Mentor
- Who to call

On-Boarding

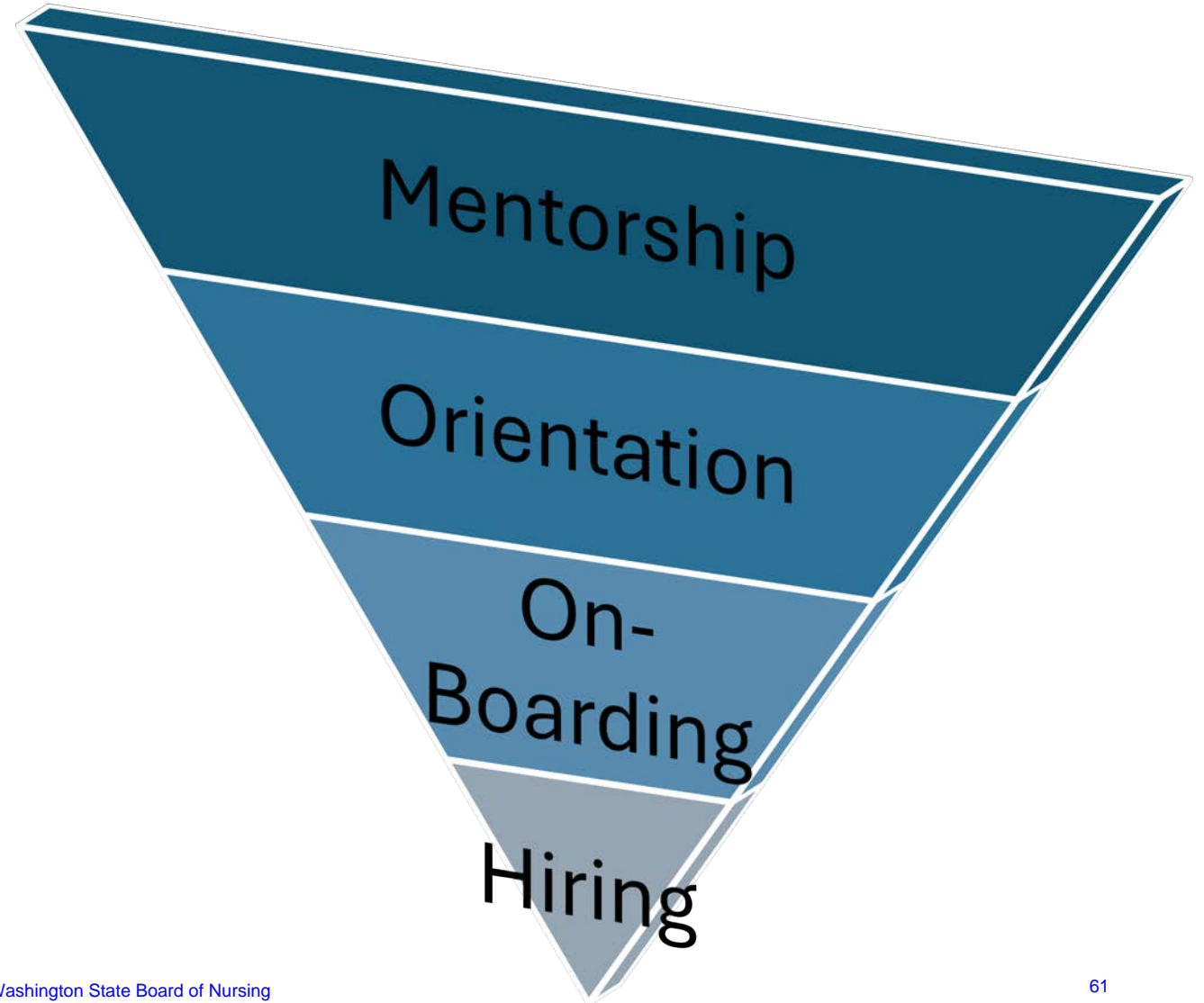
- Mini-modules – work process overview
- Unit workflows/templates
- Resource guide

Orientation

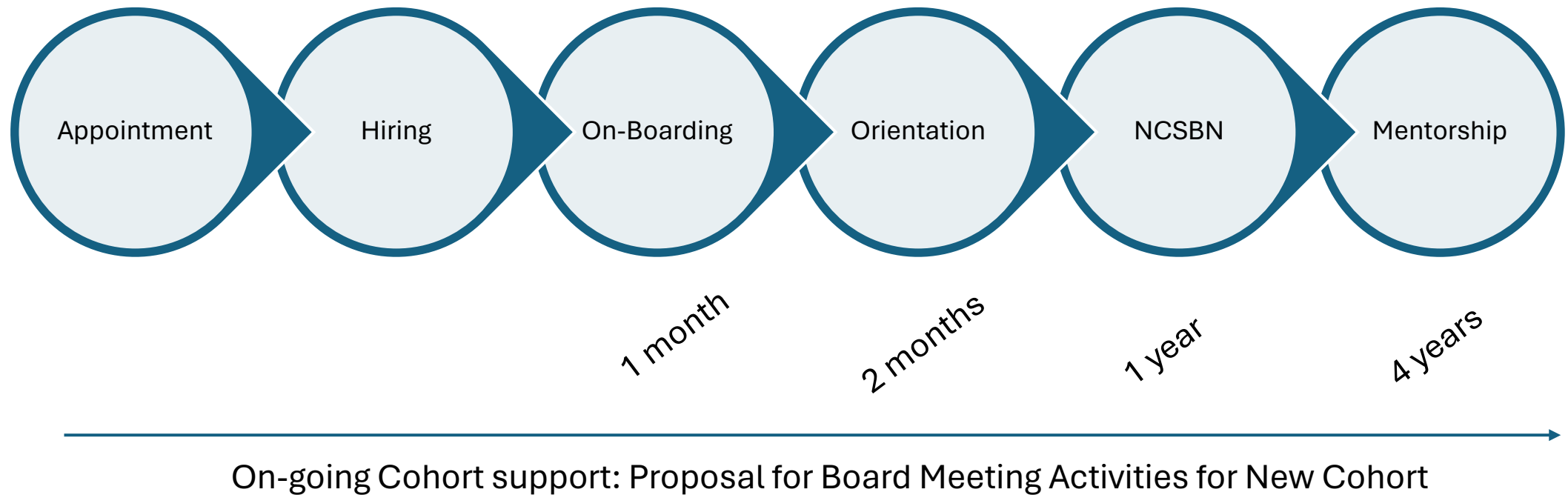
- In-person orientation (July)
 - Board governance
 - NCSBN, WABON resources
 - Overview of role
 - Case studies

Mentorship

- Trouble-shooting
- Development



Board Member Development



Hiring

- Computer set-up
- Work assignments
- Schedules
- Mentor
- Who to call
- Cliff notes – immediate resources to get started



Orientation – July 11



What is board governance?



Overview of WABON work

Value of work unit
Staff intros
SharePoint
Terms/ILRS/HELMS (Karl)



Board expectations



Data and performance



Case Studies (small groups)



Alumni panel –

Pearls, how to be successful, drive change, work with staff



AG modules (Sierra)
Confidentiality

July 12 - NCSBN introduction & ICRS modules



On-Boarding

Priority Modules

- WABON
- Discipline
- Payroll
- Jurisprudence Module

Future Modules

- Licensing
- Practice
- Research
- CMT
- SUDRP
- NAPAP
- NPAP
- Nursing 101

Mentorship

- Mentor expectations
- Meeting frequency
- Support & development resources
- Cohort support
 - Pro Tem members



Staff Support for Board Members

Subcommittee Standardization

Work templates/algorithms

Subcommittee processes

Data presentation

Clearly defined decision points for board

Board Member Expectations



HOURS/MONTH



OF SUBCOMMITTEES

Questions/Discussion



WABON Performance Measures

May 2024

Primary Goals & Objectives

1. Fulfill JOA need to demonstrate performance
2. General demonstration of WABON efficiency
3. Provide data that generates action for governance at the board level
4. Focused business meeting contents to meaningful, action-related data in a standardized format
5. Reduce burden of staff teams in generating data that does not drive action

Benefits of Performance Measures

- Help gauge whether performance is meeting specified goals
- Help make informed decisions for process refinement
- Prompt action for change when performance is falling below expectations

1

Volume

2

Turnaround

3

Satisfaction

Education and Discipline

1

Measures based on
Education Inbox Requests

2

Measures for Legal,
Investigations, and
WHPS/SUDRP

Education



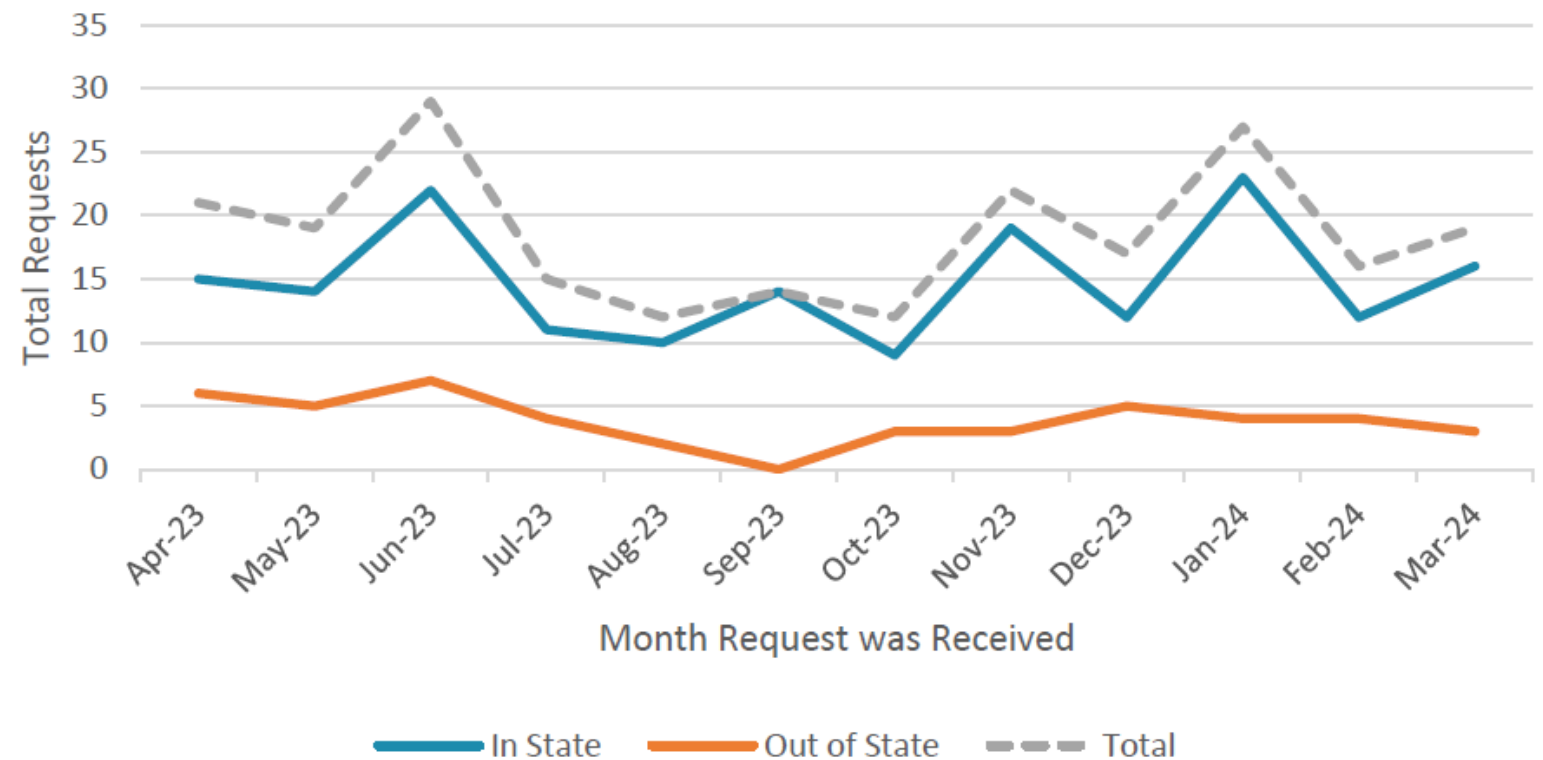
Education

Volume.

The total number of requests received in the education inbox by whether they were in state or out of state requests.

This reflects the workload the education unit is receiving.

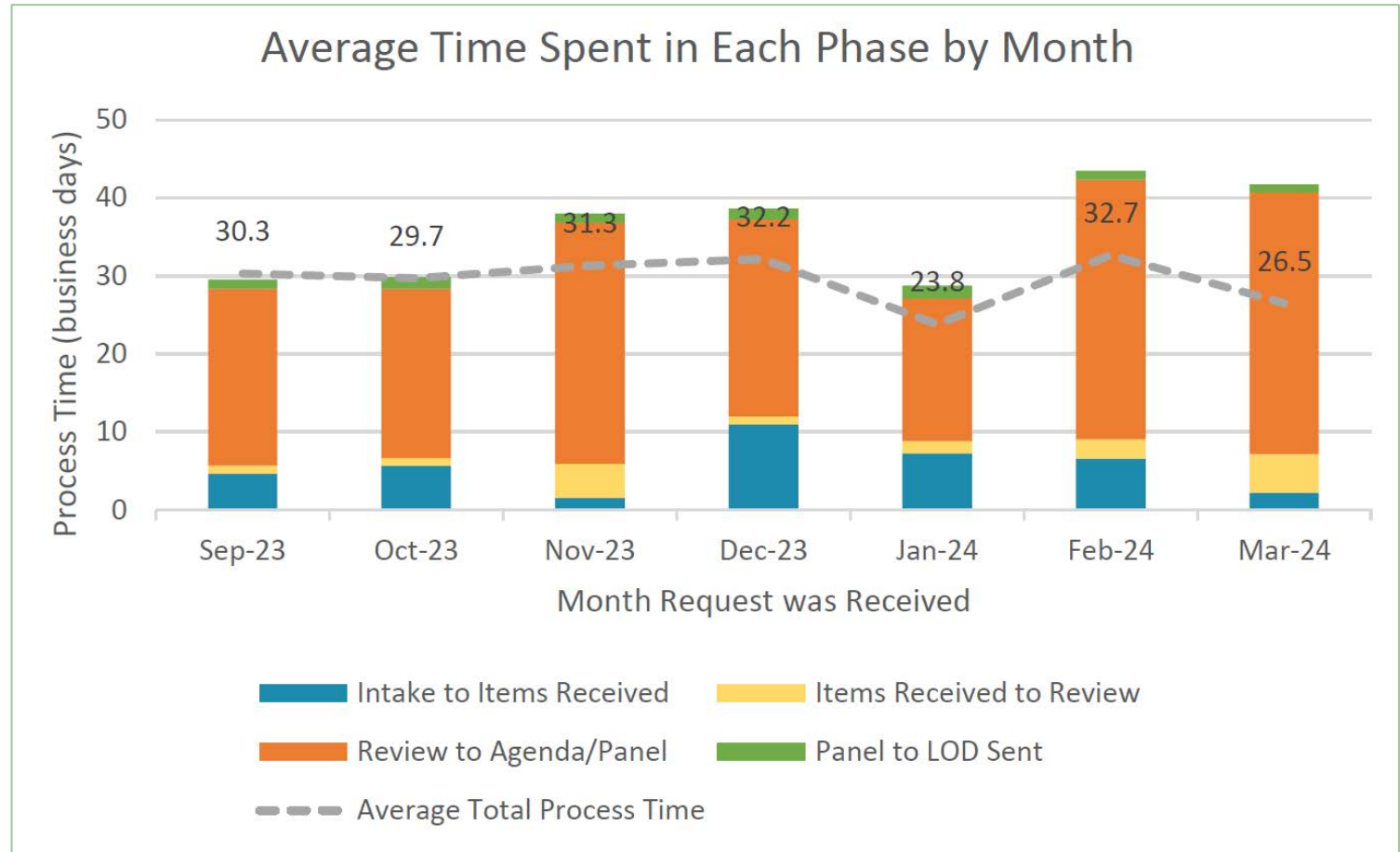
Total Requests Received by Type in the Last 12 Months



Education

Turnaround.

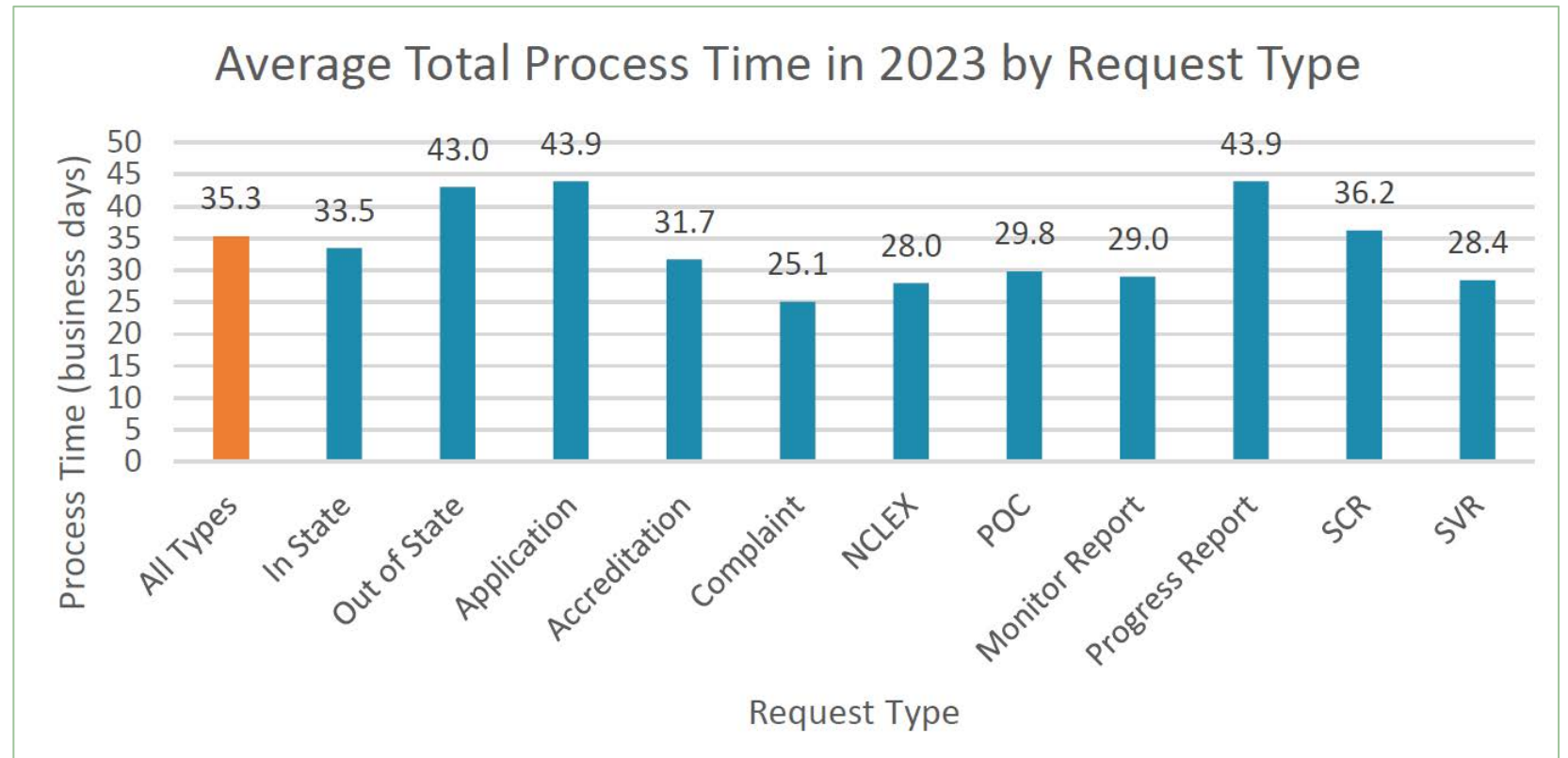
The average time spent in each processing phase for education inbox requests by month. The average total process time is shown by the grey dotted line.



Education

Turnaround.

The average total process time that it took to process an education inbox request in 2023 by the type of request it was. The average time for all types is shown in orange.



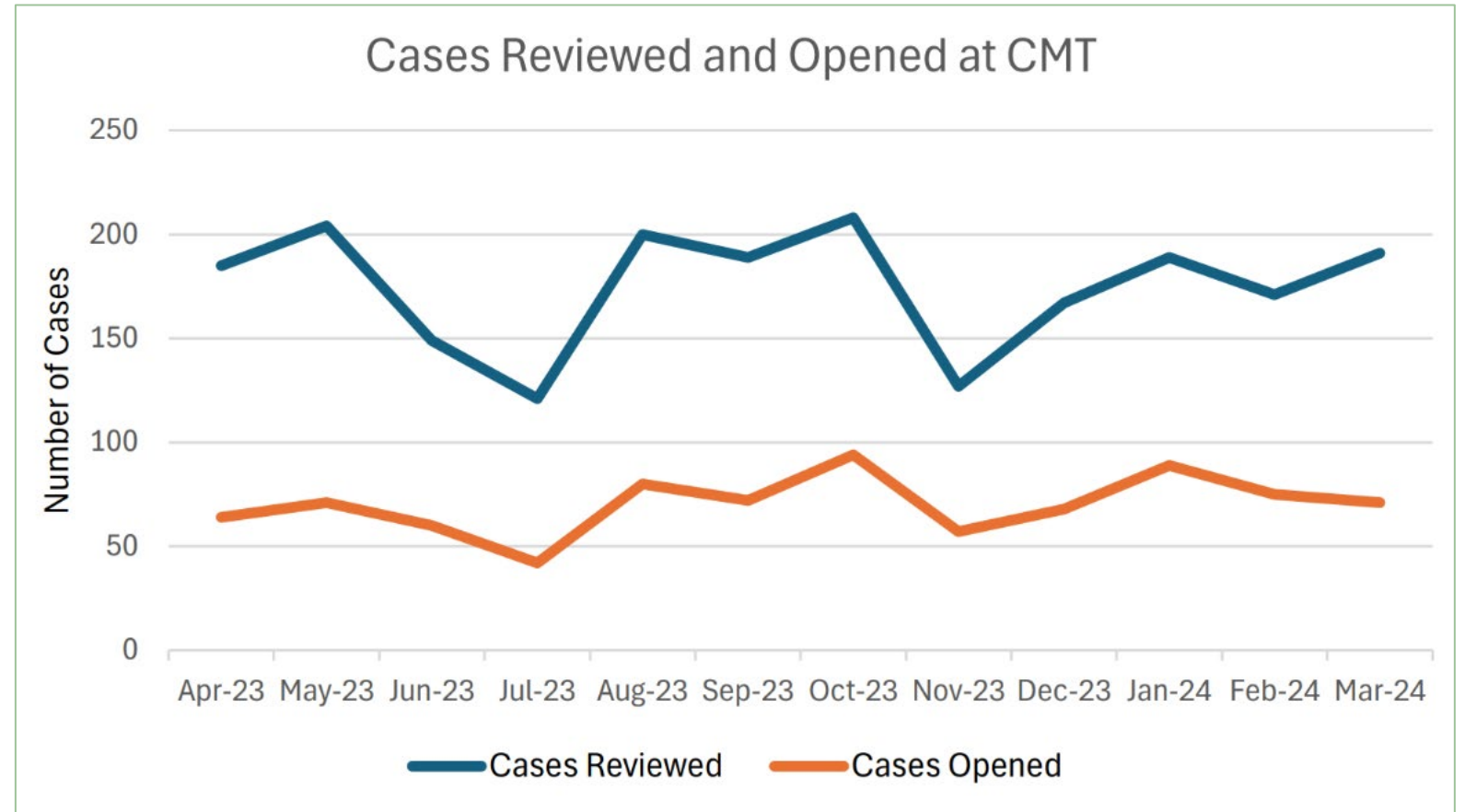
Discipline



Discipline - Investigations

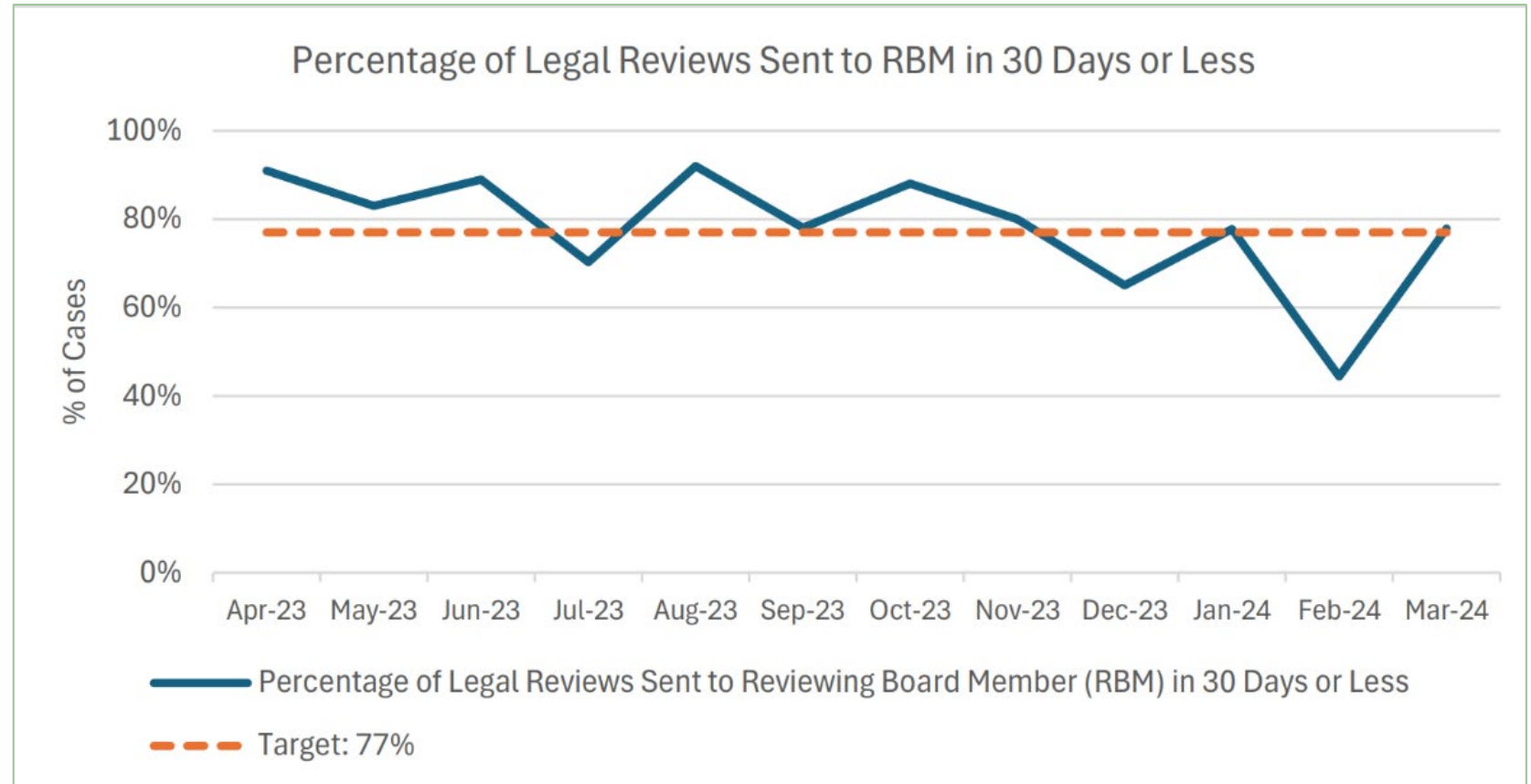
Volume.

The number of cases reviewed and opened each month in the last 12 months by the Case Management Team.



Discipline - Legal

Turnaround. The percentage of legal reviews sent to the Reviewing Board Member in 30 days or less each month in the last 12 months. The target is 77%.



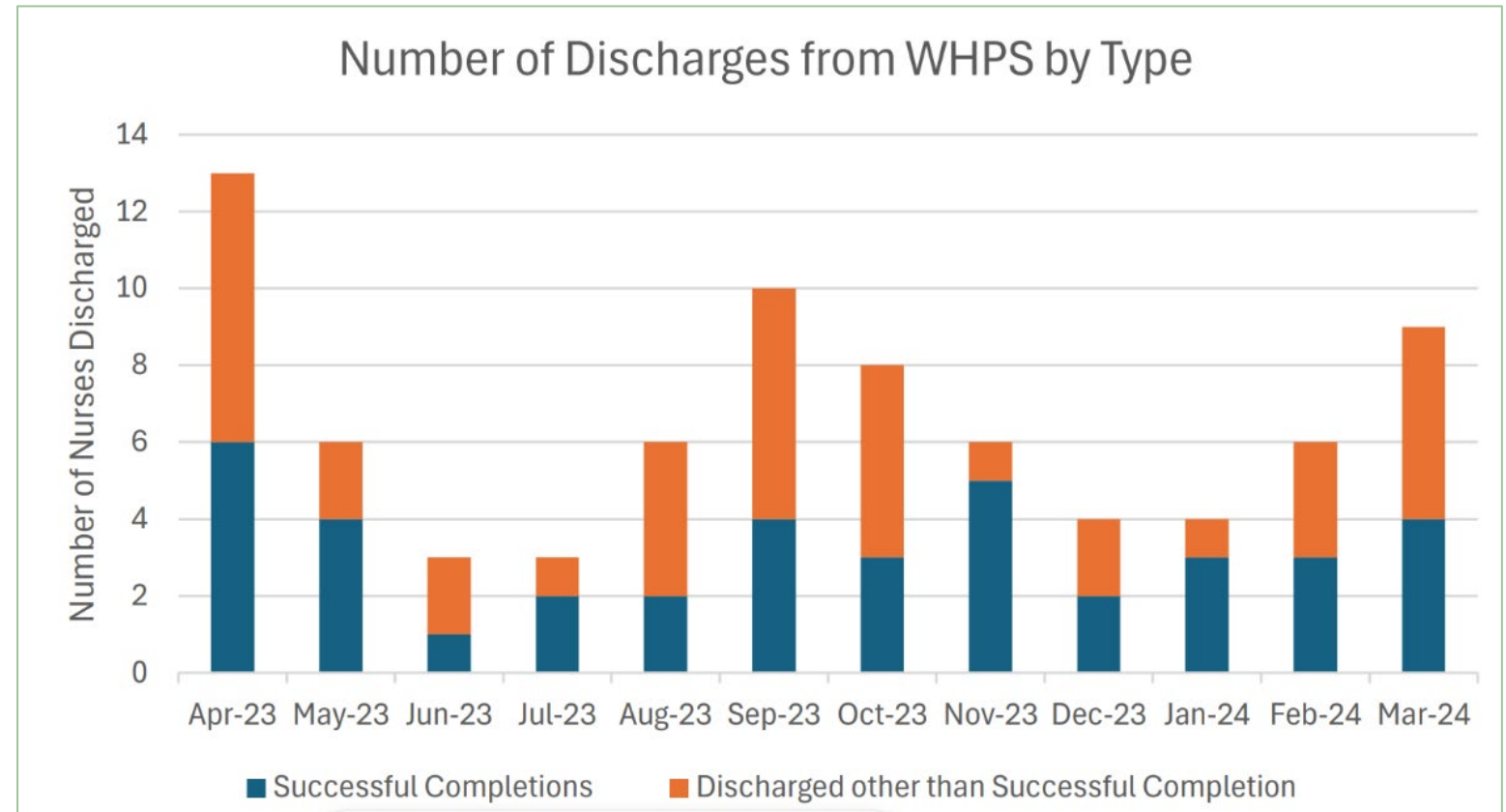
Discipline – WHPS/SUDRP

Satisfaction.

Discharges from WHPS each month by the type of discharge it was.

"Other" discharge reasons include:

- Not Appropriate
- Offered/Refused
- Referred to WABON
- Pending discipline
- Deceased
- Medical discharge
- Voluntary withdrawal



Investigations: Percentage of Cases Completed within Timelines

Investigations: Total Cases in Queue

Legal: Completed Investigations to Legal and Average Caseload

Legal: Total Legal Cases Finalized per Month

WHPS/SUDRP: Enrollment in WHPS by Monitoring Type

WHPS/SUDRP: SUDRP Cases Reviewed per Month

Next Steps

Continue to refine
performance
measures

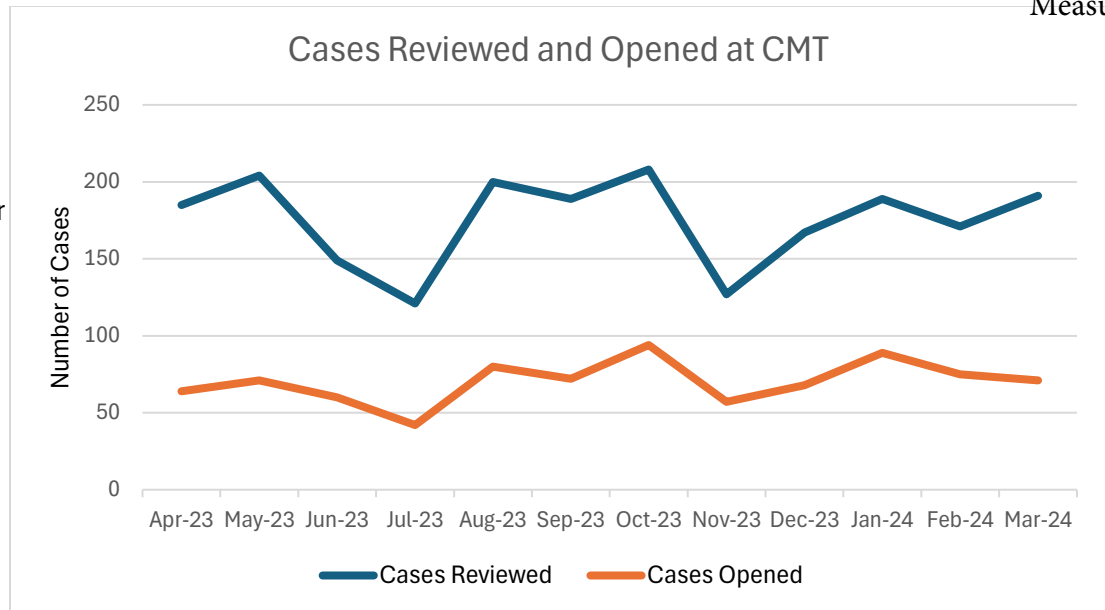
Work with remaining
units to standardize
performance
measures

Standardize report
formats

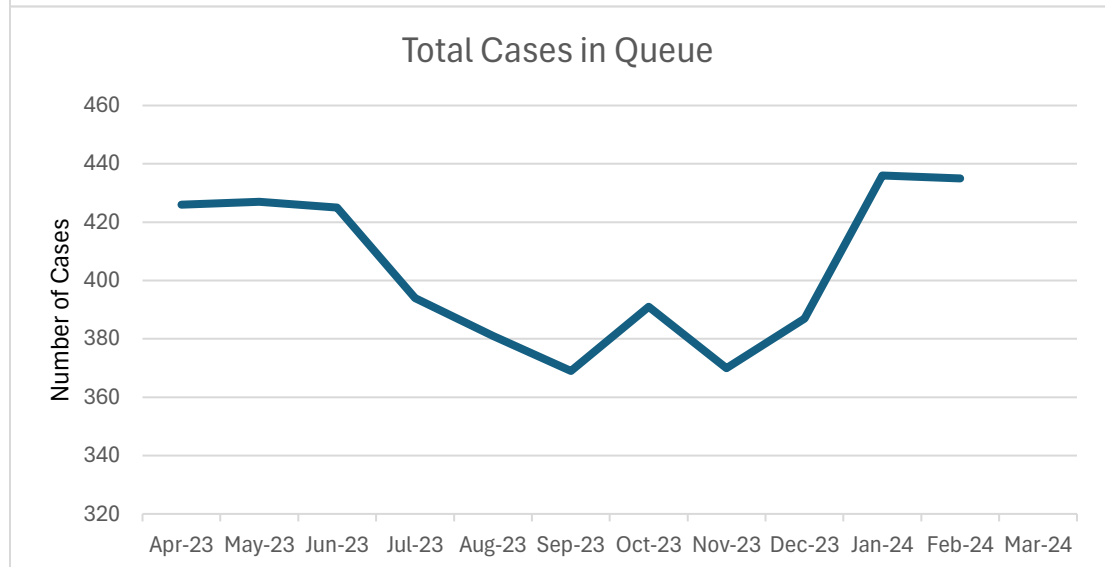
An aerial photograph of the Seattle waterfront at dusk. In the foreground, there is a large green park area with several tall, rusted industrial structures, likely remnants of the city's shipbuilding industry. A paved path winds through the park. The middle ground is dominated by the dark water of the harbor, filled with numerous small boats and sailboats. In the background, the dense city skyline of Seattle is visible, with the Space Needle standing out on the right. The sky is a deep orange and yellow, suggesting sunset.

Questions?

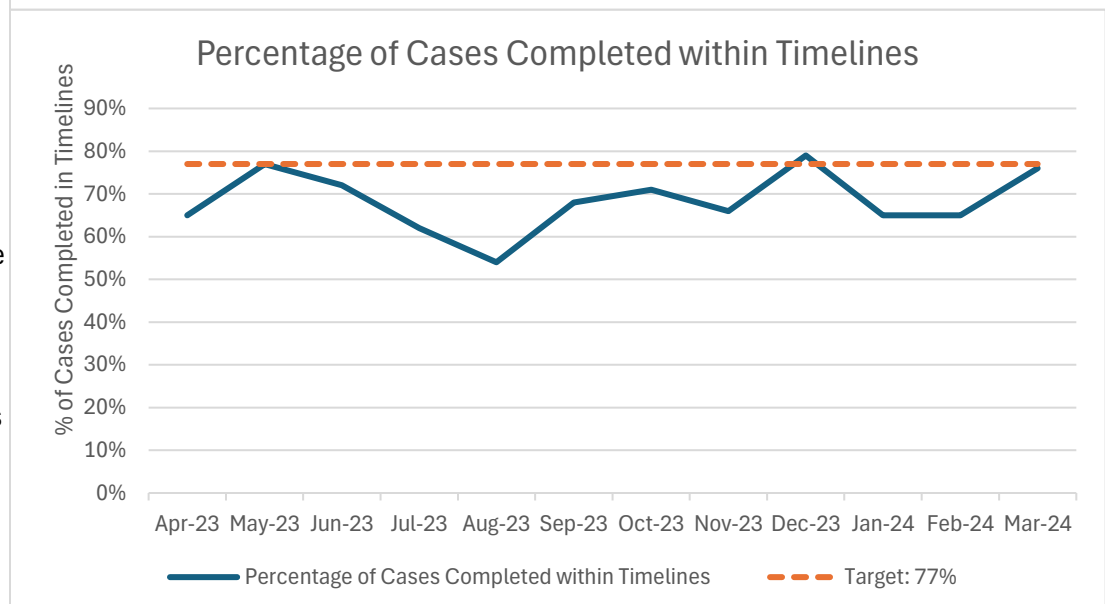
Volume. The number of cases reviewed and opened each month in the last 12 months by the Case Management Team.



Volume. The total number of cases in the queue and the total number of cases completed each month in the last 12 months. The goal is to keep the queue below 1000 cases.



Turnaround. The percentage of cases completed within the determined timelines each month in the last 12 months. The target is 77%.



Legal Unit Performance Measures

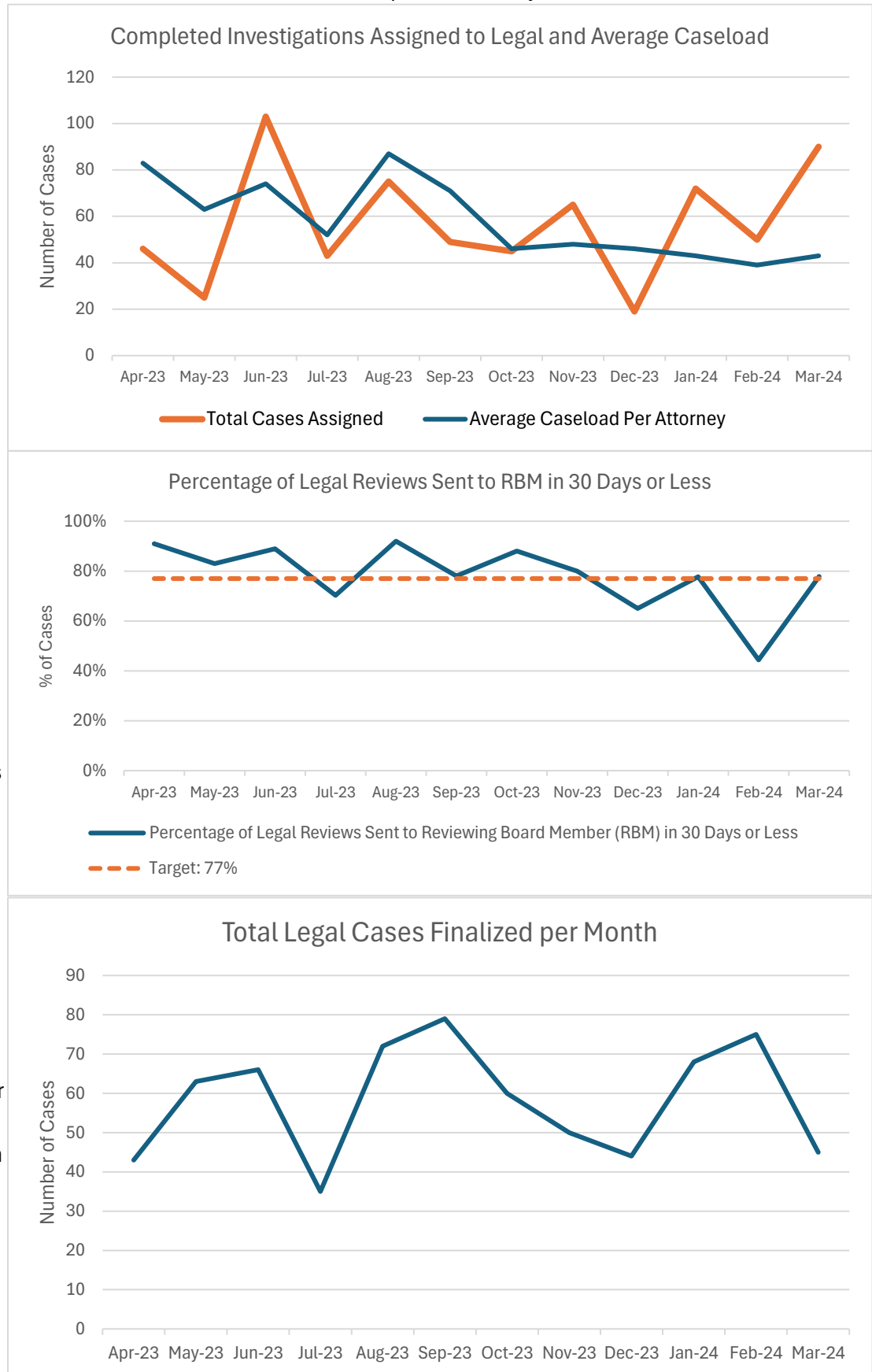


These measures reflect discipline cases only.

Volume. The total number of cases completed by investigations and assigned to legal and the average caseload per attorney each month. The goal is a flat average caseload to show similar amounts of cases opened and closed.

Turnaround. The percentage of legal reviews sent to the Reviewing Board Member in 30 days or less each month in the last 12 months. The target is 77%.

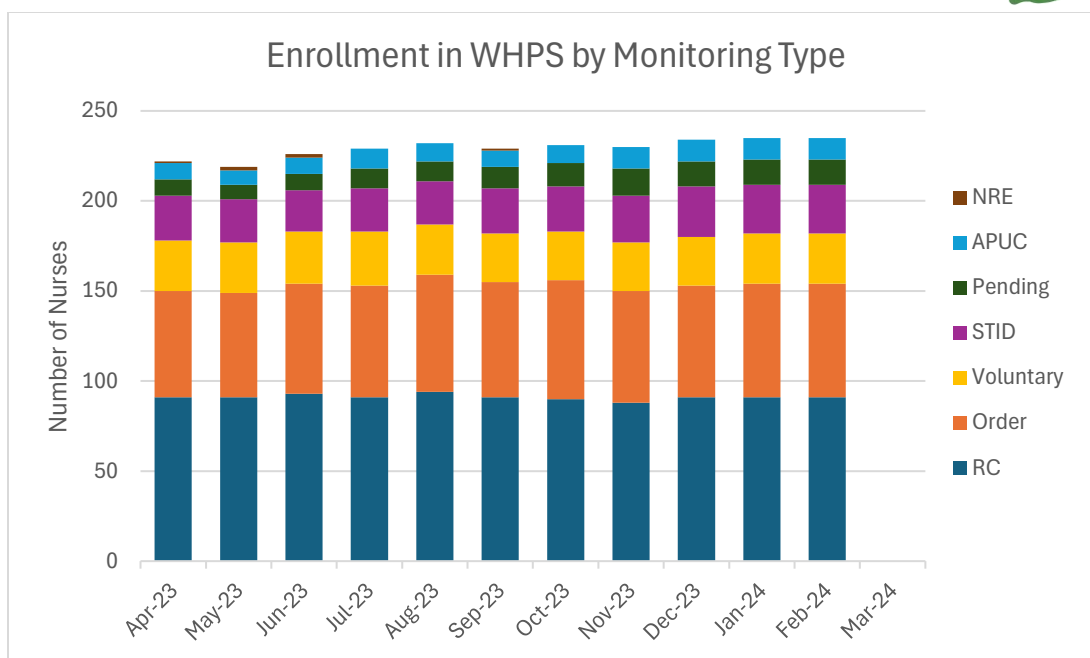
Volume. The number of legal cases finalized each month in the last 12 month.



WHPS and SUDRP Performance Measures

Volume. The number of nurses enrolled in WHPS by entry type. Entry types include:

- Notice of Required Evaluation (NRE)
- Agreement to Practice Under Conditions (APUC)
- Pending
- Stipulation to Informal Disposition (STID)
- Voluntary
- Order
- Referral Contract (RC)

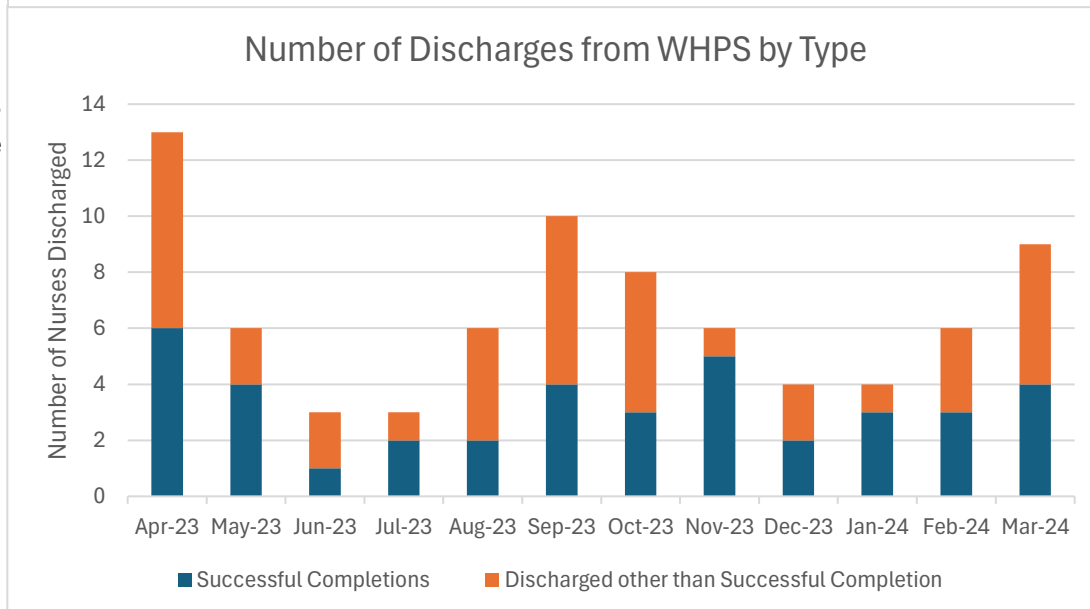


Satisfaction.

Discharges from WHPS each month by the type of discharge it was.

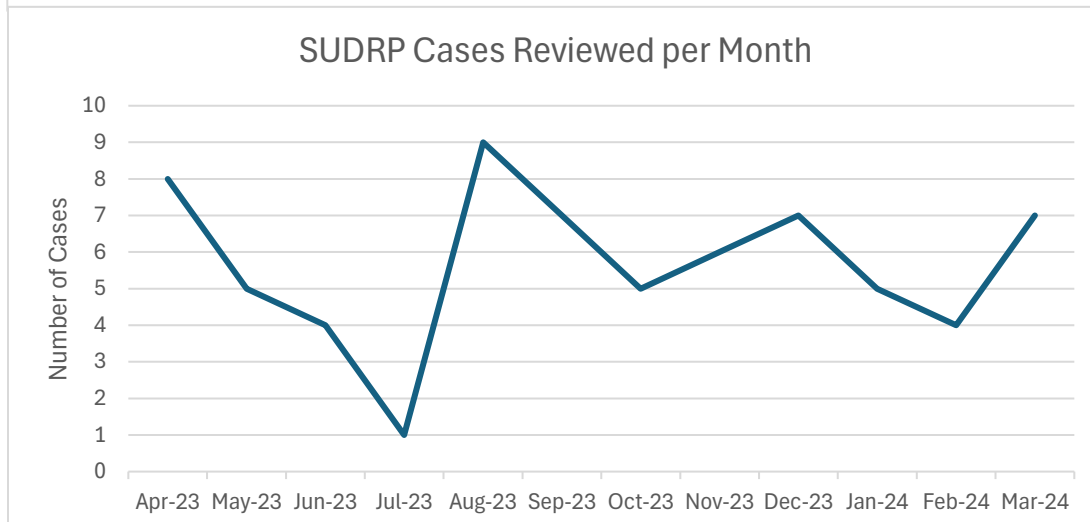
"Other" discharge reasons include:

- Not Appropriate
- Offered/Refused
- Referred back to WABON
- Pending discipline
- Deceased
- Medical discharge
- Voluntary withdrawal



Volume/

Satisfaction. The number of SUDRP cases reviewed each month in the last 12 months. The goal of the program is to need to review no SUDRP cases.



2023-2025 BIENNIUM:

This report covers the period of July 1, 2023, through March 31, 2024, nine months into the biennium, with fifteen months remaining. The WABON budget is underspent by almost 14.5% or just over \$2M and the current revenue balance is just under \$1M.

REVENUES FROM FEES:

The recommended revenue balance or “reserve” should be 12.5% of biennial budgeted allotments, or approximately \$4.7M. WABON began the biennium operating below the recommended reserve balance due to the \$7.5M HELMS payments made through June 2023. Revenue projections for the biennium were adjusted to account for the anticipated \$2.5M loss in fee revenues from implementation of phase one of the NLC in July 2023. Phase two and full implementation of the NLC occurred on January 31, 2024, when WABON began issuing MSLs and collecting the additional fees for the new MSL credentials (\$65 one-time fee for initial MSL and \$20 fee for renewal of MSL). Through FM09, revenues from fees have lagged adjusted projections by **6.8%**, or just over **\$830K**.

EXPENDITURES:

Highlights:

- **Direct Charges:** Actual direct expenditure is trending below budget as anticipated. Most savings are in salaries and benefits due to open positions and AG costs which have been trending below expectations.
- **Service Unit Charges:** During the budget creation process, service units were overestimated this biennium. Some charges are based solely on actual files or units processed (Background Checks, Adjudicative Services, OLIC). Others are calculated using a weighted system (ACO, Public Disclosure, Call Center). The overestimation resulted in actual expenditures tracking well below budget. We anticipate the trend of underspending budget will continue for the remainder of the fiscal year.
- **Indirect Charges:** As a result of the overestimation of the budgeted service units, budgeted indirect expenditures are also overestimated. When indirect charges are applied to actual expenditures, actuals will trend below estimates. Trend is expected to continue for the remainder of the fiscal year.

FISCAL OUTLOOK:

WABON predicted a conversion rate of 50% of eligible single state license holders to upgrade to the MSL each month. Since full implementation, the conversion rate has been closer to 13%. WABON is actively promoting the benefits of the MSL in hopes of increasing the conversion rates. There will be one final HELMS payment due in June 2024 that will endanger WABON to operate with a negative fund balance but is not a certainty. Continued close accounting of expenses and generation of additional revenue from the new fees may prevent this outcome.

IMPORTANT TO NOTE: The \$4.5M in additional allotment gained from the approval of the decision package in FY23 is NOT reported in the 2023-2025 biennial budget allotments. The result is a far more accurate picture of what our budget should look like compared to actual expenditures.



Washington State Board of Nursing
Adjusted Budget Status Report
 02G Health Professions Account
 For the period July 1, 2023 through March 31, 2024

VI.C.2 2023-25
 Nursing Budget
 Status Report -
 FM09

EXPENDITURES TYPES	BIENNIAL BUDGET	ALLOT BTD thru FM07	EXP BTD thru FM07	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:											
FTEs (total)	87.70	88.39	63.37	89.39	82.29	89.39	82.52	88.39	81.68	-6.82	92.29%
Staff Salaries & Benefits	\$ 21,095,128	\$ 6,010,651	\$ 5,777,288	\$ 857,409	\$ 813,065	\$ 1,157,409	\$ 826,898	\$ 8,025,469	\$ 7,417,250	\$ (277,707)	95.96%
Commission Salaries	\$ 611,112	\$ 178,178	\$ 172,391	\$ 25,454	\$ 25,584	\$ 25,454	\$ 21,484	\$ 229,086	\$ 219,460	\$ (5,656)	97.22%
Goods & Services	\$ 874,423	\$ 265,029	\$ 183,412	\$ 32,888	\$ 25,081	\$ 32,887	\$ 16,192	\$ 330,804	\$ 224,684	\$ (89,424)	69.98%
Rent	\$ 1,011,050	\$ 289,204	\$ 142,073	\$ 42,658	\$ 26,721	\$ 42,658	\$ 19,317	\$ 374,520	\$ 188,111	\$ (163,068)	50.86%
Attorney General (AG)	\$ 1,702,439	\$ 512,439	\$ 309,084	\$ 70,000	\$ 78,072	\$ 70,000	\$ 71,721	\$ 652,439	\$ 458,877	\$ (195,284)	66.47%
Travel	\$ 139,704	\$ 40,747	\$ 37,095	\$ 5,821	\$ 3,546	\$ 5,821	\$ 8,044	\$ 52,389	\$ 48,685	\$ (5,927)	87.27%
Equipment	\$ 154,134	\$ 89,551	\$ 47,468	\$ -	\$ 11,031	\$ -	\$ 6,387	\$ 89,551	\$ 64,886	\$ (31,052)	65.32%
IT Support & Software Licenses	\$ 473,073	\$ 131,543	\$ 144,079	\$ 19,411	\$ 27,197	\$ 19,412	\$ 26,517	\$ 170,366	\$ 197,792	\$ 20,322	113.46%
TOTAL DIRECT	\$ 26,061,063	\$ 7,517,342	\$ 6,812,889	\$ 1,053,641	\$ 1,010,296	\$ 1,353,641	\$ 996,560	\$ 9,924,624	\$ 8,819,746	\$ (1,104,878)	88.87%
SERVICE UNITS:											
FBI Background Checks (TA090)	\$ 767,864	\$ 270,634	\$ 147,609	\$ 38,662	\$ 101,901	\$ 38,662	\$ 43,094	\$ 347,958	\$ 292,604	\$ (59,786)	80.67%
Office of Professional Standards (TA020)	\$ 571,764	\$ 164,261	\$ 86,006	\$ 23,354	\$ 7,856	\$ 23,354	\$ 6,442	\$ 210,969	\$ 100,305	\$ (93,753)	50.03%
Adjudication Clerk (TA010)	\$ 346,400	\$ 99,533	\$ 13,024	\$ 14,184	\$ 5,255	\$ 14,282	\$ 41,707	\$ 127,999	\$ 59,986	\$ (95,438)	16.07%
HP Investigations (TA040, 070, 100)	\$ 81,092	\$ 26,040	\$ 12,137	\$ 3,720	\$ 1,594	\$ 3,720	\$ (6,528)	\$ 33,480	\$ 7,203	\$ (16,029)	46.14%
Legal Services (TA140, 150, 210)	\$ 44,864	\$ 16,128	\$ 6,247	\$ 2,304	\$ (3,216)	\$ 2,304	\$ 399	\$ 20,736	\$ 3,431	\$ (15,401)	16.45%
Call Center (TA030)	\$ 58,038	\$ 18,145	\$ 18,894	\$ 2,590	\$ 2,890	\$ 2,590	\$ 3,032	\$ 23,325	\$ 24,816	\$ 1,049	105.06%
Public Disclosure (TA180)	\$ 504,940	\$ 131,423	\$ 95,406	\$ 21,655	\$ 14,391	\$ 21,655	\$ 13,958	\$ 174,733	\$ 123,754	\$ (43,281)	71.73%
Revenue Reconciliation (TA200)	\$ 126,343	\$ 43,644	\$ 42,429	\$ 6,230	\$ 7,342	\$ 6,230	\$ 7,329	\$ 56,104	\$ 57,100	\$ (104)	99.79%
Online Healthcare Provider Lic - Staff (TA130)	\$ 507,012	\$ 146,104	\$ 120,962	\$ 20,872	\$ 89,669	\$ 20,872	\$ 26,937	\$ 187,848	\$ 237,567	\$ 43,654	126.14%
Online Healthcare Provider Lic - Contract (TE8000)	\$ 289,734	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Suicide Assessment Study (TA120)	\$ 30,927	\$ 8,889	\$ -	\$ 1,269	\$ -	\$ 1,269	\$ -	\$ 11,427	\$ -	\$ (10,158)	0.00%
TOTAL SERVICE UNITS	\$ 3,328,978	\$ 924,801	\$ 542,714	\$ 134,840	\$ 227,682	\$ 134,938	\$ 136,371	\$ 1,194,579	\$ 906,766	\$ (287,813)	75.91%
INDIRECT CHARGES:											
Agency Indirects (16.9%)	\$ 5,067,462	\$ 1,414,502	\$ 1,130,958	\$ 224,467	\$ 190,404	\$ 251,042	\$ 175,517	\$ 1,890,011	\$ 1,496,879	\$ (317,607)	80.62%
HSQA Division Indirects (11.3%)	\$ 3,386,527	\$ 945,053	\$ 743,659	\$ 150,056	\$ 125,201	\$ 167,825	\$ 115,496	\$ 1,262,933	\$ 984,356	\$ (226,248)	79.34%
TOTAL INDIRECTS (28.2%)	\$ 8,453,989	\$ 2,359,555	\$ 1,874,617	\$ 374,523	\$ 315,605	\$ 418,866	\$ 291,013	\$ 3,152,944	\$ 2,481,235	\$ (671,709)	78.70%
GRAND TOTAL	\$ 37,844,030	\$ 10,801,698	\$ 9,230,220	\$ 1,563,004	\$ 1,553,583	\$ 1,907,445	\$ 1,423,943	\$ 14,272,147	\$ 12,207,747	\$ (2,064,400)	85.54%

NURSING REVENUE

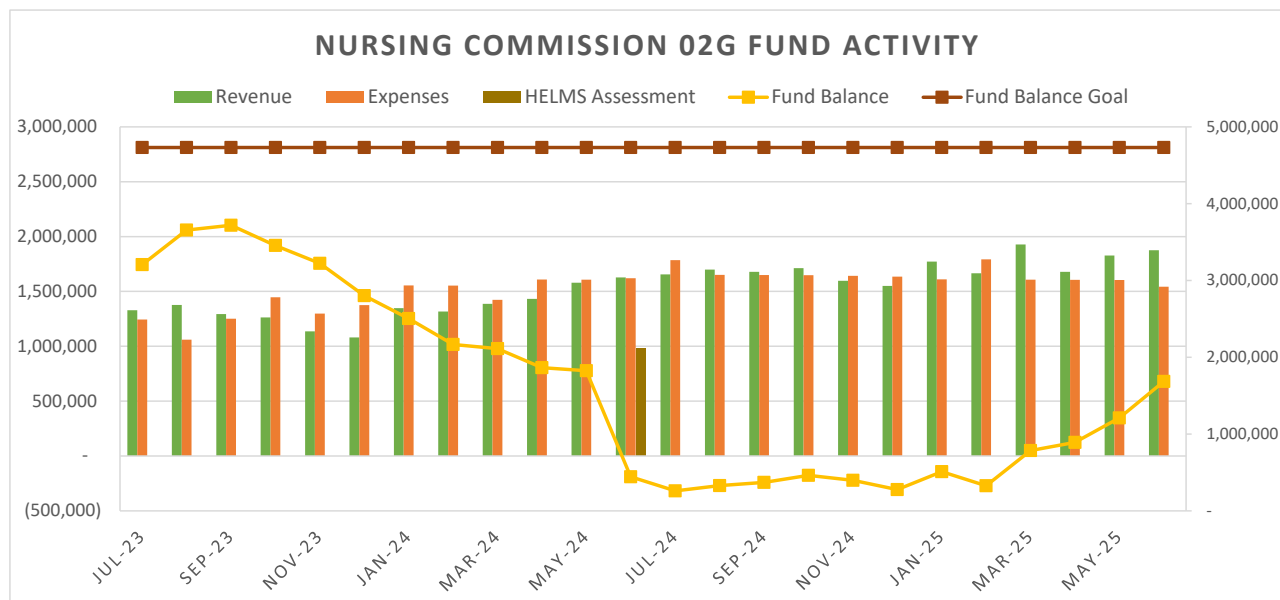
BEGINNING REVENUE BALANCE	\$ 1,659,304
21-23 REVENUE TO-DATE	\$ 11,527,265
21-23 HELMS ASSESS. TO-DATE	\$ -
21-23 EXPENDITURES TO-DATE	\$ 12,207,747
ENDING REVENUE BALANCE	\$ 978,822



Washington State Board of Nursing
2023-25 Fund Balance Summary
02G Health Professions Account

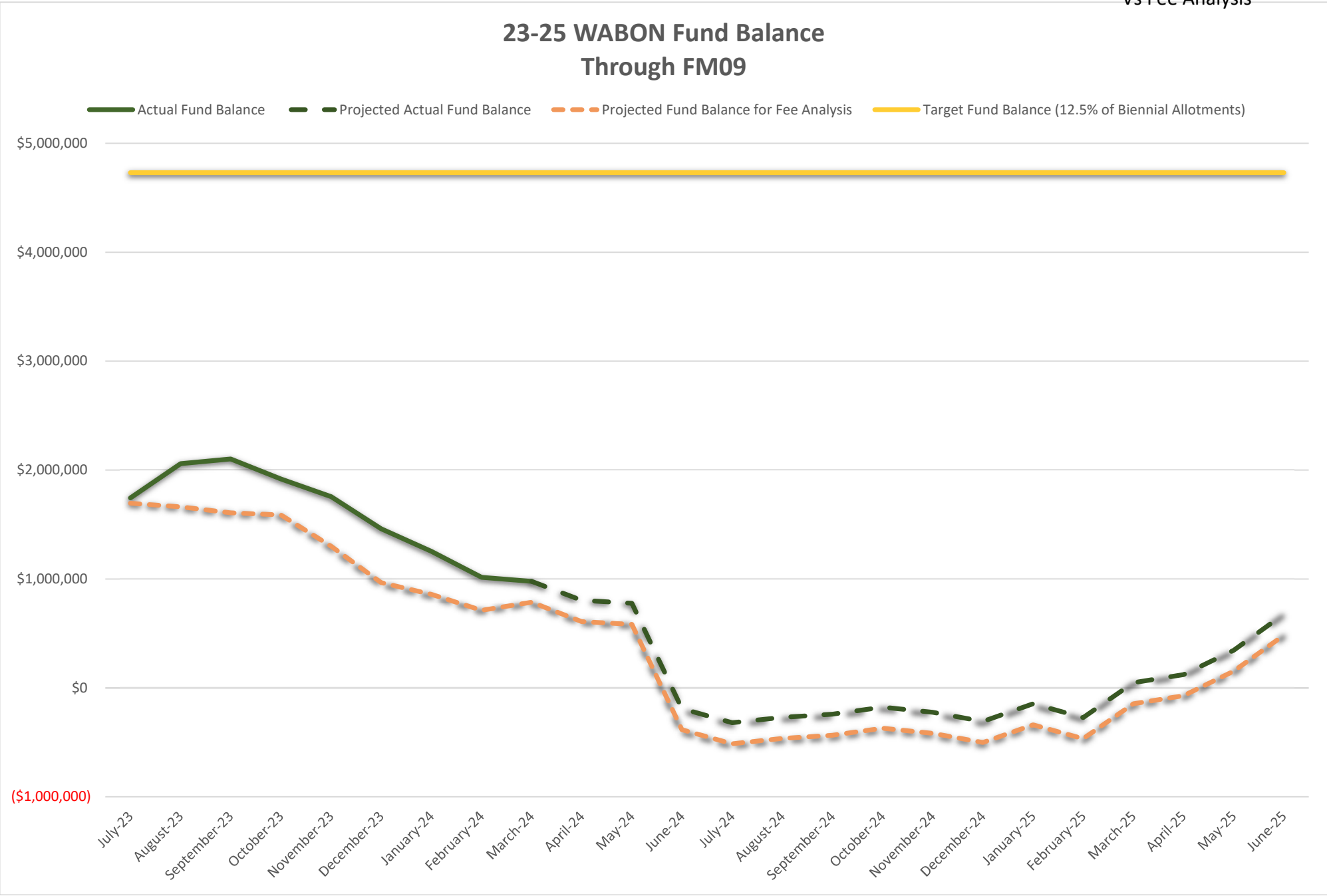
VI.C.3 WABON
02G Fund
Balance
Projection
Report FM09

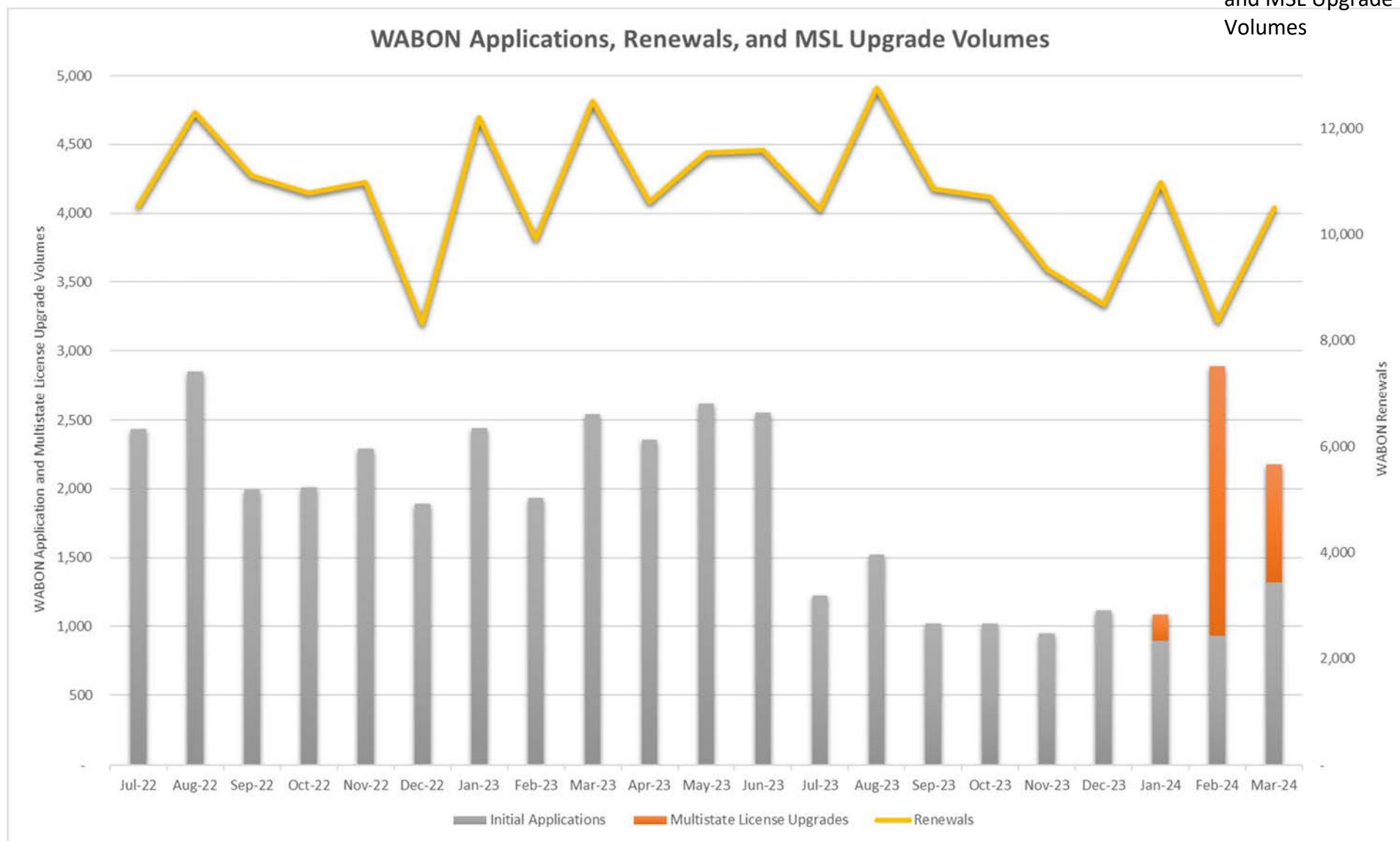
FM	Month	Actual / Projected Revenue	Actual / Projected Expenses	Projected HELMS Assessment	Actual / Projected Fund Balance	Fund Balance Goal	% of Fund Balance Goal
1	Jul-23	1,327,757	1,243,464		1,743,597	4,730,504	36.9%
2	Aug-23	1,376,149	1,060,505		2,059,241	4,730,504	43.5%
3	Sep-23	1,293,656	1,250,861		2,102,036	4,730,504	44.4%
4	Oct-23	1,262,547	1,446,363		1,918,220	4,730,504	40.6%
5	Nov-23	1,136,355	1,298,381		1,756,195	4,730,504	37.1%
6	Dec-23	1,080,094	1,375,605		1,460,683	4,730,504	30.9%
7	Jan-24	1,347,265	1,555,041		1,252,907	4,730,504	26.5%
8	Feb-24	1,316,290	1,553,583		1,015,614	4,730,504	21.5%
9	Mar-24	1,387,152	1,423,943		978,822	4,730,504	20.7%
10	Apr-24	1,432,190	1,607,872		804,265	4,730,504	17.0%
11	May-24	1,580,088	1,606,857		777,496	4,730,504	16.4%
12	Jun-24	1,628,158	1,620,375	974,974	(189,695)	4,730,504	-4.0%
13	Jul-24	1,655,363	1,784,611		(318,943)	4,730,504	-6.7%
14	Aug-24	1,699,046	1,650,251		(270,148)	4,730,504	-5.7%
15	Sep-24	1,678,319	1,649,170		(241,000)	4,730,504	-5.1%
16	Oct-24	1,712,455	1,648,378		(176,923)	4,730,504	-3.7%
17	Nov-24	1,596,617	1,642,079		(222,385)	4,730,504	-4.7%
18	Dec-24	1,550,117	1,634,774		(307,043)	4,730,504	-6.5%
19	Jan-25	1,772,641	1,609,299		(143,701)	4,730,504	-3.0%
20	Feb-25	1,664,881	1,792,460		(271,281)	4,730,504	-5.7%
21	Mar-25	1,928,319	1,607,796		49,242	4,730,504	1.0%
22	Apr-25	1,678,949	1,605,150		123,041	4,730,504	2.6%
23	May-25	1,827,053	1,603,929		346,164	4,730,504	7.3%
24	Jun-25	1,875,205	1,542,573		678,796	4,730,504	14.3%
FY1	Totals To	16,167,701	17,042,851	974,974			
FY2	Date	20,638,965	19,770,475	-			
Bien		36,806,666	36,813,325	974,974			



Notes:

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

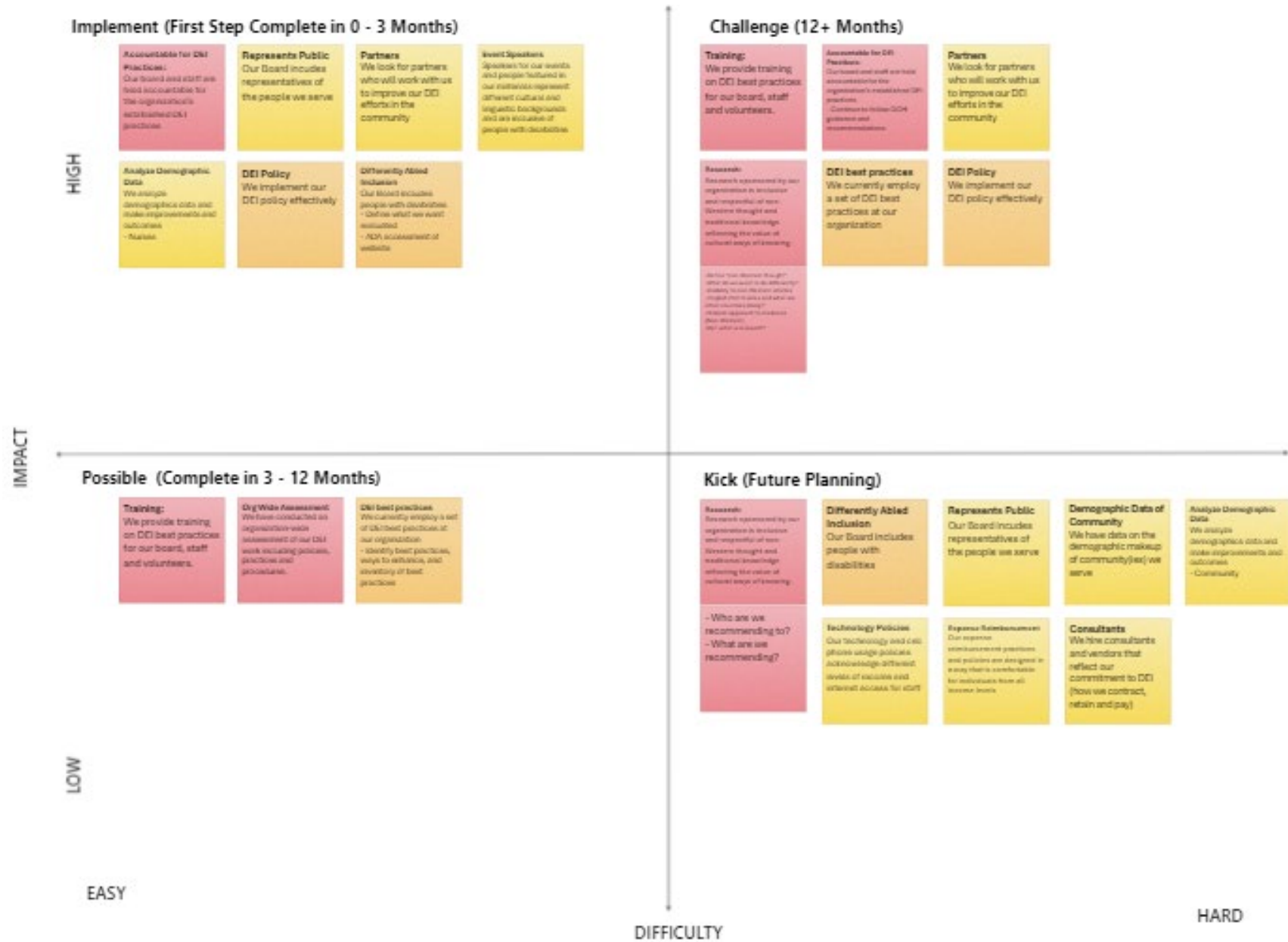




The data above reflects the total volume of applications submitted to the Washington State Board of Nursing (WABON) from July 2022 through March 2024. The grey bar indicates the initial application volume submitted for registered nurses, licensed practical nurses, advanced registered nurse practitioners, and nursing technicians. The stacked orange bar represents the volume of multistate license conversion/upgrade applications received for registered nurses and licensed practical nurses who already hold a Washington single state license. Please note, WABON began issuing multistate licenses beginning January 31, 2024. The line at the top of the graph reflects the renewal trend data for all WABON licenses combined.



Diversity, Equity, Inclusion & Belonging (DEIB)



DEI-B Task Force Work Plan



ACTION	RESPONSIBLE	PRIORITY	STATUS	START	END	METRICS	NOTES
Goal: Organizational DEI-B Assessment							
Select DEI-B assessment tool	Jessilyn	High	Completed	1/31/24	2/12/24	100%	
Conduct initial baseline assessment	Jessilyn	High	Completed	2/12/24	2/26/24		Assessment identified focus areas
Develop DEI-B strategic priorities	Anthony	High	In progress	3/18/24	4/22/24		
Goal: Establish and Implement DEI-B Policy and Best Practices							
Review existing WABON and DOH policies and practices	Jessilyn	High	In progress	4/22/24	5/22/24		
Identify DEI-B best practices	Anthony	High	Planned	5/22/24	12/2/24		Requires coordination with DOH
Draft DEI-B policy	Anthony	High	Planned	5/22/24	12/2/24		Requires coordination with DOH
Implement DEI-B policy	Alison	High	Planned	12/2/24	5/5/25		
Review interview, hiring, and promotion process	Alison	Medium	Planned	5/1/25	6/1/25		Requires coordination with DOH
Add equity analysis and scoping document steps to the rulemaking process	Jessilyn	Medium	In progress	1/1/24	1/1/25		
Review the complaint form and assess the need for additional categories related to DEI-B	Catherine	High	In progress	1/1/24	1/1/25		Follow up with discipline group
Review investigation and disciplinary process and assess the need for a DEI-B analysis step	Catherine	High	Planned	1/1/24	1/1/25		Follow up with discipline group
Goal: Staff and Board DEI-B Training							
Identify training and educational resources to increase awareness and understanding of DEI-B concepts	Jessilyn	Medium	Planned	5/1/24	5/1/25		
Incorporate identified trainings into staff and board member onboarding	Jessilyn	Medium	Planned	5/1/25	5/1/26		
Goal: Embed DEI-B Concepts in Research							
Analyze demographic data of our nurses and make improvements based on the outcomes	Lohitvenkatesh	Low	In progress	1/1/24	1/1/25		Review research work plan
Review DEI-B standards when developing surveys, gathering data, and conducting research	Lohitvenkatesh	Low	Planned	1/1/24	1/1/25		
Develop process for developing surveys, gathering data, and conducting research with DEI-B best practices	Lohitvenkatesh	Low	Planned	1/1/24	1/1/25		Include being mindful of non-Western thought research.
Goal: Enhance Inclusion and Accessibility							
Host speakers from different cultural and linguistic backgrounds at our events and business meetings	Anthony	Medium	In progress	3/22/24	6/30/25		
Work with the Governor's Office to ensure that the Board includes representatives of the people we serve.	Alison	Medium	In progress	1/1/24	1/1/25		
Partner with groups and individuals who will work with us to improve our DEI efforts in the community	Anthony	Medium	In progress	1/1/24	1/1/25		
Review technology accessibility policies	Jessilyn	High	Planned	5/1/24	5/1/25		
Make website and communication materials more accessible.	Jessilyn	High	Planned	5/1/24	5/1/25		Social media

DEIB Work Plan

- Organizational DEI-B
- Establish and implement DEI-B policy and best practices
- Staff and Board DEI-B Training
- Embed DEI-B Concepts in Research
- Enhance Inclusion and Accessibility
- Focus on reducing structural bias in our internal systems

Questions?

Social Media Update

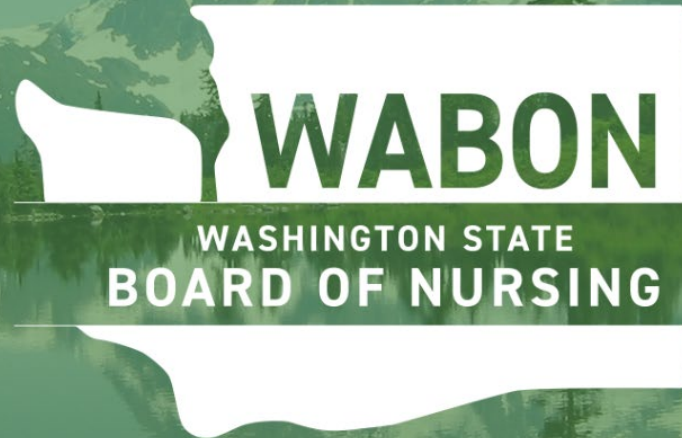
Penny Tovar BSN, RN
Social Media Specialist

Amy Sharar
Public Information Officer

Agenda

- Launch day
- Progress
 - Templates
 - Content calendar

Hello Washington Nurses!
We are...



Which city are you from?

Soft launch

We officially went live on May 1 on
Facebook, Instagram and LinkedIn

Launch week!

- May 6 was the kick-off of Nurses Week!
- Joy in practice!

Happy Nurses Week!

Tammy



**“I have never
had such an
awesome boss
before and I
appreciate her
immensely”**

-Hollie

Progress

- Systems in place for content creation & planning
- Canva + SharePoint

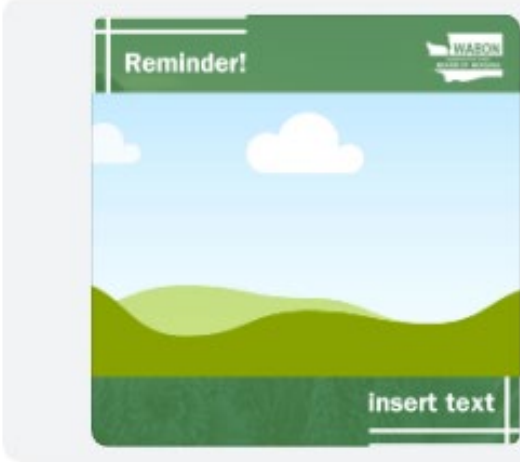
Templates

Canva templates

Canva

Search your content or

Create a design



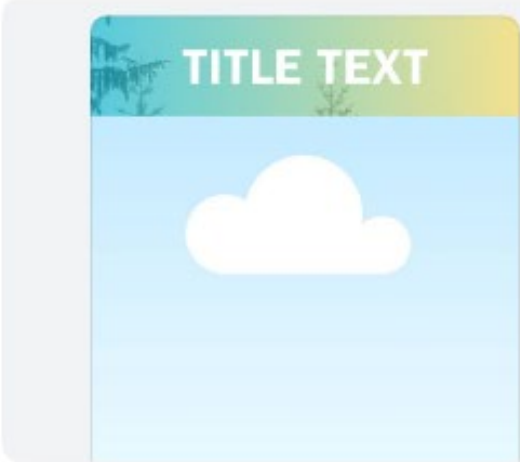
Reminder!

WABON
WASHINGTON STATE
BOARD OF NURSING

Insert text

WABON announcement template

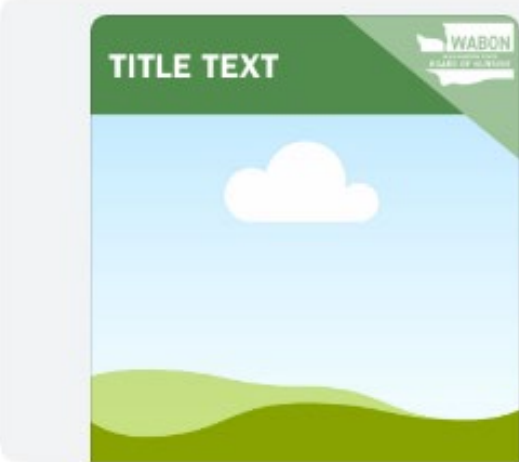
MAS Instagram Post



TITLE TEXT

WABON instagram reel


Your Story WABON Social Templates



TITLE TEXT

WABON instagram story

Your Story WABON Social Templates



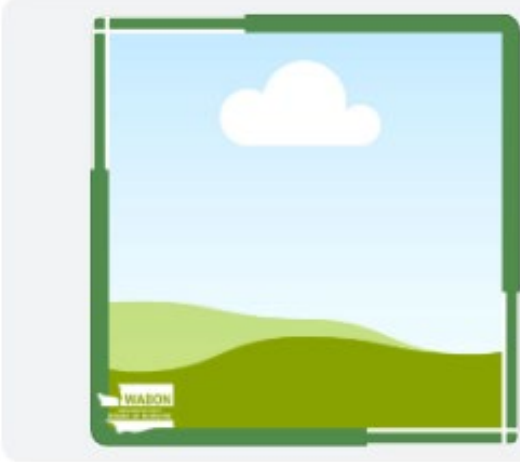
Hello Washington Nurses!
We are...

WABON
WASHINGTON STATE
BOARD OF NURSING

Which city are you from?

WABON simple text post template


MAS Instagram Post



TITLE TEXT

WABON photo template

MAS Instagram Post



Happy Nurses Week!

Tammy

"I have never had such an awesome boss before and I appreciate her immensely"

-Hollie

WABON nurses appreciation week

Instagram Post

Washington State Board of Nursing
Business Meeting
May 10, 2024

105

Content Calendar

Today ↑ ↓ May 2024 View Events

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Apr 28	29	30	May 1 WABON welc...	2	3 Multi-state li...	4
5	6 Happy nurse...	7 Mary Eliza M...	8 Joy in practice	9 Joy in practice	10 Joy in practice	11
12	13 End of nurse...	14	15 Multi-state li...	16	17 Board memb...	18
19	20	21	22	23	24	25
26	27	28	29	30	31	Jun 1

Sharepoint

- Monthly schedules
- Finishing content by 3rd week of prior month
- Content archive & repository for future posts
- Advanced planning

Questions?



WABON Website & GovDelivery Report

Quarter 1 of 2024

About the Data

- Website statistics are collected via Google Analytics on a quarterly basis.
- GovDelivery statistics are collected via Bulletin Analytics on the GovDelivery website.
- Date ranges
 - Quarter 4, 2023: October 1st, 2023 – December 31st, 2023
 - Quarter 1, 2024: January 1st, 2024 – March 31st, 2024



Metric	Q4 2023	Q1 2024	% Change
Total Visits	318,133	627,903	97.4%
Total Page Views	709,896	1,610,943	140.7%
Unique Visitors	204,922	503,277	144.1%
Total New Visitors	192,684	463,833	126.9%
Average Engagement Time	1 min 40 sec	0 min 56 sec	-44.1%
Bounce Rate	39.3%	40.0%	1.7%

WABON Top Viewed Webpages Q1 '24

1.) **Home** – 209,669 views

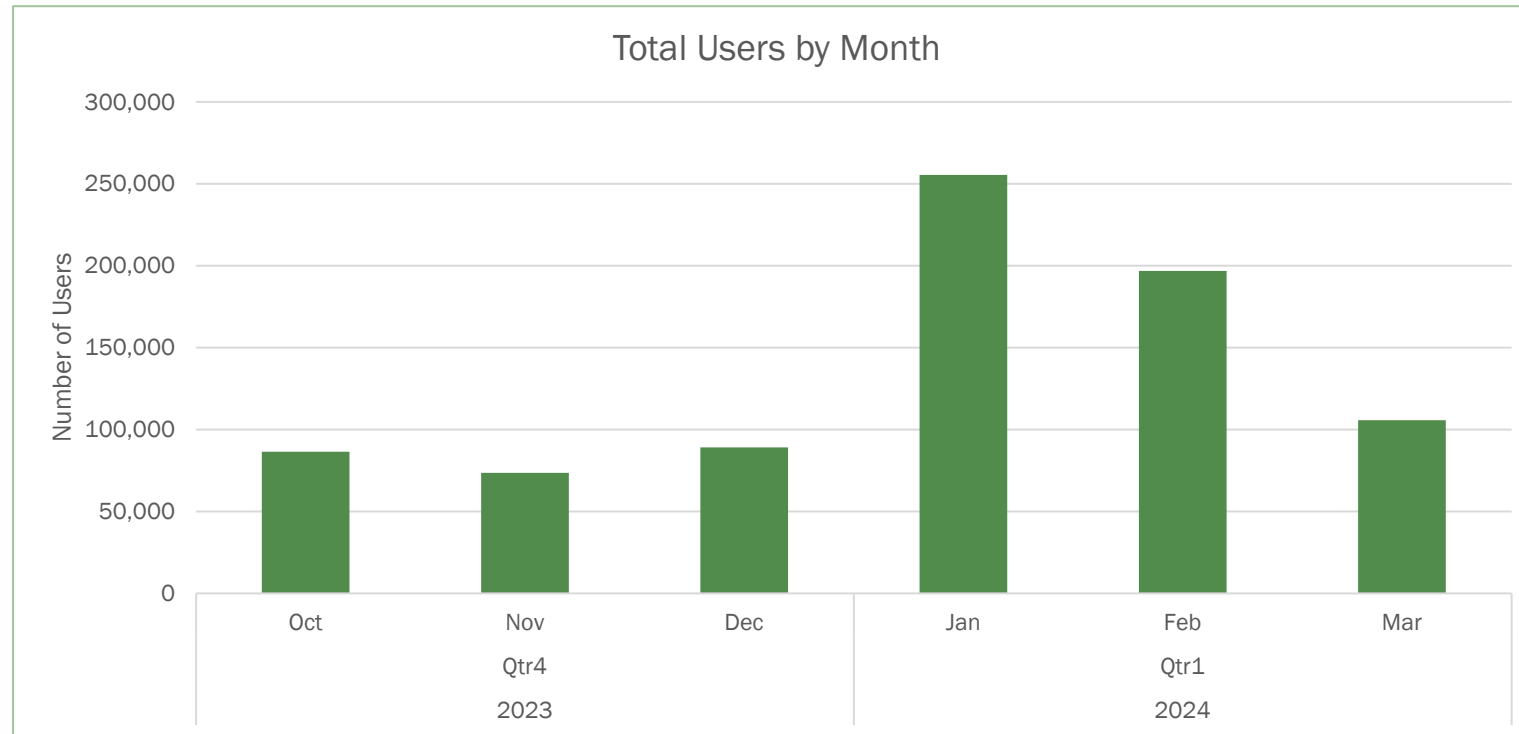
2.) **Verify a License** – 179,808 views

3.) **Renew or Reactivate License** – 174,322 views

4.) **Upgrade to an MSL** – 82,622 views

5.) **Meetings** – 69,071 views

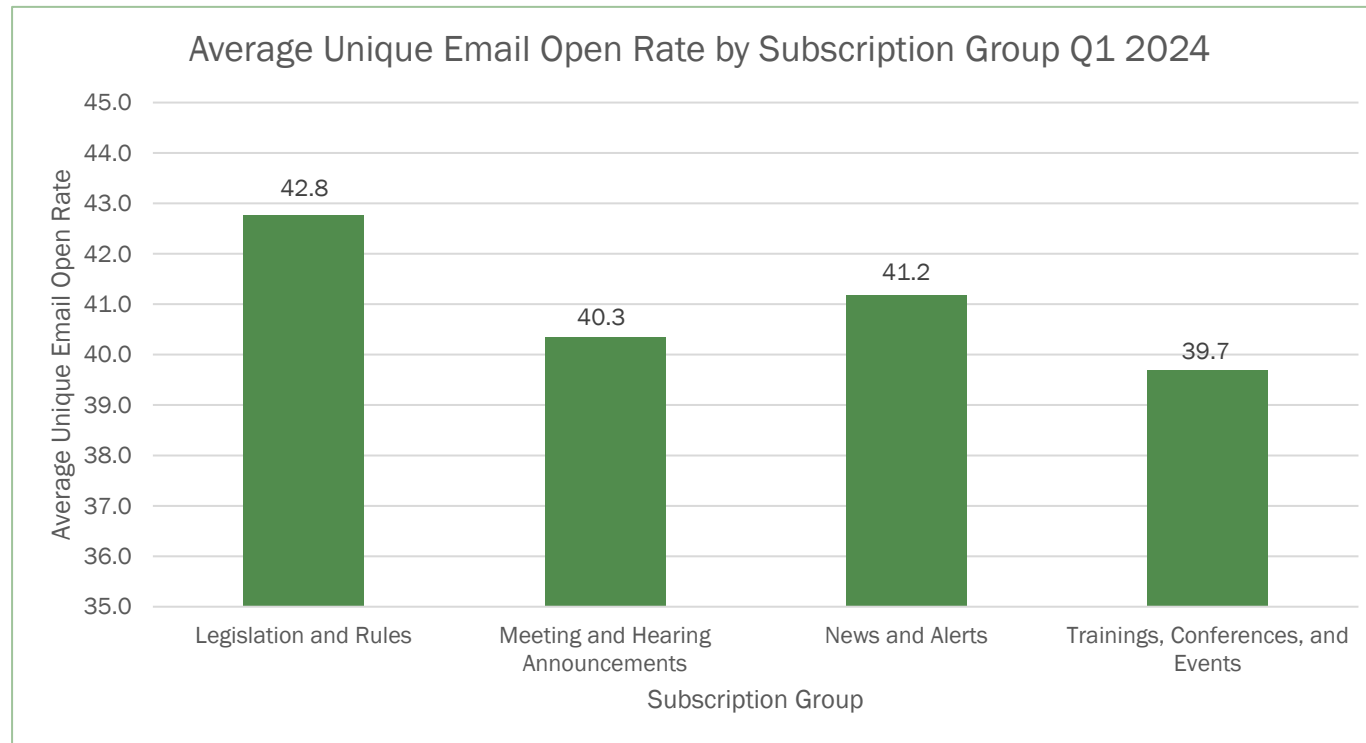
Website Visitors Over Time



Top Viewed GovDelivery Bulletin Reports

1. *“Nurses can apply for a WA multistate license starting Jan. 31”* – 74,873 opens
2. *“New 2 hours of health equity continuing education requirement”* – 74,620 opens
3. *“Apply for the multistate license tomorrow starting at 3 p.m.”* – 71,995 opens
4. *“Multistate License Upgrade FAQs”* – 71,638 opens
5. *“Apply for the WA multistate license now”* – 71,577 opens

GovDelivery Average Open Rate



1

Website Views and
Visitors Doubled
This Quarter

2

Website
Engagement is
Down

3

Multistate License
GovDeliveries are
Highly Viewed

Questions?

For questions or more information, please email WABONResearch@doh.wa.gov

Executive Office of Policy, Planning and Evaluation Federal and Regulatory Affairs Team

Rule Making

What is Rule Making?

Whenever the agency creates, changes (amends), or deletes (repeals) a rule it must use the rule making process. All Department of Health and State Board of Health rules fall under Title 246 WAC, and must comply with the Administrative Procedure Act (chapter 34.05 RCW).

Laws vs Rules – What is the difference?

Law – Revised Code of Washington (RCW)

The agency must have statutory authority or permission to do something. The RCW is the compilation of permanent **laws** (statutes) now in force. **Laws** are enacted by the Legislature, and signed by the Governor, or enacted via the initiative process.

Rules – Washington Administrative Code (WAC)

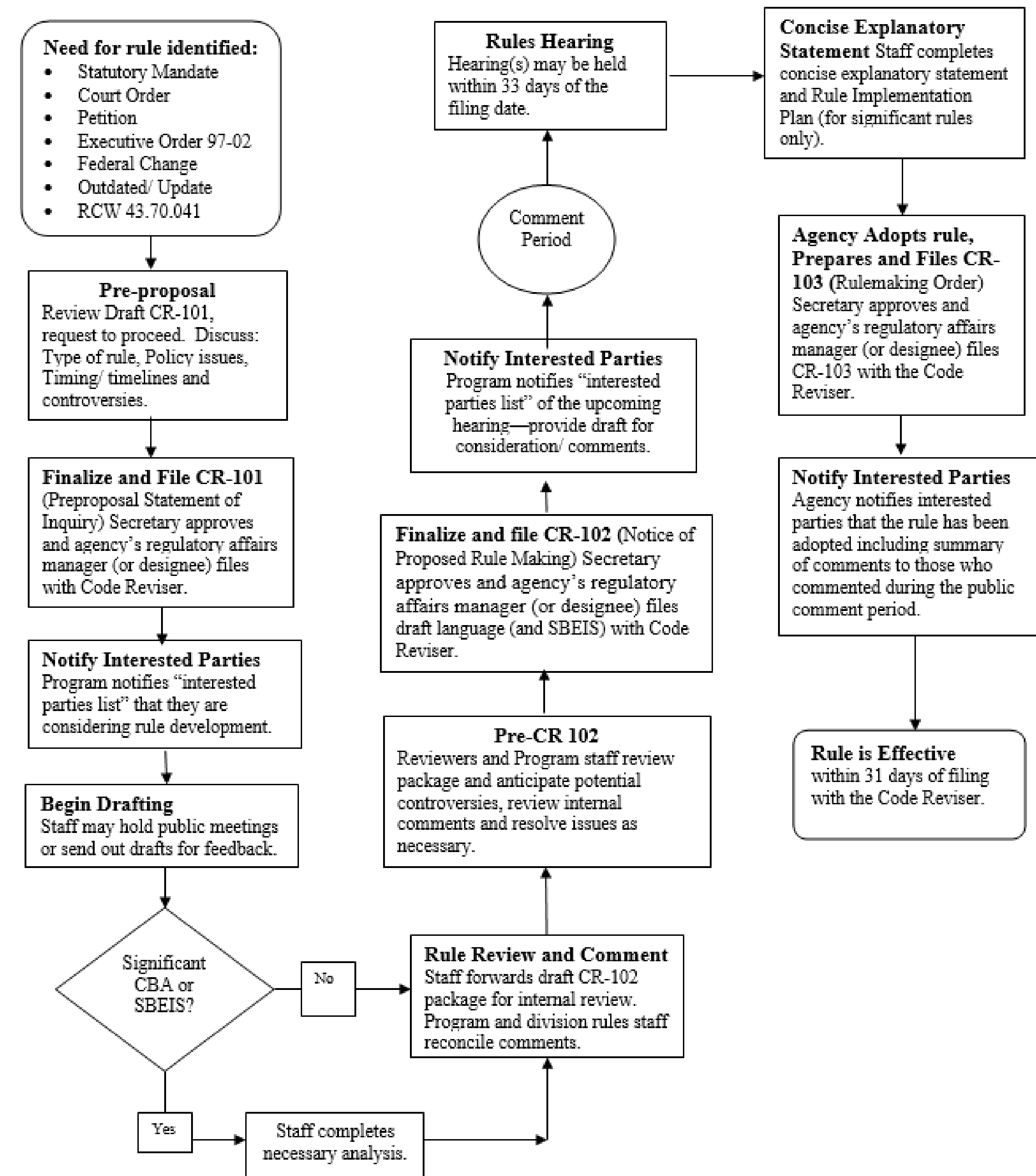
The agency uses **rules** to implement laws and policies. A **rule** is an order, directive, or regulation that agencies use to:

- ✓ Subject a person to a penalty or sanction if that person violates a regulation
- ✓ Set qualifications for conveying privileges to people or entities
- ✓ Set procedures or practices for agency hearings
- ✓ License or permit individuals or entities and revoke licenses or permits
- ✓ Set project or material standards for goods before they can be sold or distributed in Washington

What Types of Rule Making Processes Can Be Used?

- ✓ Standard/Basic
- ✓ Abbreviated – Exception, Expedited, Emergency

Basic Rule Process



Other Rulemaking Activities

Rule Making Petition Response

Policy Statements

Interpretive Statements

E-mail: WABONRules@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: <u>24-02-059</u> File: 12/29/2023 Expires: 4/27/2024

CURRENT RULES IN PROGRESS (STANDARD RULEMAKING)

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOP S	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P PERMANENT
1	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 <u>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.</u>	WSR: <u>23-11-143</u> File: 5/24/2023	6/22/2023 6/29/2023	WSR: <u>24-03-103</u> File: 1/18/2024	3/8/2024	In Progress
2	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.	HB <u>1255-S.SL.pdf (wa.gov)</u> 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	WSR: <u>23-17-074</u> File: 8/14/2023	12/13/2023 12/15/2023	WSR: 24-07-063 File: 3/15/2024	5/10/2024	

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P PERMANENT
			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.					
3	Blood Glucose Management	Amendments to: WAC 246-840-930 WAC 246-840-940 And potential new rule sections in Chapter 246-840 WAC.	HB 1124-S.PL.pdf (wa.gov) Nurse Delegation of Glucose Monitoring, Glucose Testing, and Insulin Injections. Identifies two areas that require WABON rulemaking: <ol style="list-style-type: none"> 1. 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. 2. 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.	WSR: 24-08-076 File: 4/3/2024	5/10/2024	
4	Nursing Credential Opportunities	Amendments to: WAC 246-840-534 And potential new rule sections in Chapter 246-840 WAC.	SB 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	9/26/2023 10/5/2023 10/16/2023 10/17/2023 10/26/2023 11/20/2023 12/4/2023	In progress		
5	ARNP Education Requirements	Amendments to: WAC 246-840-010 WAC 246-840-340 WAC 246-840-342 And other related rule sections in Chapter 246-840 WAC	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. On September 7, 2023, at the board's business meeting, the board held a public hearing to fully consider all written and oral submissions regarding the July 5, 2023, JARRC finding and moved to initial the rulemaking process with a CR-101.	WSR: 24-05-022 Filed: 2/9/2024	In progress			

RECENTLY FILED RULES (EFFECTIVE 2021-2024)

#	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	Nursing Temporary Practice Permits	Amendments to: WAC 264-840-095	<p>Temporary practice permit effective dates for licensed practical nurses (LPN) and registered nurses (RN). The Washington State Board of Nursing (board) is adopting amendments to WAC 246-840-095, Temporary Practice Permits, reducing the length of time a temporary practice permit is effective and updating criteria to issue a temporary practice permit in order to align the internal board process with rule language and implement Second Substitute House Bill (2SHB) 1009 (chapter 165, Laws of 2023), Military Spouses—Professional Licensing and Employment.</p> <p>The board is adopting amendments to reduce the length of time a temporary practice permit is active from 180 days, after the temporary practice permit is issued, to 60 days to align WAC 246-840-095 with the current practice of the board and promote completion of the licensure process. The amendments also reduce the extension of the temporary practice permit from 180 days to 30 days.</p>	WSR: 22-06-057 Filed: 2/25/2022	7/7/22, 8/4/22, and 9/19/22.	WSR: 23-21-071 Filed: 10/12/2023	11/29/2023	<p>WSR: 24-03-055 Filed: 1/11/2024</p> <p>Effective: 2/11/2024</p>
2	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 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.	WSR: 23-16-127 File: 8/1/2023	8/23/2023 8/28/2023 8/29/2023	WSR: 23-26-060 File: 10/25/2023	12/5/2023	<p>WSR: 24-02-057 File: 12/28/2023</p> <p>Effective: 1/31/2024</p>
3	Health Equity Continuing Education	Amendments to: WAC 246-840-220 And other relevant continuing education rule	<p>ESSB 5229-S.SL.pdf (wa.gov) Health Equity & Continuing Competency</p> <p>Health equity continuing education for licensed practical nurses (LPN) and registered nurses (RN) licensed in WAC 246-840-220 and 246-840-222. The Washington State Board of Nursing (board) is adopting</p>	WSR: 23-03-069 Filed: 1/12/2023	2/3/2023 2/8/2023 2/15/2023 2/16/2023 2/17/2023	WSR: 23-19-081 Filed: 9/19/2023	10/25/2023	WSR: 23-23-166 Filed: 11/21/2023

#	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
		sections in Chapter 246-840 WAC	<p>an amendment to WAC 246-840-220 to implement Engrossed Substitute Senate Bill (ESSB) 5229 (chapter 276, Laws of 2021).</p> <p>The board is adopting a new section of rule and revisions to existing rule in order to establish health equity continuing education (CE) requirements to comply with RCW 43.70.613.RCW 43.70.613(3)(b) directs the rule-making authority for each health profession licensed under Title 18 RCW that is subject to continuing education (CE) to adopt rules requiring a licensee to complete health equity continuing education training at least once every four years. The statute also directs the Department of Health (department) to create model rules establishing the minimum standards for health equity CE programs. The department filed model rules for health equity CE minimum standards on November 23, 2022, under WSR 22-23-167. Any rules developed for the board must meet or exceed the minimum standards in the model rules in WAC 246-12-800 through 246-12-830.</p> <p>The board's adopted rule adds two hours of health equity education to be completed as part of the current continuing education requirements every year. This exceeds the two hours of health equity education to be completed every four years required in the model rules. The proposed rule requires two hours in health equity CE every year which can be counted under existing CE requirements for the profession. No additional topics are being added to the model rules requirements.</p>		2/22/2023 3/3/2023			Effective: 12/22/2023
4	Nursing Assistants and NAC Training Program Standards	<p>Amendments to: Chapter 246-841 WAC (repealing) replacing with 246-841A in collaboration with DOH Secretary.</p> <p>Chapter 246-842 WAC (repealing)</p>	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.	<u>WSR: 21-05-021</u> Filed: 2/8/2021	October 2022 through February 2023.	<p>WSR: <u>23-15-091</u> Filed: 7/18/2023</p> <p>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</p>	8/30/2023	<p>WSR: 23-20-117</p> <p>Filed: 10/3/2023</p> <p>Effective: 11/3/2023</p>

#	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
5	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
6	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 Effective: 5/5/2023
7	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
8	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 Effective: 12/22/2023
9	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	N/A	WSR: 22-17-144 Filed: 8/23/2022 Effective: 9/24/2022
10	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 addressing the nursing assistant and long-term care crisis.	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 Effective: 12/1/2023

#	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
11	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: <u>22-12-026</u> Filed: 5/23/2022 Effective: 9/9/2022
12	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: <u>22-04-082</u> Filed: 1/31/2022 Effective: 5/13/2022
13	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	3/12/2021	<u>WSR: 21-11-032</u> Filed: 5/12/2021 Effective: 6/13/2021
14	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	N/A	WSR: 21-04-016 Filed: 1/22/2021

May 2024

RULE

Rules In Progress Timelines (2024)

- JAN
- FEB
- MAR
- APR
- MAY
- JUN
- JUL
- AUG
- SEP
- OCT
- NOV
- DEC

Initial OOS Exam & Endorsement Licensing

SB 5582 1:2 Simulation

HB 1255 SUD Program

HB 1124 Blood Glucose Delegation

ARNP Education Requirements

CR-101 FILING

RULE WORKSHOPS

CR-102 APPROVAL

CR-102 REVIEW AND FILING

RULE HEARING

CR-103 REVIEW AND FILING

RULE EFFECTIVE

**DEPARTMENT OF HEALTH
WASHINGTON STATE BOARD OF NURSING
PROCEDURE**

Title:	Signature Authority Delegation	Number:	H16. 02 03
Reference:	RCW 18.130.050(10), (17) RCW 18.130.095		
Author:	Alison Bradywood DNP, MPH, RN, NEA-BC Executive Director Washington State Board of Nursing (WABON)		
Effective Date:	September 8, 2022	Date for Review:	August 17, 2024 May 10, 2026
Supersedes:	H16.02 – September 8, 2022 H16.01 – July 14, 2017		

Approved:

[Adam Canary, LPN](#)
[Interim](#) Chair
Washington State Board of Nursing (WABON)

PURPOSE:

This procedure lists certain decisions for which Washington State Board of Nursing (Board) delegates:

- Full decision-making and
- Decisions where staff is authorized to sign documents after a panel of the [commission](#)[Board](#) has approved the action.

PROCEDURE:

The Executive Director will place this item on the Board meeting agenda prior to the end of the [biennial](#) fiscal year. The Board will determine which decisions they will delegate to staff and which staff has signature authority to sign on behalf of the Board after a Board or panel decision. The Operations staff completes the forms and sends them to the Board 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 Board 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~~ updated Procedure H16 with delegation forms to the Board Procedures SharePoint page. ~~The original~~ Forms B and Form C must be sent to the Office of Adjudicative Services.

**H16.02-03 Form A: Delegation of Signature Authority
(Credentialing, Disciplinary Functions, Compliance and Rules)**

On ~~September 9, 2022~~ May 10, 2024, the Washington State Board of Nursing (Board) delegated signature authority for each of the documents indicated as follows:

☒ **Credentialing**

Document	Panel Approval Required?	Board Staff Title(s)
<input checked="" type="checkbox"/> Approval of Routine Credentialing Applications	No	Credentialing Lead Licensing Leads Licensing Supervisor Credentialing Manager <u>Asst. Dir. of Licensing</u> Director of Education Executive Director
<input checked="" type="checkbox"/> Notice of Decision – Denial of Credential for failure to meet qualifications under RCW 18.130.055(1)(d)	No	Credentialing Manager <u>Asst. Dir. of Licensing</u> co Discipline Case Manager Case Manager Executive Director
<input checked="" type="checkbox"/> Notice of Required Mental, Physical, or Psychological Evaluation	Yes	Case Manager Discipline Case Manager Director of Discipline Executive Director
<input checked="" type="checkbox"/> Approval <u>of Credentialing Related Refunds</u>	<u>No</u>	<u>Licensing Supervisor</u> Asst. Dir. of Licensing Director of Discipline Director of Operations Executive Director

☒ **Disciplinary**

Document	Panel Approval Required?	Board Staff Title(s)
<input checked="" type="checkbox"/> Citation and Notice (for failure to produce records, documents, or other items)	RBM can authorize	Case Manager Discipline Case Manager Director of Discipline Executive Director
<input checked="" type="checkbox"/> Declaration for Failure to Answer or Appear	No	Case Manager Discipline Case Manager Director of Discipline Executive Director

<input checked="" type="checkbox"/> Notice of Determination	Yes	Director of Discipline Case Manager Discipline Case Manager Executive Director
<input checked="" type="checkbox"/> Notice of Opportunity for Settlement and Hearing	No, as long as panel approves SOC	Case Manager Discipline Case Manager Executive Director Legal Assistant/Paralegal
<input checked="" type="checkbox"/> Statement of Allegations	Yes	Director of Discipline Case Manager Discipline Case Manager Executive Director
<input checked="" type="checkbox"/> Statement of Charges	Yes	Director of Discipline Case Manager Discipline Case Manager Executive Director
<input checked="" type="checkbox"/> Subpoenas	No, as long as panel opened the investigation	Chief Investigator Assistant Dir. Discipline—Legal Director of Discipline Executive Director

☒ Rules

Document	Board Approval Required?	Board Staff Title(s)
<input checked="" type="checkbox"/> CR-101	Yes	Executive Director
<input checked="" type="checkbox"/> CR-102	Yes	Executive Director
<input checked="" type="checkbox"/> <u>CR-103</u>	<u>Yes</u>	<u>Executive Director</u>
<input checked="" type="checkbox"/> <u>CR-105</u>	<u>Yes</u>	<u>Executive Director</u>

☒ **Compliance**

Document	Panel Approval Required?	Board Staff Title(s)
<input checked="" type="checkbox"/> Release from Stipulation to Informal Disposition (STID) when all requirements substantially met	RBM 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, BSN, BSPA, MHA~~ Chair

Alison Bradywood DNP, MPH, RN, NEA-BC
Executive Director

H16.02-03 Form B: Delegation of Decision- Making

I, ~~Yvonne Strader~~, Chair of the Washington State Board of Nursing (Board), acting upon authorization of the Board 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 Board](#) 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~~Board 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~~.

~~Yvonne Strader, RN, BSN, BSPA, MHA~~ Chair

**H16.~~02-03~~ Form C: Delegation of Decision- Making
(Case Specific Adjudication)**

On [Click here to enter a date.](#) the Washington State Board of Nursing (Board) 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 Board.

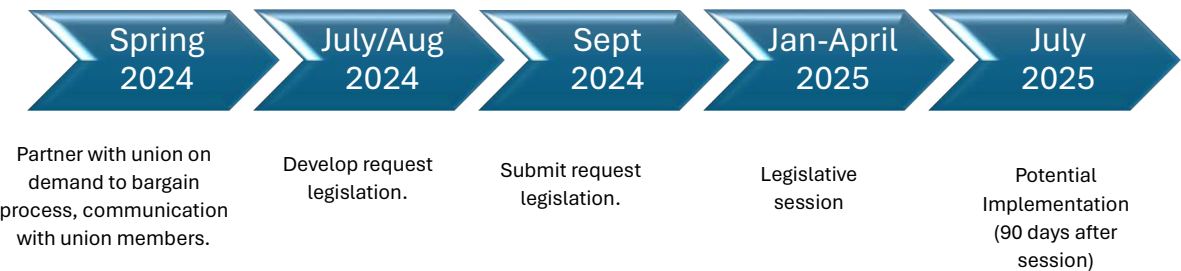
Dated this [Choose an item.](#) day of [Choose an item.](#), [Choose an item.](#)

~~Yvonne Strader, RN, BSN, BSPA, MHA~~ Chair

Proposal to Incorporate Nursing Assistants and Nursing Pools within the WABON Structure

Situation: DOH Health Systems Quality Assurance has proposed moving nursing assistant and nursing pool licensing and discipline to WABON for increased alignment within the nursing profession and potentially increased efficiencies. This would require request legislation by WABON, preferably in a long session (e.g., 2025 or 2027).

Potential Timeline:



Background: This proposal has been under consideration for many years; however, timing had previously not aligned with leadership and budgetary concerns.

Assessment:

Nursing Assistants: NA-R, NA-C, Medication Administration Certification Endorsement (MACE)

Benefits	Challenges
Historic and ongoing investment by WABON in nursing asst programs; licensing and disciplinary authority aligns with WABON’s existing authority for program approval.	Would need personnel and structural development by WABON staff – consideration for timing/capacity
Potential efficiencies in licensing with reduced interagency communication between education approval and licensing approval	Disciplinary volume is high – would need to understand CMT/pro tem needs (DOH reviews 40-50 cases/week; see volume graphs)
Ongoing work with delegation, scope of practice education, and nursing asst rules	NA licensees may need increased level of support, particularly with current backlog
Potentially clearer career pathway for NA to RN	Current FTE allocation (15 FTE) for NA licensing team exceeds budgeted FTE (5 FTE); additional funds needed to manage current application volume. More analysis needed to determine actual number of licensing specialists.
Potential to bring NAs into the Early Remediation Program and non-disciplinary WHPS agreements	Currently, in cases involving unrepresented NAs, OILS staff attorneys act as prosecutors. Unclear if this could continue under WABON
Potential to include staffing and systems issues in deciding on actions against NAs.	Currently a secretary’s profession (vs. board) and would see an increase in AG fees if change

	in authority. Unclear on impact to increase in indirect costs.
NA fund balance with positive reserve	Will need to work with DOH unions for demand to bargain positions to best support team members with transition
WABON already oversees MACE programs (N=9) and is working to add MACE testing contract to existing Credentia contract.	

Staff are currently processing license applications from February. Changes in testing vendors and increased testing in October 2023 with the transition to skills testing within training programs have contributed to the significant backlog. A waiver process is in effect in long-term care to prevent attrition when a license is not obtained within 120 days.

Average Days to Issue Credential by Year

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024 (YTD)
Nursing Assistant Certified	93	84	67	71	54	56	78	99	110	86	71	122
Nursing Assistant Registration	49	35	29	29	22	25	31	27	35	34	29	66

Volume of Pending Applications

Nursing Assistant Certification	2512
Nursing Assistant Registration	2155

Nursing Pools (Agencies):

Benefits	Challenges
Focused scope on licensing and reporting requirements.	Nursing pool fund balance negative until FY 27 (small \$) related to \$35K Qualtrix contract for data reporting – will need to submit change request and build in HELMS (after 2025), unclear if contract rate would continue as currently bundled with other DOH contracts.
Annual fees recently increased (\$175 initial/\$280 renewal)	Will need to write rules and interpretive statements to support new RCWs related to mandatory reporting
Very low discipline – usually related to changes in fees or breaking contracts with facilities.	Less clear alignment with WABON mission to support public safety

	Registration of pools and annual public reporting requirements were added in 2023 legislation. This includes annual reporting for pools and an annual legislative report. (Reporting includes disclosing corporate structure and ownership, average amount charged by license type, amount paid per license type, labor related costs, number of placements within 25 and 50 miles of residence of temp employee, payroll taxes, LNI insurance premiums, liability coverage.)
	Potential discipline areas beyond current scope: Pools are prohibited from charging liquidate damages, employment fees, or other compensation if the health care facility hires the temp as a permanent employee. Also requires pools to give 90 advance notice of contract changes.
	Large expansion of Nursing Pool laws in 2023 include placement of surgical technologists, radiologic technologist, cardiovascular invasive specialist, respiratory care practitioner.

WABON staff is able to address the increased work to incorporate the proposed departments and of writing the needed request legislation, assuming adequate staffing and funding.

Total FTE impact:

NA Licensing	15
NA Discipline (case management, investigations, legal services)	TBD
NA Program Management	0.5
Pools licensing	<1
Pools discipline	<1
Pools Program Management	0.25

Recommendation:

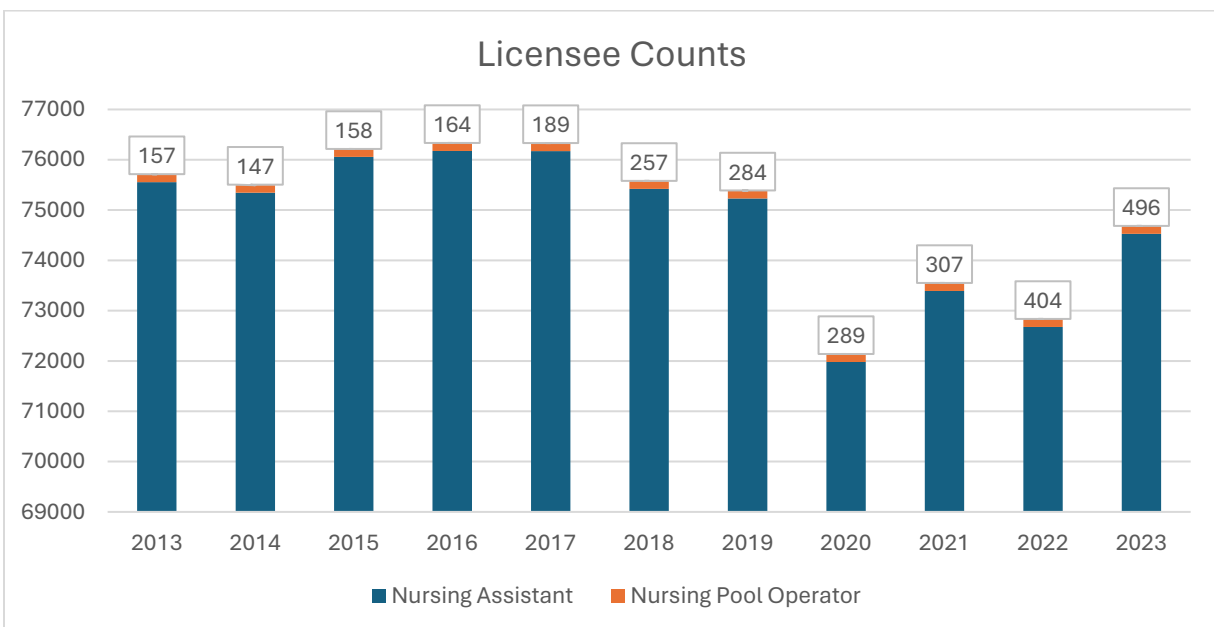
Board approval requested to determine if:

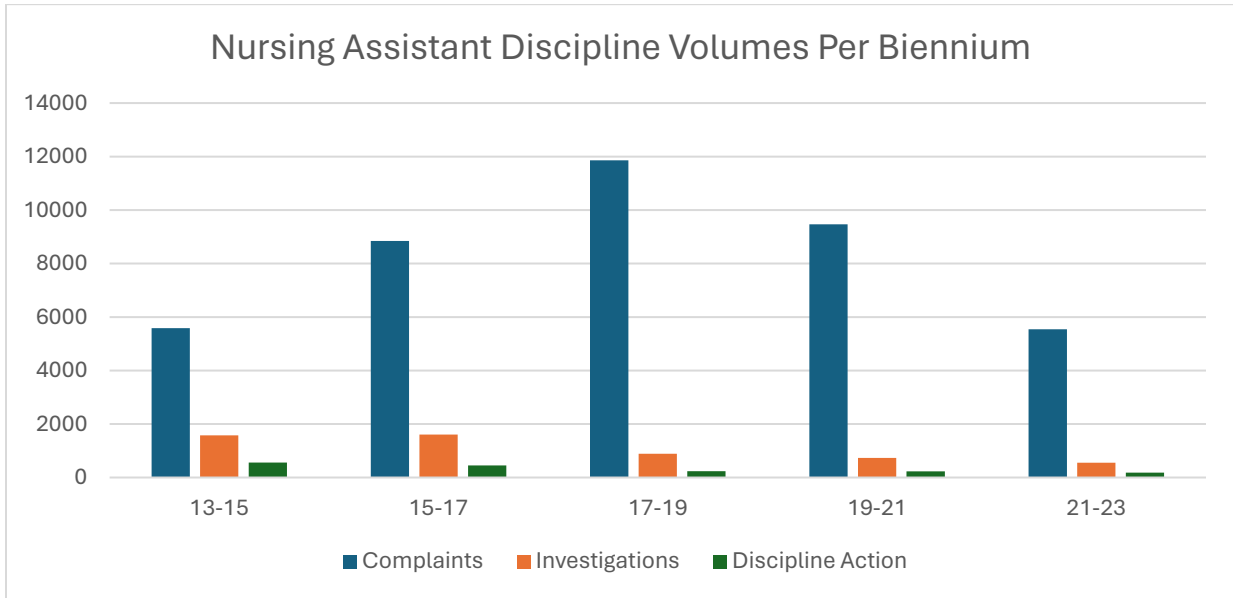
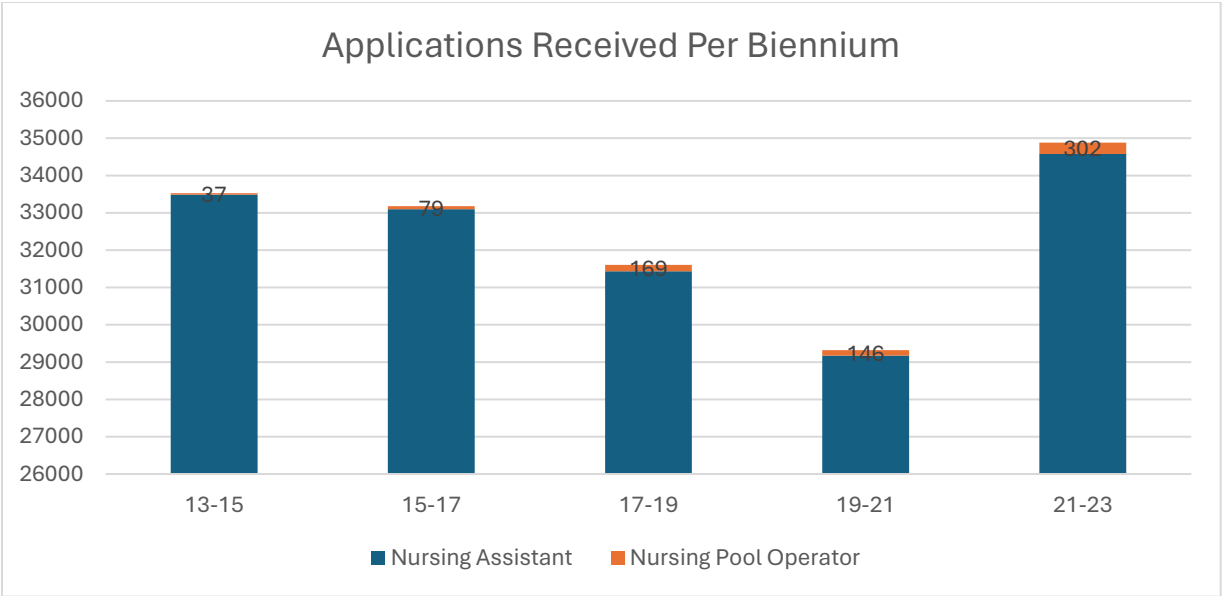
- 1) Adding nursing assistants to WABON is appropriate.
- 2) Adding nursing pools to WABON is appropriate.
- 3) 2025 timing for request legislation is preferred over 2027.

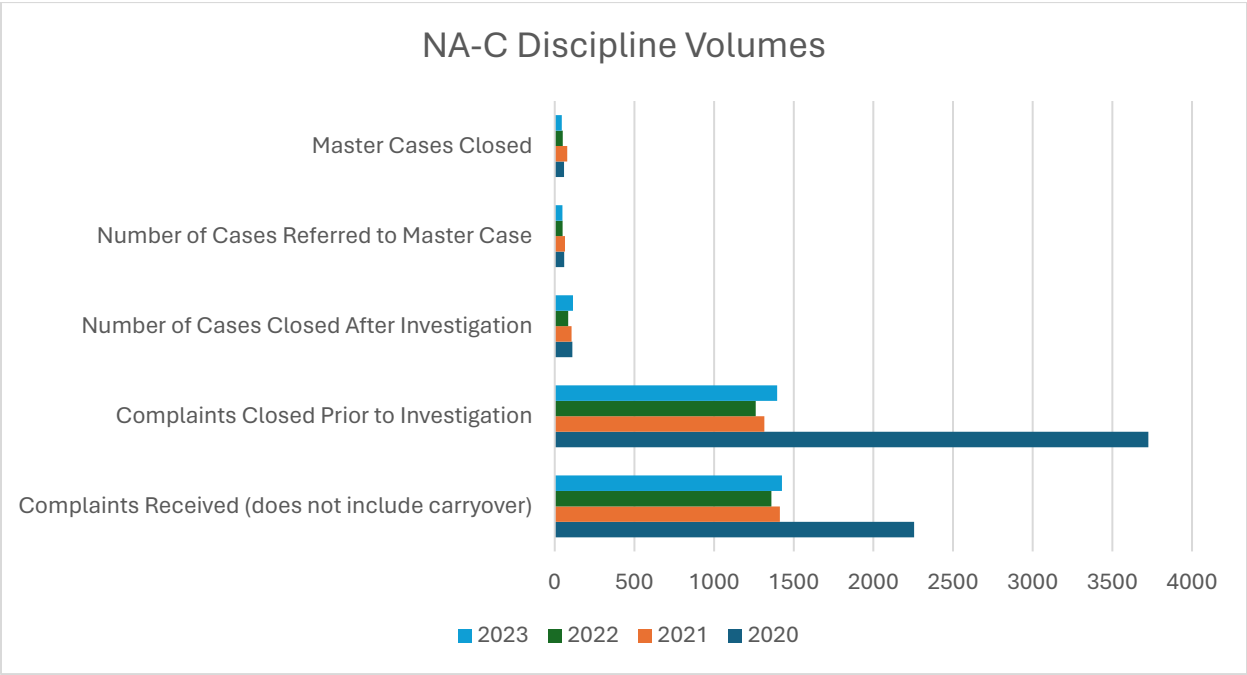
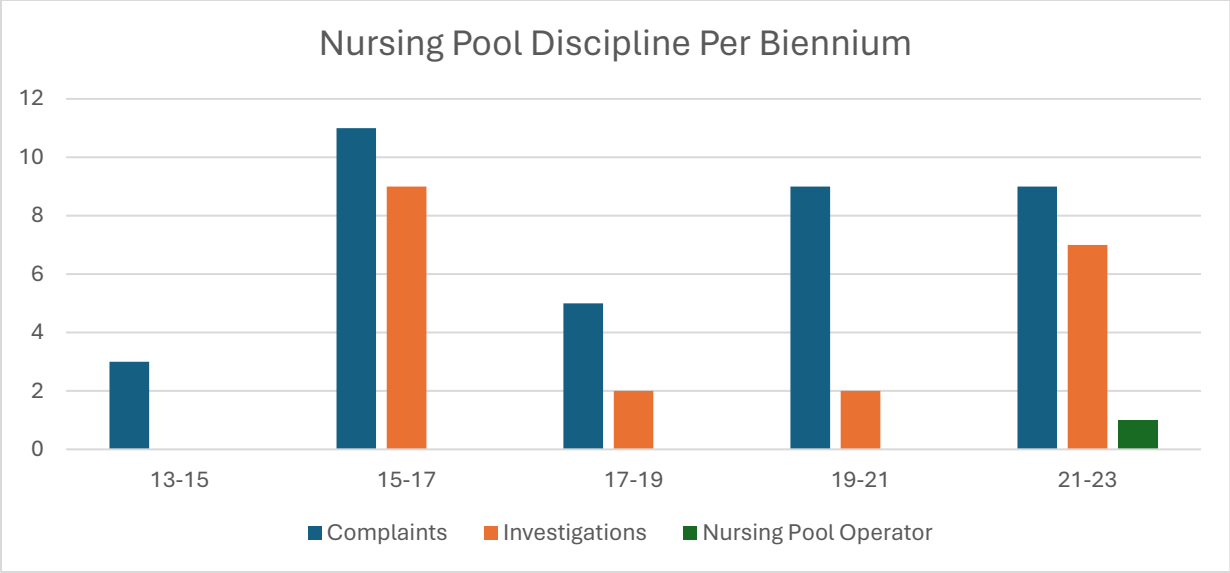
If there is interest in moving forward, request legislation should:

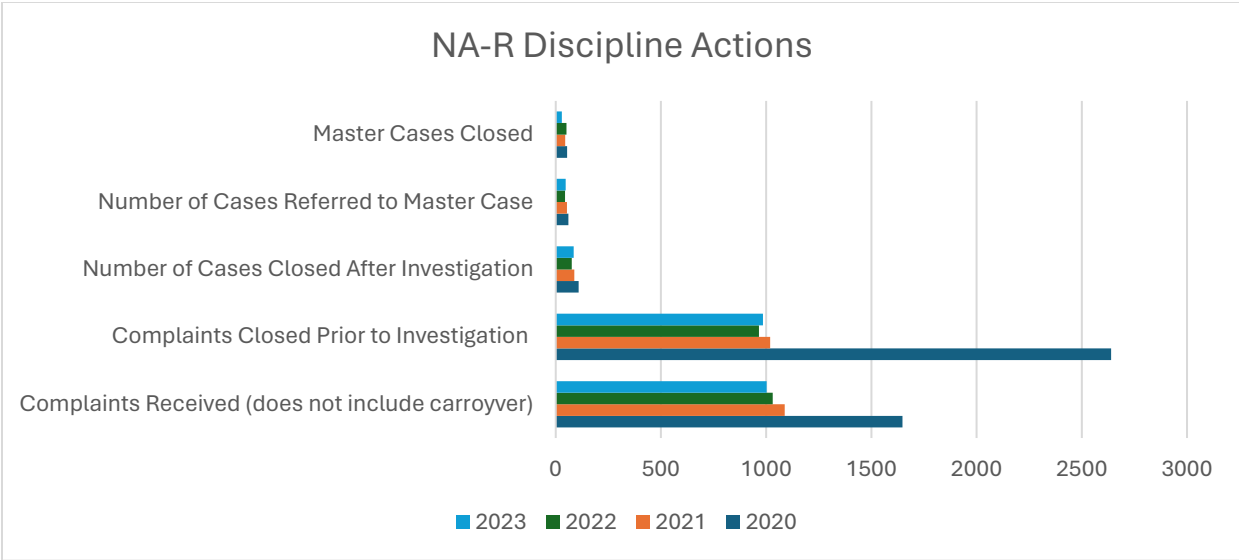
- 1) Align these areas under board authority as nursing assistants are currently a secretary's profession in which staff make disciplinary decisions (not a board structure);
- 2) Request additional funding to cover FTE variance for nursing assistant licensing, at a minimum of several years to understand workflow and total operators needed for volume.

Volume and Finance Data

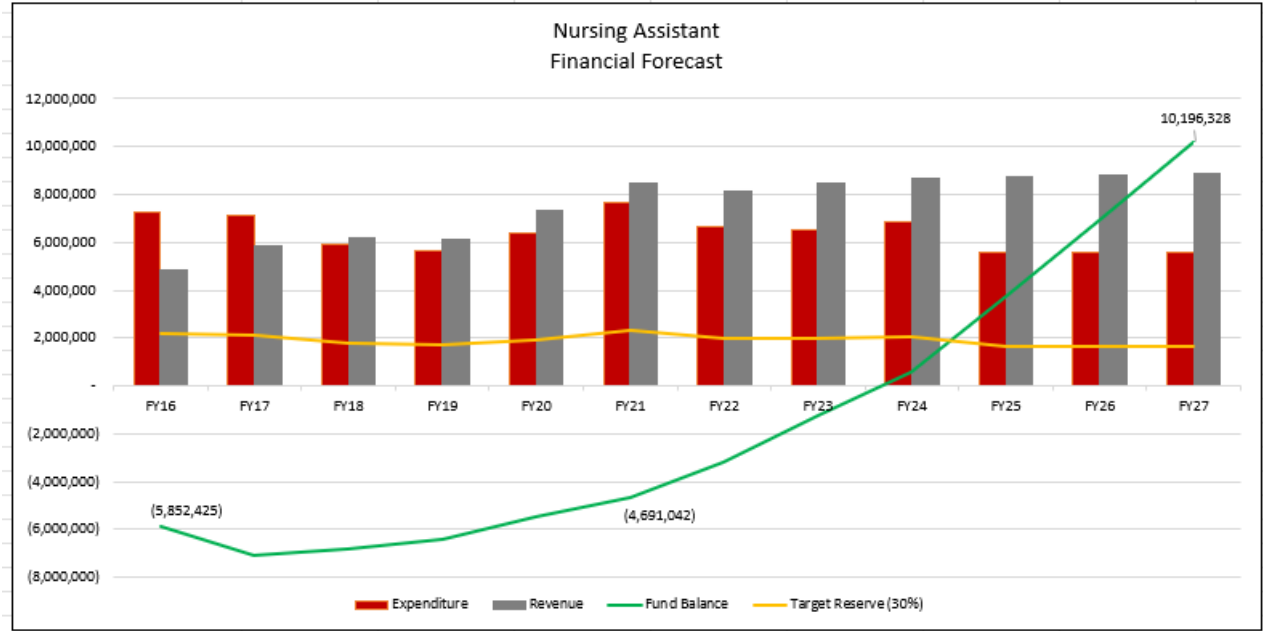




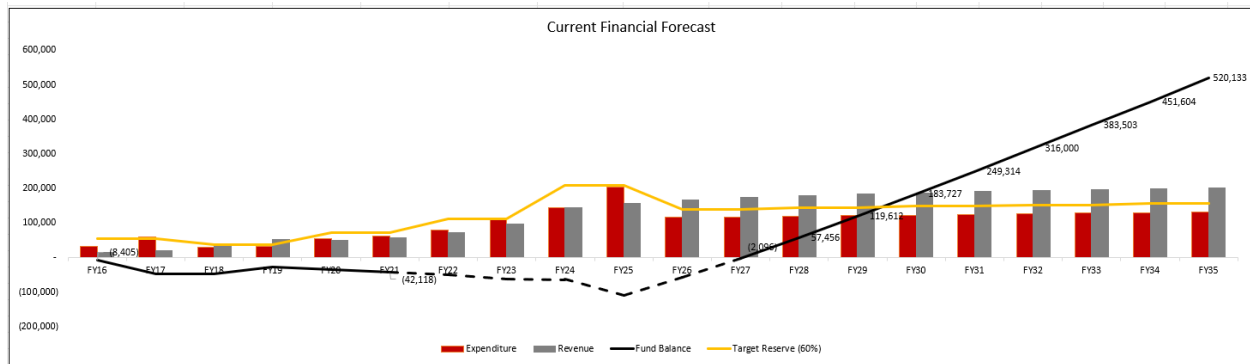




Nursing Assistant Fund Balance



Nursing Pool Fund Balance





WABON Board Term Completions

Board Members: Thank you for your service!

Adam Canary



July 1, 2016 – June 30, 2024

Judy Loveless-Morris



July 1, 2022 – June 30, 2024



Washington State Board of Nursing
Business Meeting
May 10, 2024
Board members may serve until replaced

Pro Tem Board Members

Completion of Final Term Thank you for your service

Diana Brovold

July 1, 2018 – June 30, 2021 &
October 3, 2023 – June 30, 2024

Katie Haerling

April 9, 2020 – June 30, 2024

Renee Hoeksel

March 1, 2020 – June 30, 2024

Pro Tem Board Members

Completion of Final Term

Thank you for your service

Megan Kilpatrick

March 1, 2020 – June 30, 2024

Anne Mulligan

July 1, 2020 – June 30, 2024

The Washington State Board of Nursing (WABON) is a member of the National Council of State Boards of Nursing (NCSBN) Nurse Licensure Compact (NLC). WABON gets frequent questions about the school nurse accompanying a student on an out-of-state field trip or delegating to non-credentialed school staff who accompany a student on an out-of-state field trip.

- For states not in the NLC, or for a Washington State licensed nurse who does not have a multistate license, the WABON recommends the nurse contact the state to determine if the nurse can provide care to a student or delegate to non-credentialed or credentialed staff to provide care to a student while in that state without a license in that state. The WABON strongly encourages nurses who accompany students on field trips to other states in the NLC to have a multistate license.
- If the state is a member of the NLC, checking with the state is still applicable for a nurse with a multi-state license to determine if the school nurse can delegate tasks to a non-credentialed or credentialed person in another state. The laws applicable will always be those where the student is located.

[Licensure Compacts | NCSBN](#)
[NLC Member States](#)

Responses Regarding Care of Students from Non-NLC Compact States

The table below is intended for informational purposes only, to assist nurses in gathering further information or direction from boards of nursing in other states. It may not accurately reflect the current or future state of the law in each state. This document is not intended as legal advice.

State	Summary
Alaska Alaska Board of Nursing, Professional Licensing, Division of Corporations, Business and Professional Licensing	<ul style="list-style-type: none"> • No laws or rules for nursing delegation in place to non-credentialed or credentialed individuals from other states • Exception: Practice of nursing by nurse licensed in another state whose employment responsibilities include transporting patients into, out of, or through the state; however, this exception is valid for a period not to exceed 48 hours for each transport NursingStatutes.pdf (alaska.gov) 08.68.800

State	Summary
California California Board of Registered Nursing	<p>If the RN does not hold themselves out as a professional nurse licensed to practice in this State and if the nurse has an engagement, made in another State or country, requiring the nurse to accompany and care for a patient temporarily residing in this State during the period of such engagement, a nurse legally qualified by another State or country may give nursing care to such patient in this State (California Nursing Practice Act 2370). The law does not include language regarding delegation by the RN in Washington State to non-credentialed or credentialed school staff accompanying the student.</p>
Connecticut Connecticut Board of Examiners for Nursing	<p>A qualified RN or LPN may care for a student temporarily in this State for no longer than seventy-two hours provided the nurse does not represent themselves as a nurse licensed to practice in this State. An RN or LPN who cares for a student longer than 72 hours must have a temporary permit or be licensed in this State.</p> <p>Connecticut Statute 20-101 Temporary Practice Title 20, Chapter 378 - Nursing :: 2022 Connecticut General Statutes :: US Codes and Statutes :: US Law :: Justia</p> <p>Connecticut Department of Education-Field Trips: Guidance for School Nurses</p>
Hawaii Hawaii Professional & Vocational Licensing Division Board of Nursing	<p>No Response</p>
Illinois Illinois Board of Nursing	<p>No Response</p>

State	Summary
Michigan Michigan Board of Nursing	<ul style="list-style-type: none"> Nurses must have a Michigan nursing license when providing nursing care to students on a field trip (whether direct care or telehealth). Exemptions are listed in MCL 333.16171. Michigan does not offer temporary licensure.
Minnesota Minnesota Board of Nursing	<ul style="list-style-type: none"> State exemptions do not address school nurses accompanying students on a school field trip or delegating to credentialed or non-credentialed individuals MCL 333.16171. Minnesota does not offer temporary licensure.
Oregon Oregon State Board of Nursing	<ul style="list-style-type: none"> Allows the non-resident nurse, licensed and in good standing in another state, who is providing health care for students who are in Oregon attending a school-sponsored event (where they are practicing on a single temporary event that does not exceed 30 days). This applies when the school RN is physically located in Oregon with their student and the school RN remains in the state of Washington and their student is physically within Oregon's borders. ORS 678.031(7)(g)
Nevada Nevada State Board of Nursing	<ul style="list-style-type: none"> No laws or rules for nursing delegation in place to non-credentialed individuals from other states Exception: The practice of nursing in this state by any legally qualified nurse or nursing assistant of another state whose engagement requires the nurse or nursing assistant to accompany and care for a patient temporarily residing in this state during the period of one such engagement, not to exceed 6 months, if the person does not represent or hold himself or herself out as a nurse licensed to practice in this state or as a nursing assistant who holds a certificate to practice in this state (NRS: CHAPTER 632-616 – Nursing Nevada State).
New York New York State Board of Nursing	<ul style="list-style-type: none"> Allows nurses licensed in other states who are traveling through and caring for individuals from other states, employed by a school or other entity, to provide nursing care to those individuals without being required to apply for a New York nursing license. New York Education Law Section 6908 – Exempt Persons

State	Summary
Washington, DC Washington, DC Board of Nursing	<ul style="list-style-type: none"> As a professional courtesy, the District of Columbia (DC) Board of Nursing does not require nurses providing care in the District for a brief period (60 days) to be licensed in the District. Licensed nurses are subject to the same practice standards as in the state they are currently licensed in. The DC Board of Nursing does not dictate how the school district functions with regards to medication administration to children by unlicensed personnel while on out-of-state trips and should follow the state's regulations.

1

- Data Collection
- Sample Analysis
- Recommendations
- Application

2

- The sample consisted of 1,538 recorded RN and LPN inquiries for 2020-2021 (869) and 2021-2022 (669)
- Broad topics off the practice related inquiries received during this period were provided
- Categories were created for the type of inquiries received

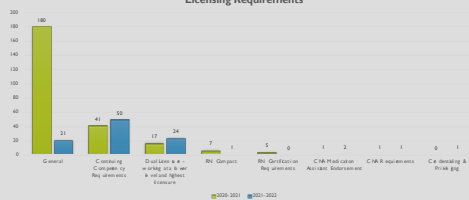
3

Five categories were identified

1. Licensing Requirements
2. Scope of Practice
3. Procedures
4. Legal Implications
5. Other

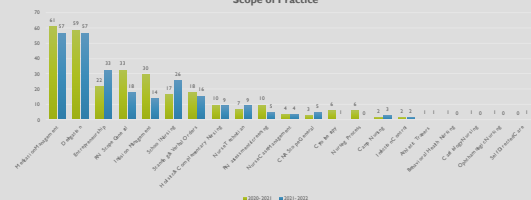
4

Licensing Requirements



5

Scope of Practice



6

RECOMMENDATIONS

Quarterly review and analysis of completed intake forms to identify trends.
Annual review and revision of process of data gathering and analysis.

13

NURSING ETHICAL PRINCIPLES

- Autonomy – right to self-governance
- Beneficence- do good
- Justice- fairness
- Fidelity- maintain trust
- Veracity- truthfulness
- Nonmaleficence- do no harm

14

ETHICS AND CHANGE

- Establish a documentation system– Autonomy
- Uncomplicated - Nonmaleficence
- Standardized- Justice
- Provide context- Veracity
- Analyzable- Beneficence
- Quarterly or Bi-annual reviews- Fidelity

15

Practice Inquiry Intake Form

FORM
EXAMPLE



16

AESTHETICS' QUESTIONS

Aesthetics Questions	2020-2021	2021-2022	2023-2024	Total
Dermatology and Cosmetic Procedures	20	32	5	57
Entrepreneurship	2	5	13	20
LPN Scope	3	1	5	9
RN Scope	2	1	8	11
Medical Directors	2	0	3	5
Licensure Requirements	1	0	2	3
Supervision Requirements	0	0	3	3
Nitrous Oxide Use	2	0	0	2
Laser Use	0	0	2	2
Dermatology	1	0	0	1
Esthetician SOP	0	0	1	1
Training Requirements	0	0	1	1
Telemedicine	0	0	1	1
Delegation	0	0	2	2
Radiofrequency Wands	0	0	1	1
Total	33	39	47	119

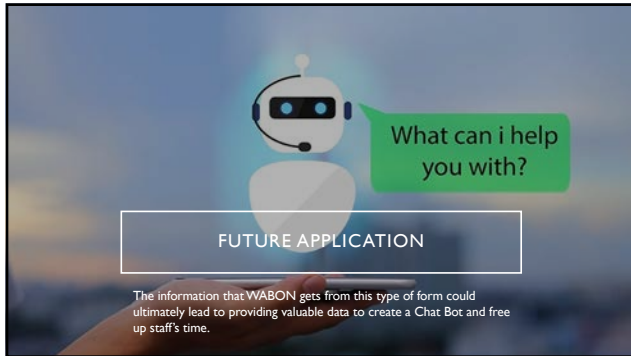
- A form like this can allow WABON to break down the asked questions by topic.
- Aesthetics is a good example of how one topic can have a wide range of questions

17

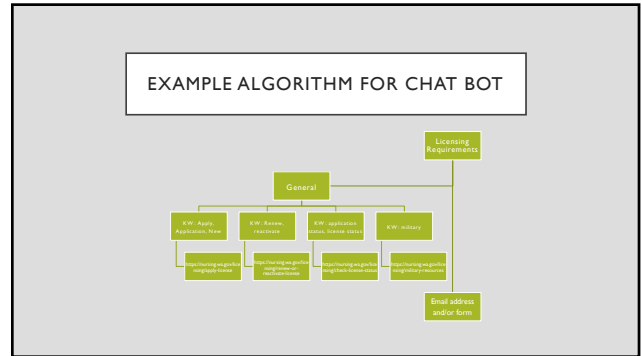
Telemedicine Questions	2020-2021	2021-2022	2023-2024	Total
General	27	23	2	52
Across Borders	10	25	3	38
Licensure Requirements	4	0	5	10
Delegation	2	0	4	6
RN Scope	2	0	1	3
LPN Scope	2	0	0	2
Medications	0	2	0	2
CNA Scope	1	0	0	1
Job Search	1	0	0	1
NT Scope	1	0	0	1
Documentation	1	0	0	1
School Nursing	0	1	0	1
Standing & Verbal Orders	0	1	0	1
Certification Requirements	0	0	1	1
Cosmetics	0	0	1	1
Total	51	52	18	121

TELEMEDICINE
QUESTIONS

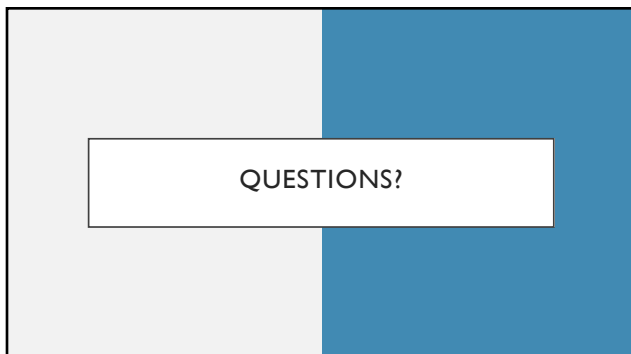
18



19



20



21

Strategic Plan – Practice Update

Data Driven Practice

- Early Remediation (ER) Data – in progress
- Student Nurse Practice Errors – in progress
- Practice Inquiries – in progress





EDUCATION SUBCOMMITTEE: NA TESTING RULEMAKING

April 25, 2024

Background



**May
2023**

Mass Testing Ends



Testing transition
Credentia to Training
Programs



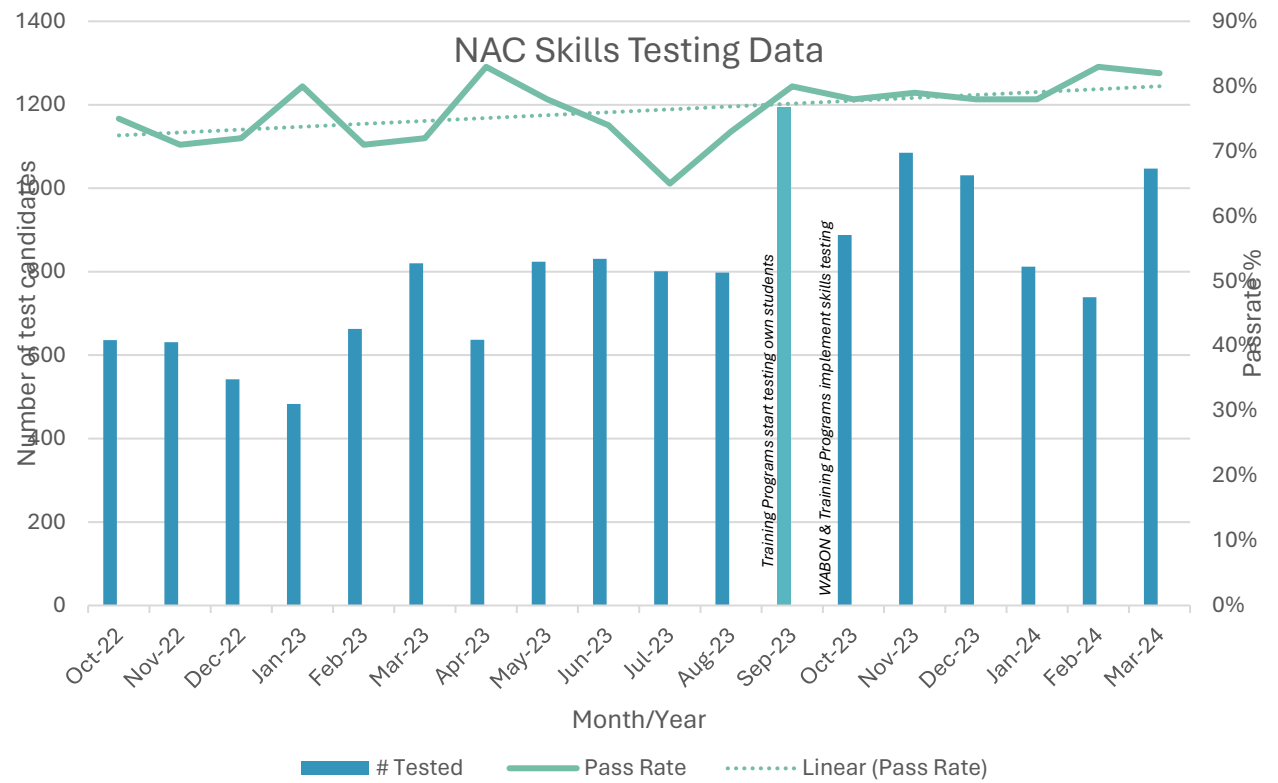
**Oct
2023**

Voluntary Training
Program Testing

NAC Testing Data

More candidates tested since October 2023 with change to training program testing

Increased student confidence/ comfort resulting in higher pass rates.



Request for Rulemaking



FORMALIZE 6-MONTH PILOT



CONTINUE TO STREAMLINE TESTING
PROCESS TO REDUCE DELAYS

Rationale



Spread testing volumes across programs

68 % of programs voluntarily testing



Decrease volume for RTS testing sites (sites taking students other than their own)



Increase student confidence in testing through familiarity with environment and instructors.



Decrease delays in student testing and processing with local testing within program



Decrease “no-show” rate with in-program testing

87% of no shows between Oct 2023-Mar 2024 were RTS

Testing Pilot Results

Responses on RTS Testing Only:

What programs like about RTS testing:

- Contributing to students' ability to get tested quickly.
- Comparing how other students do compared to their own
- Good use of program space when classes aren't scheduled.

What programs liked least about RTS testing:

- No-shows (Note: Survey done in December of 2023, when RTS no-shows were highest)
- Candidates not coming consistently prepared (i.e., proper ID, certificate of completion, improper clothing, etc.)

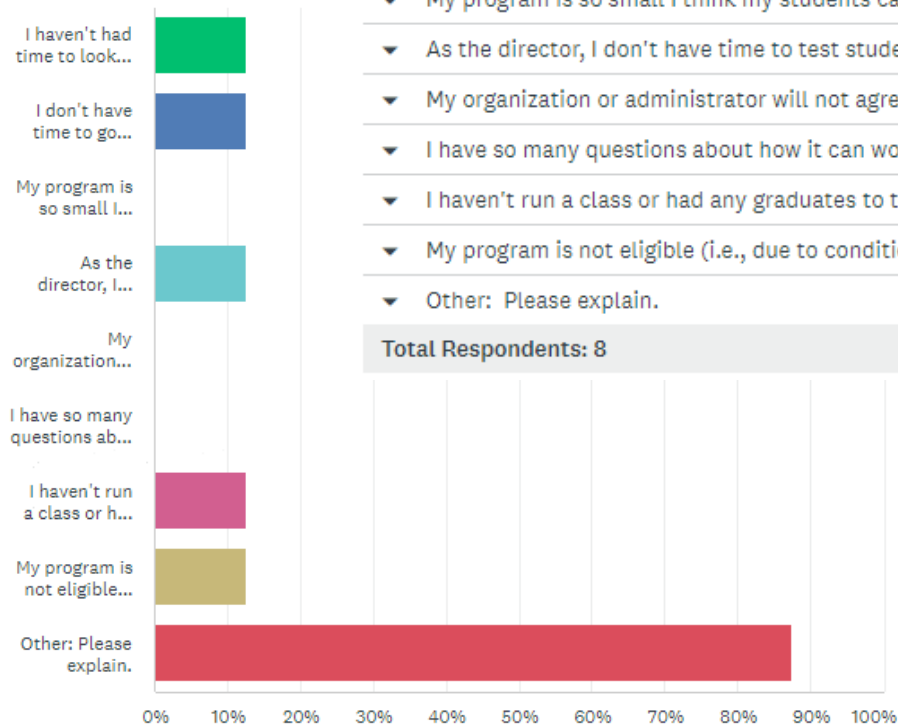
4.1★
average rating



14 Responses

Programs were asked why they are not offering skills testing to their graduates: 8 Responses

ANSWER CHOICES	RESPONSES	
▼ I haven't had time to look into it	12.50%	1
▼ I don't have time to go through the training to be an evaluator.	12.50%	1
▼ My program is so small I think my students can test at other test sites.	0.00%	0
▼ As the director, I don't have time to test students, and I don't have an RN instructor available.	12.50%	1
▼ My organization or administrator will not agree to allowing it.	0.00%	0
▼ I have so many questions about how it can work.	0.00%	0
▼ I haven't run a class or had any graduates to test in the last few months.	12.50%	1
▼ My program is not eligible (i.e., due to conditional status or a complaint investigation).	12.50%	1
▼ Other: Please explain.	87.50%	7
Total Respondents: 8		



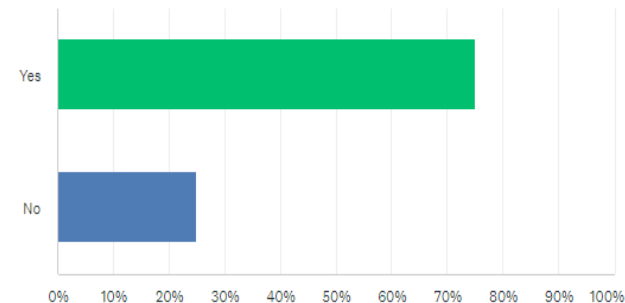
Rationale for Programs Yet Participating in Testing:

No strong trends from the survey.

- Unique issues for high schools and colleges:
 - Intentionally hold on sign up for skills testing since many programs end in the spring/summer.
 - Barriers: working with administration to accept the testing fee, finding other RN evaluators to do the testing with their students.
- Some programs have strict schedules and only have one RN on staff.
- Others need time to review new process and plan to start testing eventually.

Do you plan to start offering skills testing to your program graduates in the next 3-6 months?

Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
▼ Yes	75.00%	6
▼ No	25.00%	2
TOTAL		8



POSITIVE STORIES FROM THE PILOT

Continued Support for Programs

Continue to offer RTS testing to students of programs that are not eligible to test own.

WABON support through implementation

- Payment
- Best-practice sharing
- Individual support

Rulemaking to address



PROGRAM ELIGIBILITY



STUDENT
ACCOMMODATION/
GRIEVANCE PROCESS



PAYMENT STRUCTURE



TESTING INTEGRITY:
EVALUATORS & NCSBN
TESTING KEY



CONTINUED
MONITORING FOR
APPROVAL

Next Steps

- Present information to the board in May and request to engage in rule making
- If board approves rule making, move forward with rule making process and the filing of a CR-101.



QUESTIONS?



PROPOSED RULE MAKING

CR-102 (July 2022)
(Implements RCW 34.05.320)
 Do **NOT** use for expedited rule making

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
 STATE OF WASHINGTON
 FILED

DATE: March 15, 2024

TIME: 1:44 PM

WSR 24-07-063

Agency: Department of Health – Washington State Board of Nursing

☒ **Original Notice**

☐ **Supplemental Notice to WSR**

☐ **Continuance of WSR**

☒ **Preproposal Statement of Inquiry was filed as WSR 23-17-074; or**

☐ **Expedited Rule Making--Proposed notice was filed as WSR; or**

☐ **Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or**

☐ **Proposal is exempt under RCW**

Title of rule and other identifying information: (describe subject): Substance use disorder monitoring program for nursing professions, amending WAC 246-840-750 through 246-840-780 and adding WAC 246-840-790. The Washington State Board of Nursing (board) proposes amendments and an addition to rules relating to the board's substance use disorder (SUD) monitoring program in response to Substitute House Bill (SHB) 1255 (chapter 141, Laws of 2023), Nursing — Substance Use Disorder Monitoring Program Participation, including application requirements for a stipend.

Hearing location(s):

Date:	Time:	Location: (be specific)	Comment:
May 10, 2024	1:15 PM	<p>Physical location:</p> <p>Department of Health Town Center 2, RM 166/167 111 Israel Rd S.E. Tumwater, WA 98501</p> <p>Virtual:</p> <p>Please follow this link to register for the virtual hearing which will give you instructions to either join the meeting on a device, or to call in to the meeting on the phone:</p> <p>Zoom Registration https://us02web.zoom.us/meeting/register/tZEpd--qqjwiGN2BgNYQ5aDscmprUsulbfW</p>	The board will be holding a hybrid hearing. Participants may attend in person or virtually.

Date of intended adoption: 5/10/2024 (Note: This is **NOT** the **effective** date)

Submit written comments to:

Name: Bonnie King

Address: PO Box 47864, Olympia, WA 98504-7864

Email: <https://fortress.wa.gov/doh/policyreview/>

Fax: None

Assistance for persons with disabilities:

Contact: Bonnie King

Phone: 564- 669-9721

Fax: None

TTY: 711

Other: N/A By (date) 4/29/2024	Email: WABONRules@doh.wa.gov Other: N/A By (date) 4/29/2024																
<p>Purpose of the proposal and its anticipated effects, including any changes in existing rules: The board is proposing amendments to current rule sections to establish new definitions, to change “commission” to “board,” “abuse” to “use” and other changes relating to the board’s SUD monitoring and treatment program in response to SHB 1255.</p> <p>The board is also proposing to create a new rule section establishing application requirements for a stipend to offset treatment costs, as directed by SHB 1255. The intent of the stipend program is to encourage initial participation and continuation in the board’s approved SUD monitoring program authorized by RCW 18.130.175. The proposed new rule mirrors the statutes eligibility requirements, and further defines the process the board will use to pay the out-of pocket expenses through the stipend program, clarifies what the board’s approved SUD program is as established in existing rules, and establishes eligibility requirements including defining what a “financial need” is.</p>																	
<p>Reasons supporting proposal: Cost can be a deterrent to participation in the board’s SUD program for treatment and recovery. SHB 1255, passed in the 2023 Legislative Session, provided general state funding for a stipend program that could defray up to 80 percent of the out-of-pocket expenses for nurses who establish a financial need. Rulemaking is necessary to carry out the Legislature’s directions as reflected in SHB 1255.</p>																	
<p>Statutory authority for adoption: RCW 18.79.010, 18.79.110, 18.130.175 and SHB 1255 (chapter 141, Laws of 2023) codified in RCW 18.79.440</p>																	
<p>Statute being implemented: SHB 1255 (chapter 141, Laws of 2023)</p>																	
<p>Is rule necessary because of a:</p> <table style="width: 100%;"> <tr> <td style="width: 80%;">Federal Law?</td> <td style="width: 10%;"><input type="checkbox"/> Yes</td> <td style="width: 10%;"><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>Federal Court Decision?</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>State Court Decision?</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> </table> <p>If yes, CITATION:</p>		Federal Law?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Federal Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	State Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No							
Federal Law?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No															
Federal Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No															
State Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No															
<p>Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: None</p>																	
<p>Type of proponent: <input type="checkbox"/> Private <input type="checkbox"/> Public <input checked="" type="checkbox"/> Governmental</p>																	
<p>Name of proponent: (person or organization) Washington State Board of Nursing</p>																	
<p>Name of agency personnel responsible for:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 40%;">Name</th> <th style="width: 40%;">Office Location</th> <th style="width: 10%;">Phone</th> </tr> </thead> <tbody> <tr> <td>Drafting:</td> <td>Bonnie King</td> <td>111 Israel Road SE, Tumwater, WA 98504</td> <td>564-669-9721</td> </tr> <tr> <td>Implementation:</td> <td>Grant Hulteen</td> <td>111 Israel Road SE, Tumwater, WA 98504</td> <td>360-280-6610</td> </tr> <tr> <td>Enforcement:</td> <td>Catherine Woodard</td> <td>111 Israel Road SE, Tumwater, WA 98504</td> <td>360-236-4757</td> </tr> </tbody> </table>			Name	Office Location	Phone	Drafting:	Bonnie King	111 Israel Road SE, Tumwater, WA 98504	564-669-9721	Implementation:	Grant Hulteen	111 Israel Road SE, Tumwater, WA 98504	360-280-6610	Enforcement:	Catherine Woodard	111 Israel Road SE, Tumwater, WA 98504	360-236-4757
	Name	Office Location	Phone														
Drafting:	Bonnie King	111 Israel Road SE, Tumwater, WA 98504	564-669-9721														
Implementation:	Grant Hulteen	111 Israel Road SE, Tumwater, WA 98504	360-280-6610														
Enforcement:	Catherine Woodard	111 Israel Road SE, Tumwater, WA 98504	360-236-4757														
<p>Is a school district fiscal impact statement required under RCW 28A.305.135? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, insert statement here:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>The public may obtain a copy of the school district fiscal impact statement by contacting:</p> <p>Name:</p> <p>Address:</p> <p>Phone:</p> <p>Fax:</p> <p>TTY:</p> <p>Email:</p> <p>Other:</p> </div>																	
<p>Is a cost-benefit analysis required under RCW 34.05.328?</p> <p><input checked="" type="checkbox"/> Yes: A preliminary cost-benefit analysis may be obtained by contacting:</p> <p style="margin-left: 20px;">Name: Bonnie King</p> <p style="margin-left: 20px;">Address: PO Box 47864, Olympia, WA 98504-7864</p> <p style="margin-left: 20px;">Phone: 564-669-9721</p> <p style="margin-left: 20px;">Fax: 360-236-4738</p> <p style="margin-left: 20px;">TTY: 711</p>																	

Email: WABONRules@doh.wa.gov

Other: N/A

☐ No: Please explain:

Regulatory Fairness Act and Small Business Economic Impact Statement

Note: The [Governor's Office for Regulatory Innovation and Assistance \(ORIA\)](#) provides support in completing this part.

(1) Identification of exemptions:

This rule proposal, or portions of the proposal, **may be exempt** from requirements of the Regulatory Fairness Act (see [chapter 19.85 RCW](#)). For additional information on exemptions, consult the [exemption guide published by ORIA](#). Please check the box for any applicable exemption(s):

☐ This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.061](#) because this rule making is being adopted solely to conform and/or comply with federal statute or regulations. Please cite the specific federal statute or regulation this rule is being adopted to conform or comply with, and describe the consequences to the state if the rule is not adopted.

Citation and description:

☐ This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by [RCW 34.05.313](#) before filing the notice of this proposed rule.

☐ This rule proposal, or portions of the proposal, is exempt under the provisions of [RCW 15.65.570\(2\)](#) because it was adopted by a referendum.

This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025\(3\)](#). Check all that apply:

☐ [RCW 34.05.310](#) (4)(b)
(Internal government operations)

☐ [RCW 34.05.310](#) (4)(e)
(Dictated by statute)

☒ [RCW 34.05.310](#) (4)(c)
(Incorporation by reference)

☐ [RCW 34.05.310](#) (4)(f)
(Set or adjust fees)

☒ [RCW 34.05.310](#) (4)(d)
(Correct or clarify language)

☐ [RCW 34.05.310](#) (4)(g)
((i) Relating to agency hearings; or (ii) process requirements for applying to an agency for a license or permit)

☒ This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025\(4\)](#) (does not affect small businesses).

☐ This rule proposal, or portions of the proposal, is exempt under RCW

☒ Explanation of how the above exemption(s) applies to the proposed rule: All of the proposed rule changes apply to individual providers and do not affect small businesses. The following rule proposal, or portions of the proposal are exempt under RCW 34.05.310 (4)(d) - WAC 246-840-750, 246-840-760, 246-840-770, and 246-840-780. WAC 246-840-790 is exempt under RCW 34.05.310(4)(c).

(2) Scope of exemptions: *Check one.*

☒ The rule proposal is fully exempt (*skip section 3*). Exemptions identified above apply to all portions of the rule proposal.

☐ The rule proposal is partially exempt (*complete section 3*). The exemptions identified above apply to portions of the rule proposal, but less than the entire rule proposal. Provide details here (consider using [this template from ORIA](#)):

☐ The rule proposal is not exempt (*complete section 3*). No exemptions were identified above.

(3) Small business economic impact statement: *Complete this section if any portion is not exempt.*

If any portion of the proposed rule is **not exempt**, does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?

☐ No Briefly summarize the agency's minor cost analysis and how the agency determined the proposed rule did not impose more-than-minor costs.

☐ Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses and a small business economic impact statement is required. Insert the required small business economic impact statement here:

The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:

Name:

Address:

Phone:
Fax:
TTY:
Email:
Other:

Signature:

Date: 3/15/2024

Name: Alison Bradywood, DNP, MH/MPH, RN, NEA-BC

Title: Executive Director, Washington State Board of
Nursing



AMENDATORY SECTION (Amending WSR 17-11-132, filed 5/24/17, effective 6/24/17)

WAC 246-840-750 Philosophy governing voluntary substance ((abuse)) use monitoring programs. The ~~((nursing care quality assurance commission (commission)))~~ Washington state board of nursing (board) recognizes the need to establish a means of providing early recognition and treatment options for licensed practical nurses or registered nurses whose competency may be impaired due to the ~~((abuse))~~ use of drugs or alcohol. The ~~((commission))~~ board intends that such nurses be treated, and their treatment monitored so that they can return to or continue to practice their profession in a manner, that safeguards the public. The Washington health professional services (WHPS) program is the ~~((commission's))~~ board's approved substance ~~((abuse))~~ use monitoring program under RCW 18.130.175. The ~~((commission))~~ board may refer licensed practical nurses or registered nurses to WHPS as either an alternative to or in connection with disciplinary actions under RCW 18.130.160.

AMENDATORY SECTION (Amending WSR 17-11-132, filed 5/24/17, effective 6/24/17)

WAC 246-840-760 Definitions of terms used in WAC 246-840-750 through ((246-840-780)) 246-840-790. The definitions in this section apply throughout WAC 246-840-750 through ~~((246-840-780))~~ 246-840-790 unless the text clearly requires otherwise.

(1) ~~((("Approved treatment facility" is a facility certified by the division of behavioral health and recovery (DBHR) department of social and health services, according to chapters 388-877 through 388-877B WAC that meets the defined standards. Drug and alcohol treatment facilities located out-of-state must have substantially equivalent standards.~~

~~((2))~~ "Continuing care" means the phase of treatment following acute treatment. Common elements of continuing care include relapse prevention and self-help group participation.

~~((3))~~ (2) "Defray" means the board may pay up to 80 percent of out-of-pocket expenses related to WHPS program participation that includes substance use disorder (SUD) evaluations, SUD treatment and other ancillary services including drug testing, participation, professional peer support groups, and any other expenses deemed appropriate by the board.

(3) "Financial assistance" means board approval to use funds to pay for a participant's out-of-pocket costs associated with participation in the WHPS program.

(4) "Financial need" means a demonstrated need by a WHPS participant when they need help to pay for costs related to participation in the WHPS program.

(5) "Monitoring contract" is a comprehensive, structured agreement between the recovering nurse and WHPS defining the requirements of the nurse's program participation.

~~((4))~~ (6) "Peer support group" is a professionally facilitated support group designed to support recovery and re-entry into practice.

((+5)) (7) "Random drug screens" means laboratory tests to detect the presence of drugs ((of abuse)) in body fluids and other biologic specimens that are performed at irregular intervals not known in advance by the person to be tested.

((+6)) (8) "Referral contract" is a formal agreement between the ((commission)) board and the nurse to comply with the requirements of the WHPS program in lieu of discipline.

((+7)) (9) "Self-help groups" means groups or fellowships providing support for people with substance use disorder to support their sobriety and recovery.

((+8) "~~Substance abuse~~" or) (10) "Stipend program" means the board program to defray the out-of-pocket expenses for participants who have applied for and been approved to receive financial assistance in connection with participation in WHPS. The purpose is to assist nurses who would otherwise be unable to participate in the program because of personal financial limitations.

(11) "Stipend program application" means a board form that the participant uses to request stipend assistance that provides information to determine eligibility for stipend funds.

(12) "Substance use disorder" (SUD) means a chronic progressive illness that involves the use of alcohol or other drugs to a degree that it interferes with the functional life of the registrant/licensee, as manifested by health, family, job (professional services), legal, financial, or emotional problems.

((+9)) (13) "Washington health professional services (WHPS)" is the approved substance ((abuse)) use monitoring program as described in RCW 18.130.175 that meets criteria established by the ((commission)) board. WHPS does not provide evaluation or treatment services.

AMENDATORY SECTION (Amending WSR 17-11-132, filed 5/24/17, effective 6/24/17)

WAC 246-840-770 Approval of substance ((abuse)) use monitoring programs. The ((commission)) board uses WHPS as the approved monitoring program.

(1) WHPS will:

(a) Employ staff with the qualifications and knowledge of both substance ((abuse)) use and the practice of nursing as defined in this chapter to be able to evaluate:

(i) Clinical laboratories;

(ii) Laboratory results;

(iii) Providers of substance ((abuse)) use treatment, both individuals and facilities;

(iv) Peer support groups;

(v) The nursing work environment; and

(vi) The ability of the nurse to practice with reasonable skill and safety.

(b) Enter into a monitoring contract with the nurse to oversee the nurse's required recovery activities. Exceptions may be made to individual components of the contract as needed.

(c) Determine, on an individual basis, whether a nurse will be prohibited from engaging in the practice of nursing for a period of time and restrictions, if any, on the nurse's access to controlled substances in the workplace.

(d) Maintain case records on participating nurses.

(e) Report to the ~~((commission))~~ board any nurse who fails to comply with the requirements of the monitoring program as defined by the ~~((commission))~~ board.

(f) Provide the ~~((commission))~~ board with an annual statistical report.

(2) The ~~((commission))~~ board approves WHPS's procedures on treatment, monitoring, and limitations on the practice of nursing for those participating in the program.

AMENDATORY SECTION (Amending WSR 17-11-132, filed 5/24/17, effective 6/24/17)

WAC 246-840-780 Conditions for participants entering the approved substance ~~((abuse))~~ use monitoring program. (1) Any nurse participating in the substance ~~((abuse))~~ use monitoring program must:

(a) Undergo a complete substance use disorder evaluation. This evaluation will be performed by health care professional(s) with expertise in chemical dependency.

(b) Enter into a monitoring contract with WHPS which includes, but is not limited to, the following terms, which require the nurse to:

(i) Undergo any recommended level of treatment ~~((in an approved treatment facility))~~ by a board-designated licensed treatment provider, including continuing care;

(ii) Abstain from all mind-altering substances including alcohol and cannabis except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101;

(iii) Cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals;

(iv) Attend peer support group, or self-help group meetings, or both as specified by WHPS;

(v) Complete random or for-cause drug screening as specified by WHPS;

(vi) Comply with specified employment conditions and restrictions as defined by the monitoring contract;

(vii) Agree in writing to allow WHPS to release information to the ~~((commission))~~ board if the nurse does not comply with any contract requirements or is unable to practice with reasonable skill and safety;

(viii) Pay the costs of any required evaluations, substance ~~((abuse))~~ use treatment, peer support group, random drug screens, and other personal expenses incurred in relation to the monitoring program;

(ix) Sign any requested release of information authorizations.

(2) When referred to WHPS in lieu of discipline, the nurse must enter into a referral contract with the ~~((commission))~~ board. The ~~((commission))~~ board may take disciplinary action against the nurse's license under RCW 18.130.160 based on any violation by the nurse of the referral contract.

(3) A nurse may voluntarily participate in WHPS in accordance with RCW 18.130.175(2) without first being referred to WHPS by the ~~((commission))~~ board.

NEW SECTION

WAC 246-840-790 Substance use disorder monitoring stipend program. (1) Applicants must meet the requirements in RCW 18.79.440 to be eligible for the substance use disorder monitoring stipend program (stipend program). All disbursements of stipend program funds are subject to availability of budgeted funds.

(2) To be eligible 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 board;

(c) Be actively participating in the board's approved substance use disorder monitoring program (WHPS program) or have completed the WHPS program within six months of submission of an application for the stipend program; and

(d) Have a demonstrated need for financial assistance with the expenses incurred in connection with participation in the WHPS program.

(3) A person is not eligible for the stipend program if they have previously applied for and participated in the stipend program and had benefits paid on their behalf from the stipend program.

(4) The board may defray up to 80 percent of each out-of-pocket expense deemed eligible for defrayment under this section. The board will not pay stipend program funds directly to any person participating in the stipend program. The board will pay out-of-pocket expenses directly to entities providing services to the person participating in the stipend program.

(5) Out-of-pocket expenses eligible for defrayment under this section include the costs of substance use evaluation, treatment, other ancillary services, including drug testing, participation in professional peer support groups, and any other expenses deemed appropriate by the board.

(6) A person participating in the stipend program established in this section shall document and submit their out-of-pocket expenses in a manner specified by the board.

(7) Eligibility:

(a) A person may participate in the stipend program by having the stipend program defray authorized out-of-pocket expenses for one monitoring contract period only, including extensions of the contract monitoring period directed by WHPS.

(b) An applicant who was approved for the stipend program for a monitoring contract period without having benefits paid from the stipend program on their behalf, and later reenters the WHPS program, may be approved to participate in the stipend program.

(c) Stipend program applications are approved for a 12-month period. Persons participating in the stipend program shall submit an application every 12 months to renew their participation in the stipend program.

(d) A person may participate in the stipend program for a maximum of five years from the approval date of the initial stipend program application. Eligibility for the stipend program terminates upon successful completion of or discharge from the WHPS program.

(e) An applicant who previously applied for the stipend program but whose application was denied is eligible to reapply if the applicant's financial circumstances have changed.

(8) To establish financial need for the stipend program, a person shall provide documentary proof that total household income is less than 400 percent of the federal poverty level as determined under 42 U.S.C. 9902(2) and published annually by the U.S. Department of Health and Human Services.

(9) Application forms and documentary proof provided to the board under this section by applicants will be submitted under penalty of perjury and, if shown to be false, could subject the applicant to criminal penalties or other adverse action including, but not limited to, adverse action for moral turpitude, misrepresentation, or fraud.

(10) The stipend program may defray the cost of eligible out-of-pocket expenses incurred by a stipend program participant up to six months prior to application submission.

(11) The board may adopt, publish, and use procedures, forms, guidelines, and other documents necessary for implementation of this rule. Such procedures, forms, guidelines, and documents may be revised, amended, or discontinued as necessary in the sole discretion of the board.



PROPOSED RULE MAKING

CR-102 (July 2022) (Implements RCW 34.05.320)

Do **NOT** use for expedited rule making

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: April 03, 2024

TIME: 8:06 AM

WSR 24-08-076

Agency: Department of Health - Washington State Board of Nursing

☒ **Original Notice**

☐ **Supplemental Notice to WSR**

☐ **Continuance of WSR**

☒ **Preproposal Statement of Inquiry was filed as WSR 23-02-037; or**

☐ **Expedited Rule Making--Proposed notice was filed as WSR ____; or**

☐ **Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or**

☐ **Proposal is exempt under RCW ____.**

Title of rule and other identifying information: Delegation of glucose monitoring and testing by a registered nurse (RN). The Washington State Board of Nursing (board) is proposing new sections of rule, WAC 246-840-835 and 246-840-935, and amendments to WAC 246-840-930 and 246-840-940 to implement Substitute House Bill (SHB) 1124 (chapter 14, Laws of 2022).

Hearing location(s):

Date:
05/10/2024

Time:
2:15 PM

Location: (be specific)

Physical location:
Department of Health
Town Center 2, RM 166/167
111 Israel Rd S.E.
Tumwater, WA 98501

Virtual:

Please follow this link to register for the virtual hearing which will give you instructions to either join the meeting on a device, or to call in to the meeting on the phone:

<https://us02web.zoom.us/join/register/tZEpd--qgjwiGN2BgNYQ5aDscmprUsulbfW>

After registering you will receive a confirmation email containing information about joining the webinar.

Comment:

The board will be holding a hybrid hearing. Participants may attend in person or virtually.

Date of intended adoption: 05/10/2024 (Note: This is **NOT** the effective date)

Submit written comments to:

Name: Jessilyn Dagum

Address: PO Box 47864 Olympia, WA 98504-7864

Email: <https://fortress.wa.gov/doh/policyreview>

Fax: (360) 236-4738

Assistance for persons with disabilities:

Contact: Jessilyn Dagum

Phone: 360-236-3538

Fax: 360-236-4738

TTY: 711

Other: N/A	Email: WABONRules@doh.wa.gov
By (date): 4/24/2024	Other: N/A
	By (date): 4/24/2024

Purpose of the proposal and its anticipated effects, including any changes in existing rules:

In 2022, the Washington State Legislature passed SHB 1124 relating to nurse delegation of glucose monitoring, testing, and insulin injections. SHB 1124 allows RNs to delegate these tasks to nursing assistant-registered (NA-R) or certified nursing assistant-certified (NA-C) or home care aides (HCA) and specifies the settings, training, supervision, and liability of the delegation process.

The board is proposing new rule sections and amendments to existing rules to reflect current RN authority to delegate glucose monitoring and testing beyond community-based and in-home care settings to all settings where NA-Rs, NA-Cs credentialed under chapter 18.88A RCW, or HCAs certified under chapter 18.88B RCW, work. Additionally, the changes made by SHB 1124 now require the supervision and evaluation time frame to be defined in rule.

The proposed changes would significantly expand the scope of tasks that RNs can delegate related to glucose monitoring and testing. This expansion would apply to a broader range of healthcare settings, potentially enhancing efficiency in care delivery. The proposed changes also amend the interval of time in which RN supervision will occur from weekly to every two weeks for the first four weeks while maintaining the allowance of more frequent supervision as needed in rule.

Reasons supporting proposal:

SHB 1124, now codified in RCW 18.79.260, directs the board to engage in rulemaking to expand the allowance of the RN to delegate glucose monitoring and testing beyond community-based and in-home care settings to all settings where NA-R, NA-C credentialed under chapter 18.88A RCW, or HCA certified under chapter 18.88B RCW, work; and define the interval of RN supervision and evaluation of the delegated task of administering insulin in rule.

Safety and the quality of care are principal in the board's rationale. The proposed changes emphasize a dedication to maintaining and enhancing patient safety by ensuring that only competent individuals undertake specific health care activities, ultimately contributing to an elevated quality of care. The board's proposal reflects a comprehensive approach to advancing health care practices, placing emphasis on patient safety, quality of care, and the adaptability of nursing professionals in response to the dynamic health care landscape as outlined in SHB 1124.

Statutory authority for adoption: RCW 18.79.010, 18.79.110, and 18.79.260

Statute being implemented: Substitute House Bill (SHB) 1124 (chapter 14, Laws of 2022), codified in RCW 18.79.260

Is rule necessary because of a:

Federal Law?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Federal Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
State Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If yes, CITATION:

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: None

Type of proponent: ☐ Private ☐ Public ☒ Governmental
Name of proponent: (person or organization) Washington State Board of Nursing

Name of agency personnel responsible for:			
	Name	Office Location	Phone
Drafting:	Jessilyn Dagum	111 Israel Road SE Tumwater, WA 98504	360-236-3538
Implementation:	Jessilyn Dagum	111 Israel Road SE Tumwater, WA 98504	360-236-3538
Enforcement:	Catherine Woodard	111 Israel Road SE Tumwater, WA 98504	360-236-4757

Is a school district fiscal impact statement required under [RCW 28A.305.135](#)? ☐ Yes ☒ No

If yes, insert statement here:

The public may obtain a copy of the school district fiscal impact statement by contacting:
 Name:

Address:
Phone:
Fax:
TTY:
Email:
Other:

Is a cost-benefit analysis required under [RCW 34.05.328](#)?

☒ Yes: A preliminary cost-benefit analysis may be obtained by contacting:

Name: Jessilyn Dagum

Address: PO Box 47864, Olympia, WA 98504-7864

Phone: 360-236-3538

Fax: 360-236-4738

TTY: 711

Email: WABONRules@doh.wa.gov

Other: N/A

☐ No: Please explain:

Regulatory Fairness Act and Small Business Economic Impact Statement

Note: The [Governor's Office for Regulatory Innovation and Assistance \(ORIA\)](#) provides support in completing this part.

(1) Identification of exemptions:

This rule proposal, or portions of the proposal, **may be exempt** from requirements of the Regulatory Fairness Act (see [chapter 19.85 RCW](#)). For additional information on exemptions, consult the [exemption guide published by ORIA](#). Please check the box for any applicable exemption(s):

☐ This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.061](#) because this rule making is being adopted solely to conform and/or comply with federal statute or regulations. Please cite the specific federal statute or regulation this rule is being adopted to conform or comply with, and describe the consequences to the state if the rule is not adopted.
Citation and description:

☐ This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by [RCW 34.05.313](#) before filing the notice of this proposed rule.

☐ This rule proposal, or portions of the proposal, is exempt under the provisions of [RCW 15.65.570](#)(2) because it was adopted by a referendum.

☐ This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025](#)(3). Check all that apply:

☐ [RCW 34.05.310](#) (4)(b)
(Internal government operations)

☐ [RCW 34.05.310](#) (4)(c)
(Incorporation by reference)

☐ [RCW 34.05.310](#) (4)(d)
(Correct or clarify language)

☐ [RCW 34.05.310](#) (4)(e)
(Dictated by statute)

☐ [RCW 34.05.310](#) (4)(f)
(Set or adjust fees)

☐ [RCW 34.05.310](#) (4)(g)
((i) Relating to agency hearings; or (ii) process requirements for applying to an agency for a license or permit)

☒ This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025](#)(4) (does not affect small businesses).

☐ This rule proposal, or portions of the proposal, is exempt under RCW _____.

Explanation of how the above exemption(s) applies to the proposed rule: The proposed rules only apply to licensees and do not affect small businesses.

(2) Scope of exemptions: Check one.

☒ The rule proposal is fully exempt (*skip section 3*). Exemptions identified above apply to all portions of the rule proposal.

☐ The rule proposal is partially exempt (*complete section 3*). The exemptions identified above apply to portions of the rule proposal, but less than the entire rule proposal. Provide details here (consider using [this template from ORIA](#)):

☐ The rule proposal is not exempt (*complete section 3*). No exemptions were identified above.

(3) Small business economic impact statement: Complete this section if any portion is not exempt.

If any portion of the proposed rule is **not exempt**, does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?

☐ No Briefly summarize the agency's minor cost analysis and how the agency determined the proposed rule did not impose more-than-minor costs.

☐ Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses and a small business economic impact statement is required. Insert the required small business economic impact statement here:

The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:

Name:
Address:
Phone:
Fax:
TTY:
Email:
Other:

Signature:

Date: April 1, 2024
Name: Alison Bradywood DNP, MN/MPH, RN, NEA-BC
Title: Executive Director, Washington State Board of Nursing



NEW SECTION

WAC 246-840-835 Nurse delegation—Blood glucose monitoring and testing in settings other than community-based and in-home. In settings other than community-based and in-home that deliver health care services registered nurse may delegate blood glucose monitoring and testing only to registered or certified nursing assistants under chapter 18.88A RCW in accordance with the delegation process in RCW 18.79.260 (3) (a).

AMENDATORY SECTION (Amending WSR 22-12-026, filed 5/23/22, effective 9/9/22)

WAC 246-840-930 Criteria for delegation. (1) In community-based and in-home care settings, before delegating a nursing task, the registered nurse delegator shall decide((s-the)) if a task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE.

ASSESS

(2) The setting allows delegation because it is a community-based care setting as defined by RCW 18.79.260 (3) (e) (i) or an in-home care setting as defined by RCW 18.79.260 (3) (e) (ii).

(3) Assess the patient's nursing care needs and determine the patient's condition is stable and predictable. A patient may be stable and predictable with an order for sliding scale insulin or terminal condition.

(4) Determine the task to be delegated is within the delegating nurse's area of responsibility.

(5) Determine the task to be delegated can be properly and safely performed by the nursing assistant or home care aide. The registered nurse delegator assesses the potential risk of harm for the individual patient.

(6) Analyze the complexity of the nursing task and determine the required training or additional training needed by the nursing assistant or home care aide to competently accomplish the task. The registered nurse delegator identifies and facilitates any additional training of the nursing assistant or home care aide needed prior to delegation. The registered nurse delegator ensures the task to be delegated can be properly and safely performed by the nursing assistant or home care aide.

(7) Assess the level of interaction required. Consider language or cultural diversity affecting communication or the ability to accomplish the task and to facilitate the interaction.

(8) Verify that the nursing assistant or home care aide:

(a) Is currently registered or certified as a nursing assistant or home care aide in Washington state without restriction;

(b) Has completed both the basic caregiver training and core delegation training before performing any delegated task;

(c) Has evidence as required by the department of social and health services of successful completion of nurse delegation core training;

(d) Has evidence as required by the department of social and health services of successful completion of nurse delegation special focus on diabetes training when providing insulin injections to a diabetic client; and

(e) Is willing and able to perform the task in the absence of direct or immediate nurse supervision and accept responsibility for their actions.

(9) Assess the ability of the nursing assistant or home care aide to competently perform the delegated nursing task in the absence of direct or immediate nurse supervision.

(10) If the registered nurse delegator determines delegation is appropriate, the nurse:

(a) Discusses the delegation process with the patient or authorized representative, including the level of training of the nursing assistant or home care aide delivering care.

(b) Obtains written consent. The patient, or authorized representative, must give written consent to the delegation process under chapter 7.70 RCW. Documented verbal consent of patient or authorized representative may be acceptable if written consent is obtained within 30 days; electronic consent is an acceptable format. Written consent is only necessary at the initial use of the nurse delegation process for each patient and is not necessary for task additions or changes or if a different nurse, nursing assistant, or home care aide will be participating in the process.

PLAN

(11) Document in the patient's record the rationale for delegating or not delegating nursing tasks.

(12) Provide specific, written delegation instructions to the nursing assistant or home care aide with a copy maintained in the patient's record that includes:

(a) The rationale for delegating the nursing task;

(b) The delegated nursing task is specific to one patient and is not transferable to another patient;

(c) The delegated nursing task is specific to one nursing assistant or one home care aide and is not transferable to another nursing assistant or home care aide;

(d) The nature of the condition requiring treatment and purpose of the delegated nursing task;

(e) A clear description of the procedure or steps to follow to perform the task;

(f) The predictable outcomes of the nursing task and how to effectively deal with them;

(g) The risks of the treatment;

(h) The interactions of prescribed medications;

(i) How to observe and report side effects, complications, or unexpected outcomes and appropriate actions to deal with them, including specific parameters for notifying the registered nurse delegator, health care provider, or emergency services;

(j) The action to take in situations where medications and/or treatments and/or procedures are altered by health care provider orders, including:

(i) How to notify the registered nurse delegator of the change;

(ii) The process the registered nurse delegator uses to obtain verification from the health care provider of the change in the medical order; and

(iii) The process to notify the nursing assistant or home care aide of whether administration of the medication or performance of the procedure and/or treatment is delegated or not;

(k) How to document the task in the patient's record;

(l) Document teaching done and a return demonstration, or other method for verification of competency; and

(m) Supervision shall occur at least every 90 days. With delegation of insulin injections, the supervision occurs at least ~~((weekly))~~ every two weeks for the first four weeks, and may be more frequent.

(13) The administration of medications may be delegated at the discretion of the registered nurse delegator, including insulin injections. Any other injection (intramuscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise) is prohibited. The registered nurse delegator provides to the nursing assistant or home care aide written directions specific to an individual patient.

IMPLEMENT

(14) Delegation requires the registered nurse delegator teach the nursing assistant or home care aide how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator.

(15) The registered nurse delegator is accountable and responsible for the delegated nursing task. The registered nurse delegator monitors the performance of the task(s) to assure compliance with established standards of practice, policies and procedures and appropriate documentation of the task(s).

EVALUATE

(16) The registered nurse delegator evaluates the patient's responses to the delegated nursing care and to any modification of the nursing components of the patient's plan of care.

(17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aide, the outcome of the task, and any problems.

(18) The registered nurse delegator ensures safe and effective services are provided. Reevaluation and documentation occur at least every 90 days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment.

(19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least ~~((weekly))~~ every two weeks for the first four weeks. After the first four weeks the supervision shall occur at least every 90 days.

NEW SECTION

WAC 246-840-935 Nurse delegation—Blood glucose monitoring and testing in community-based and in-home settings. In community-based

and in-home care settings, the registered nurse delegator may delegate blood glucose monitoring and testing only to registered or certified nursing assistants under chapter 18.88A RCW or to home care aides certified under chapter 18.88B RCW following the criteria for the setting defined in RCW 18.79.260.

AMENDATORY SECTION (Amending WSR 13-15-063, filed 7/15/13, effective 8/15/13)

WAC 246-840-940 Washington state ((nursing care quality assurance commission)) board of nursing community-based and in-home care setting delegation decision tree. In community-based and in-home care settings, before delegating a nursing task, the registered nurse delegator shall decide if a task is appropriate to delegate based on the decision tree:

(1)	Does the patient reside in one of the following settings? A community-based care setting as defined by RCW 18.79.260 (3)(e)(i) or an in-home care setting as defined by RCW 18.79.260 (3)(e)(ii).	No →	Do not delegate
Yes ↓			
(2)	Has the patient or authorized representative given consent to the delegation?	No →	Obtain the written, informed consent
Yes ↓		No →	
(3)	Is RN assessment of patient's nursing care needs completed?	No →	Do assessment, then proceed with a consideration of delegation
Yes ↓			
(4)	Does the patient have a stable and predictable condition?	No →	Do not delegate
Yes ↓			
(5)	Is the task within the registered nurse's scope of practice?	No →	Do not delegate
Yes ↓			
(6)	Is the nursing assistant or home care aide, registered or certified and properly trained in the nurse delegation for nursing assistants or home care aides? Is the nursing assistant or home care aide trained in diabetes care and insulin injections when delegating insulin?	No →	Do not delegate
Yes ↓			
(7)	Does the delegation exclude the administration of medications by injection other than insulin, sterile procedures or central line maintenance?	No →	Do not delegate
Yes ↓			

(8)	Can the task be performed without requiring judgment based on nursing knowledge?	No →	Do not delegate
Yes ↓			
(9)	Are the results of the task reasonably predictable?	No →	Do not delegate
Yes ↓			
(10)	Can the task be safely performed according to exact, unchanging directions?	No →	Do not delegate
Yes ↓			
(11)	Can the task be performed without a need for complex observations or critical decisions?	No →	Do not delegate
Yes ↓			
(12)	Can the task be performed without repeated nursing assessments?	No →	Do not delegate
Yes ↓			
(13)	Can the task be performed properly?	No →	Do not delegate
Yes ↓			
(14)	Is appropriate supervision available? With insulin injections, the supervision occurs at least ((weekly)) <u>every two weeks</u> for the first four weeks.	No →	Do not delegate
Yes ↓			
(15)	There are no specific laws or rules prohibiting the delegation?	No →	Do not delegate
Yes ↓			
(16)	Task is delegable		

April 23, 2024

Jessilyn Dagum
Washington State Board of Nursing (Board)
Washington State Department of Health

RE: Registered Nurse Delegation – Glucose Monitoring and Testing Rulemaking (WSR 24-08-076)

On behalf of the Washington State Hospital Association (WSHA), we thank you for the opportunity to comment on the rulemaking relating to blood glucose monitoring and testing and insulin injection delegation under SHB 1124. We appreciate your consideration and adoption of our feedback throughout this rulemaking process.

After reviewing the CR-102, we offer the following technical changes to improve readability and consistency with the rule language:

NEW SECTION

WAC 246-840-835 Nurse delegation—Blood glucose monitoring and testing in settings other than community-based and in-home care.

In settings other than community-based and in-home care that deliver health care services, registered nurses may delegate blood glucose monitoring and testing only to registered or certified nursing assistants under chapter [18.88A](#) RCW in accordance with the delegation process in RCW [18.79.260](#) (3)(a).

NEW SECTION

WAC 246-840-935 Nurse delegation—Blood glucose monitoring and testing in community-based and in-home care settings.

In community-based and in-home care settings, the registered nurse delegator may delegate blood glucose monitoring and testing only to registered or certified nursing assistants under chapter [18.88A](#) RCW or to home care aides certified under chapter [18.88B](#) RCW following the criteria for the setting defined in RCW [18.79.260](#).

Thank you again for the opportunity to comment and for your collaboration on the proposed rules. Should you have any questions, please contact me directly.

Sincerely,



Katerina LaMarche, JD
Policy Director, Government Affairs
Washington State Hospital Association
katerinal@wsa.org

These non-substantive changes to rules filed as WSR 24-08-076 on April 3, 2024, with the Washington State Code Reviser's Office were proposed by interested parties prior to the hearing on April 22, 2024, at 4:30 pm. The technical changes improve readability and consistency with the rule language.

WAC	WSR 24-08-076 language with proposed technical changes	Reason – Technical Corrections
WAC 246-840-835	<p>WAC 246-840-835 Nurse delegation—Blood glucose monitoring and testing in settings other than community-based and in-home care.</p> <p>In settings other than community-based and in-home care that deliver health care services, registered nurses may delegate blood glucose monitoring and testing only to registered or certified nursing assistants under chapter 18.88A RCW in accordance with the delegation process in RCW 18.79.260 (3)(a).</p>	These technical changes are non-substantive. They improve readability and consistency with the rule language.
WAC 246-840-935	<p>WAC 246-840-935 Nurse delegation—Blood glucose monitoring and testing in community-based and in-home care settings.</p> <p>In community-based and in-home care settings, the registered nurse delegator may delegate blood glucose monitoring and testing only to registered or certified nursing assistants under chapter 18.88A RCW or to home care aides certified under chapter 18.88B RCW following the criteria for the setting defined in RCW 18.79.260.</p>	This technical change is non-substantive. It improves readability and consistency with the rule language.

Nursing Program Annual Report

WASHINGTON STATE BOARD OF
NURSING

MAY 2024

Introduction 2022-2023

Approved Washington State nursing programs and out-of-state programs approved for clinical placement of students

Four different surveys combined:

- 1) Prelicensure in-state program survey administered by the National Council of State Boards of Nursing (NCSBN).
- 2) Postlicensure in-state program survey administered by the WABON.
- 3) Out-of-state program survey administered by WABON.
- 4) Refresher program survey administered by WABON.

Introduction

- Students
- Faculty
- Trend analysis academic progression
- Out of state programs

Dashboards Available

- [Education](#)
- [Licensing](#)
- [Workforce](#)
- [Discipline](#)

[Click for more information](#)

Overview of Nursing Education Trends in Washington



Program

- ☒ Select all
- ☒ Postlicensure
- ☒ Prelicensure
- ☒ AD-RN
- ☒ BSN
- ☒ GE
- ☒ LPN
- ☒ Other BSN

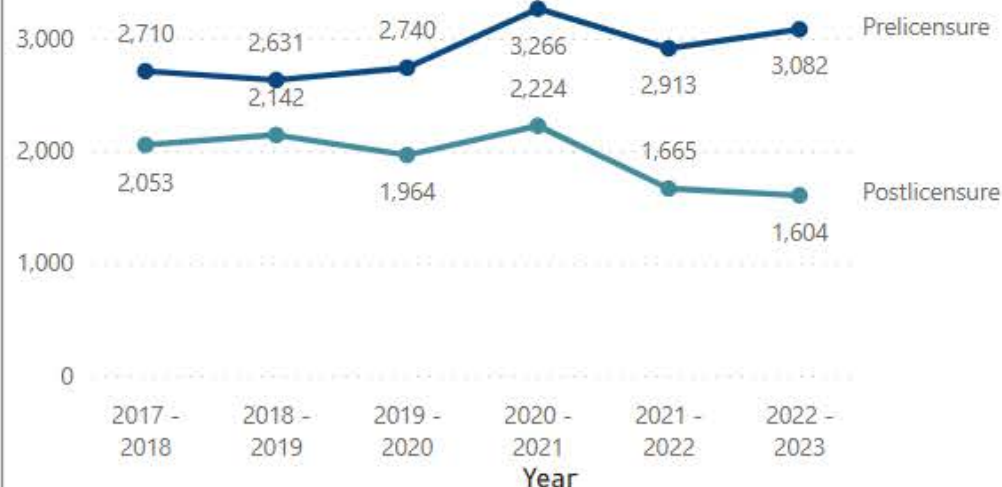
College Type

- ☒ Select all
- ☒ College
- ☒ University

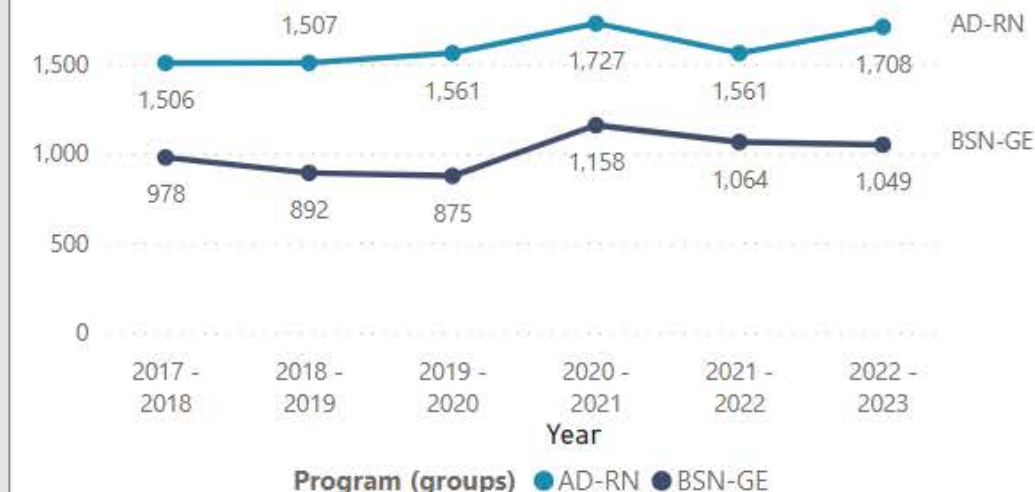
College or Univer...

All

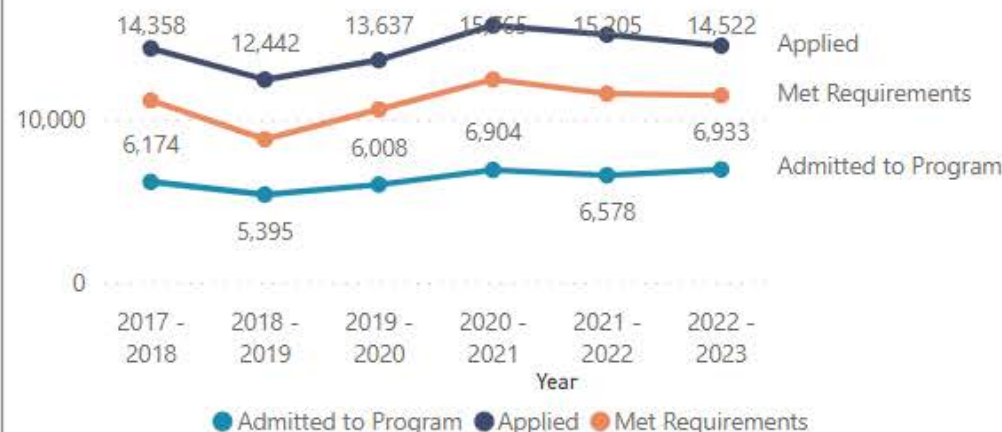
Total Graduates



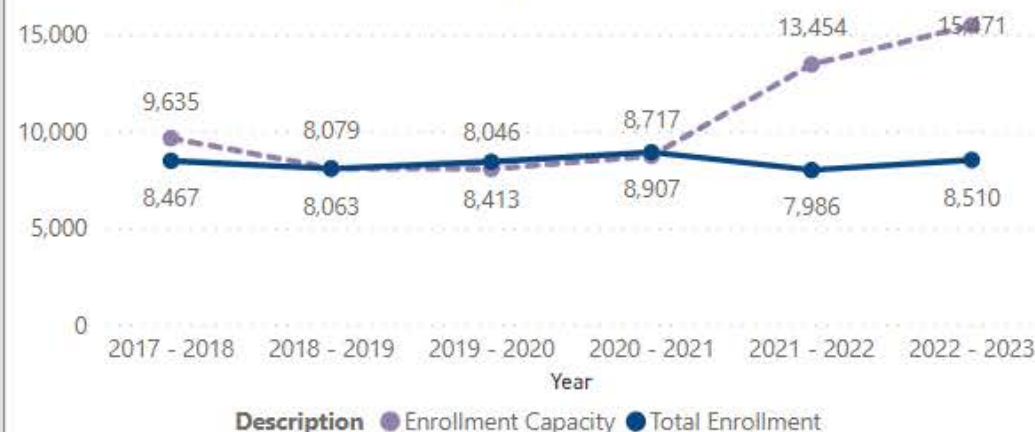
ADN and Prelicensure BSN Graduates by Year



Admission Details by Year



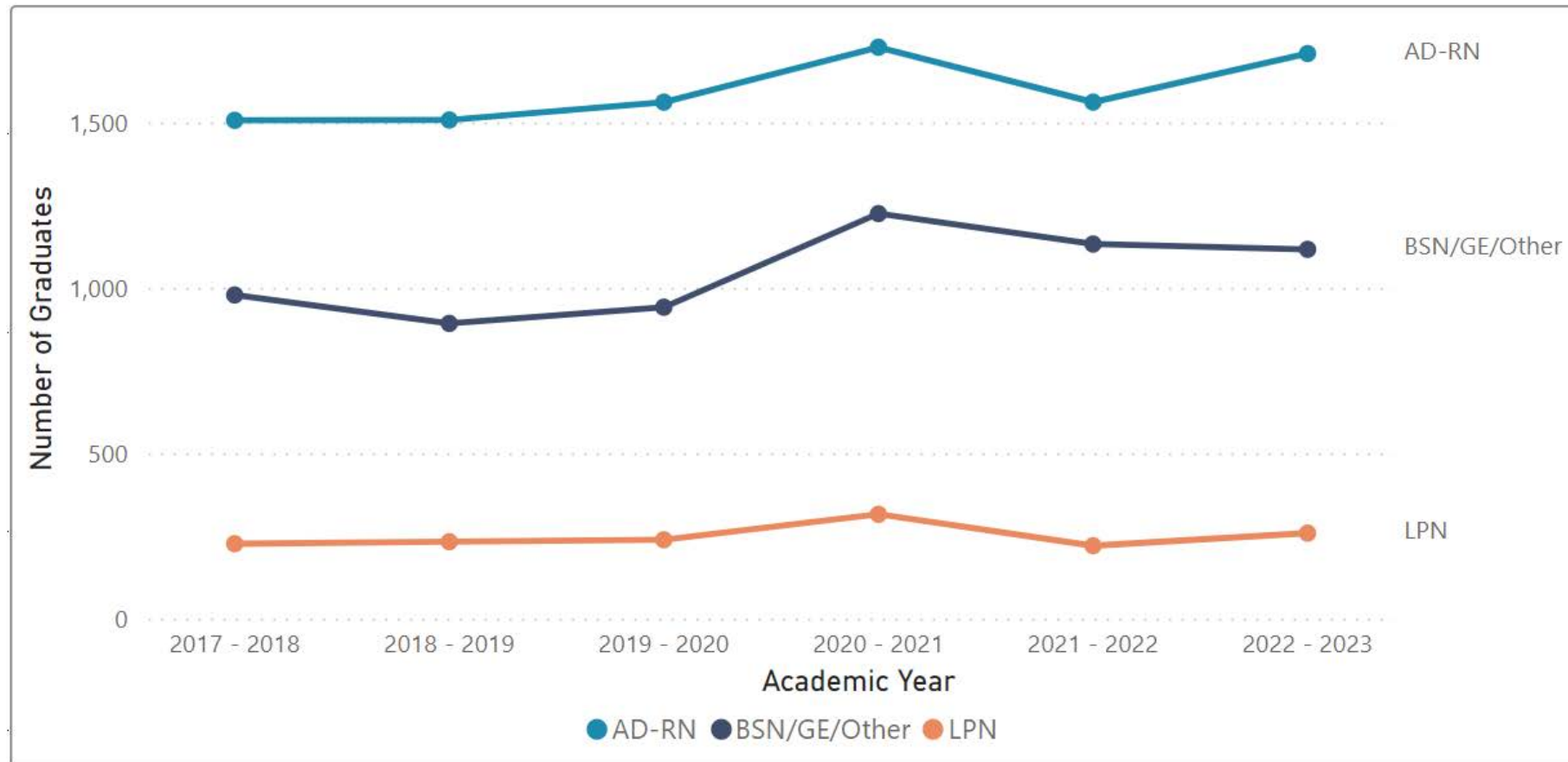
Total Nursing Enrollment and Capacity by Year*



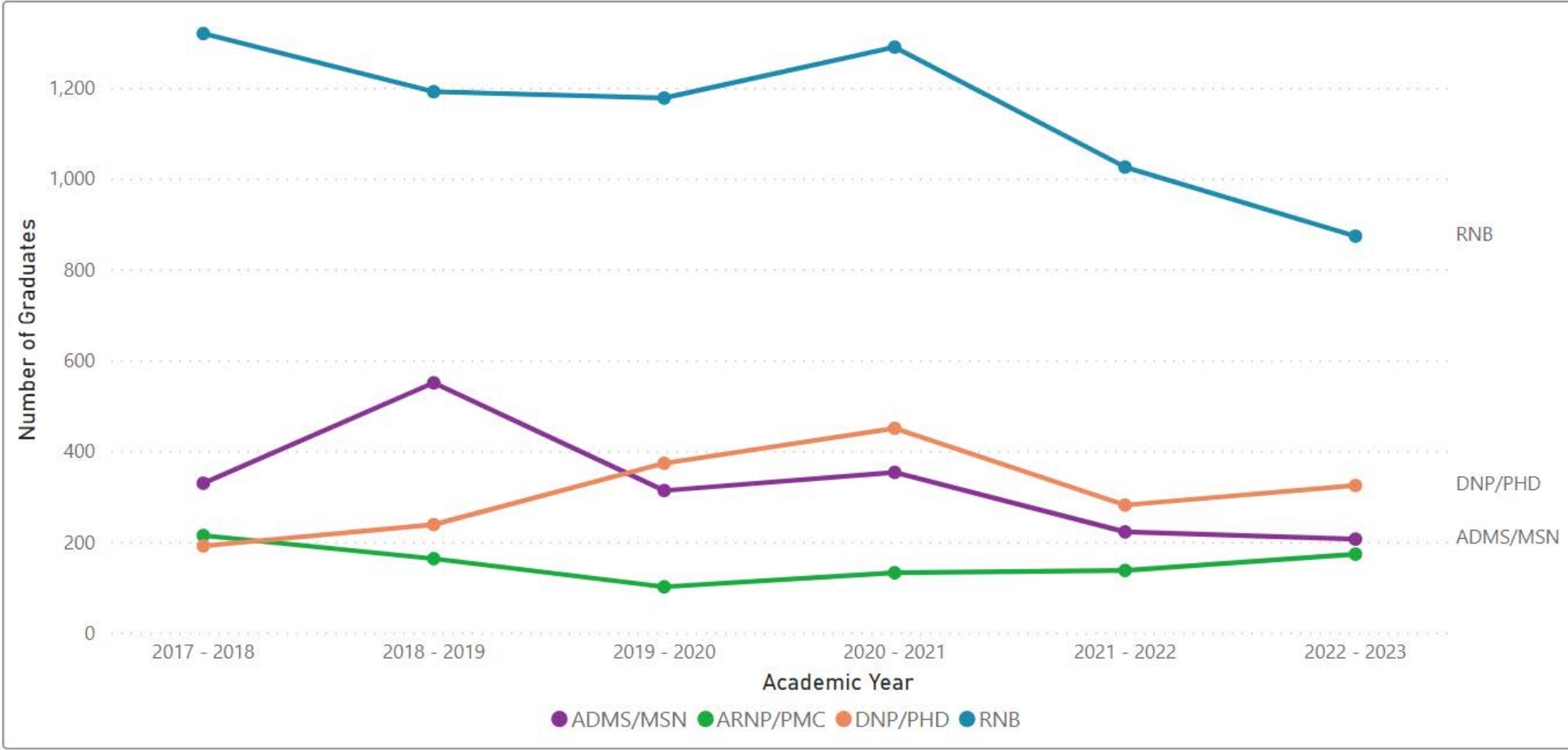
Please note that applicants often apply to multiple nursing programs. [Business Meeting](#)
May 10, 2024

* Excludes Western Governors University

Total Prelicensure Program Graduates by Program Type



Total Postlicensure Program Graduates by Type of Program



Comparing AD-RN and total BSN graduate trends (RN)

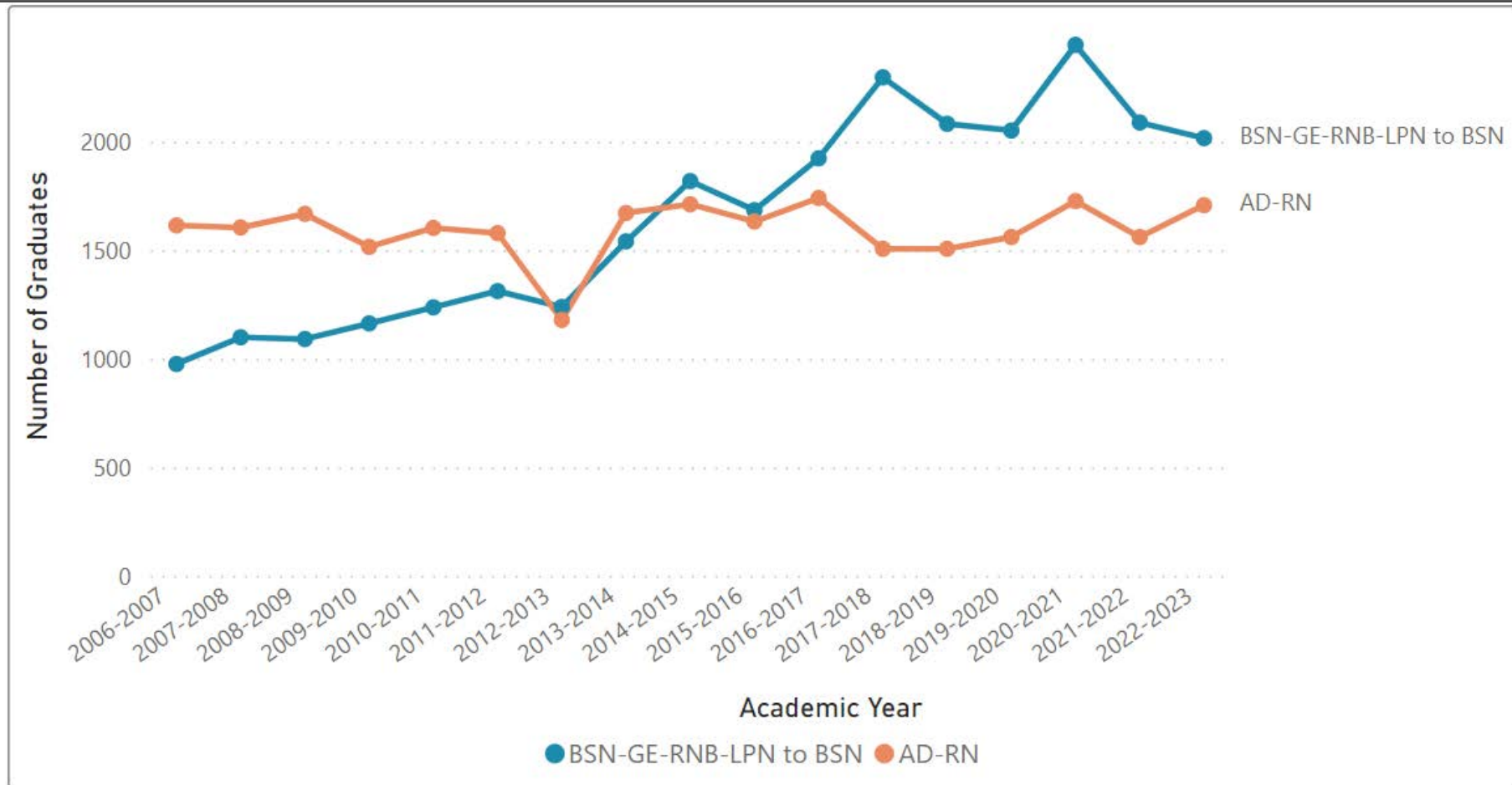


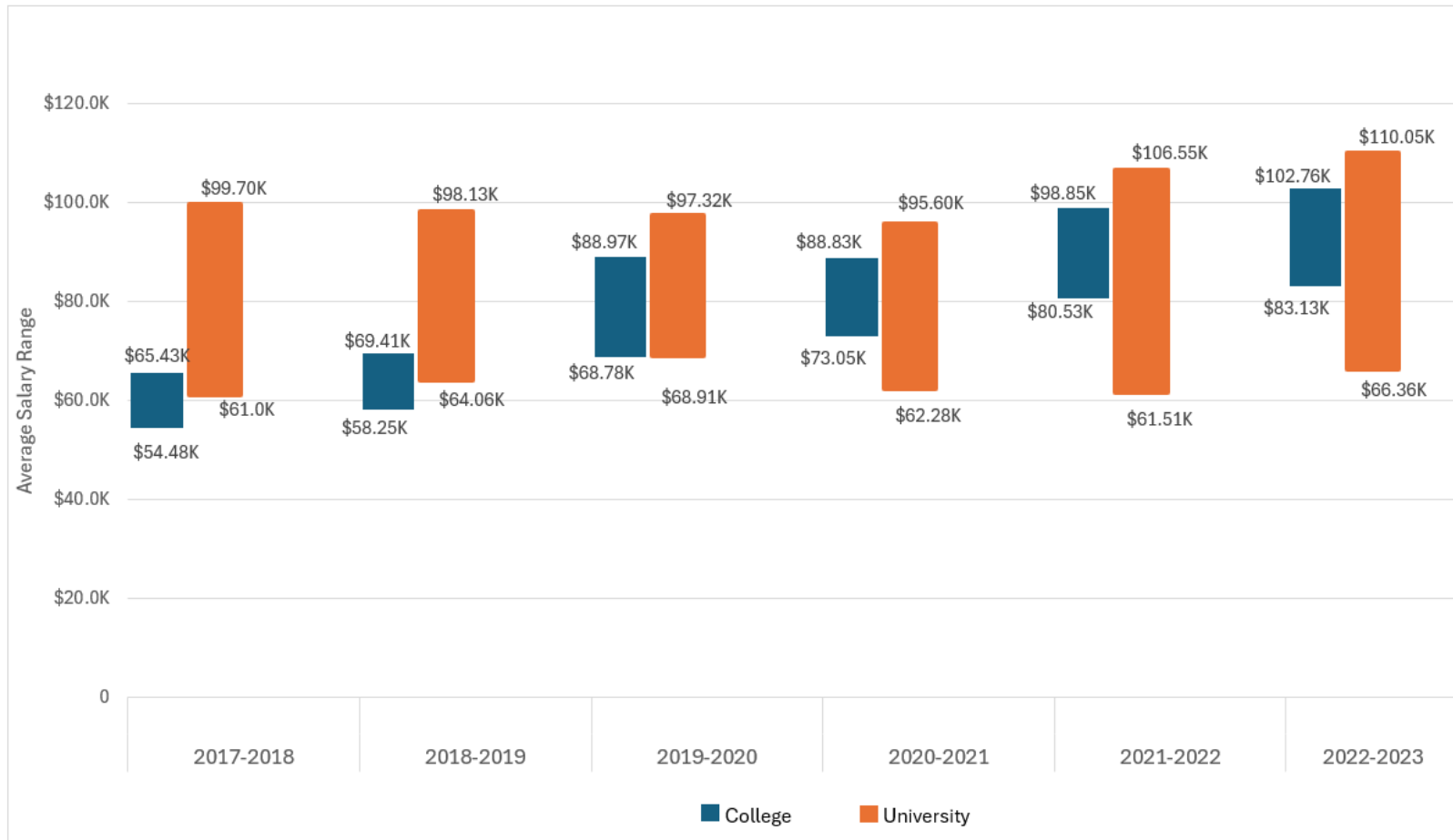
Table Faculty Turnover

Academic Year	Percent expected to retire in 5 years	Percent who resigned
2020-2021	12	10
2021-2022	13	5
2022-2023	19.5	5.8

Average Salary Range for 9 Month Full-Time Faculty Contracts by Academic Year



Comparing Average 9 Month Full Time Faculty Salaries for Colleges and Universities



Students with Clinical Site Placement from Out of State Programs by Track

	PN	AD-RN	BSN	RNB	AD-MS	GE	MSN	NP-MN	PMC	DNP	PhD	Other	Total
2018-2019	168	276	534	240	2	4	140	516	185	191	0	0	2,256
2019-2020	20	163	206	107	3	0	61	557	28	94	1	0	1,240
2020-2021	126	235	551	155	1	1	86	530	51	114	4	0	1,854
2021-2022	156	225	472	232	0	0	48	414	69	146	4	13	1,779
2022-2023	180	256	572	235	3	0	72	457	55	113	9	16	1,952

Click for more
information

Out of State Students in Washington Clinical



2018 - 2019

2019 - 2020

2020 - 2021

2021 - 2022

2022 - 2023

Colleges or
Universities

112

Total Programs

239

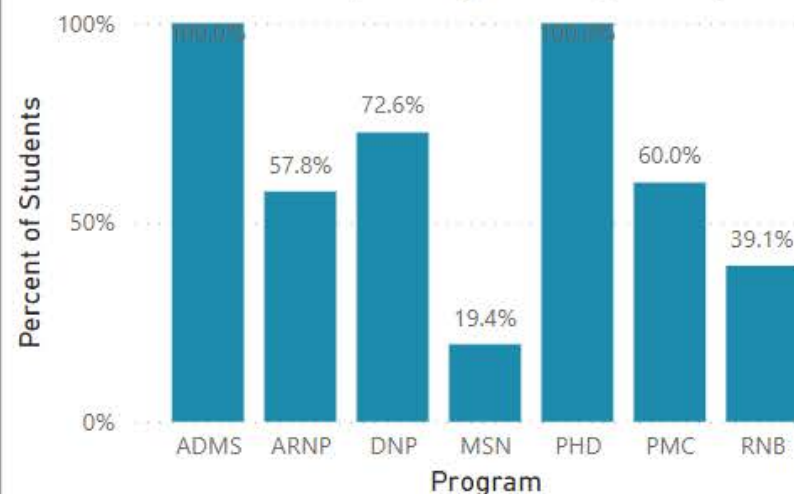
Prelicensure
Students

1008

Postlicensure
Students

944

Percent of Students Reportedly Planning to Stay in WA

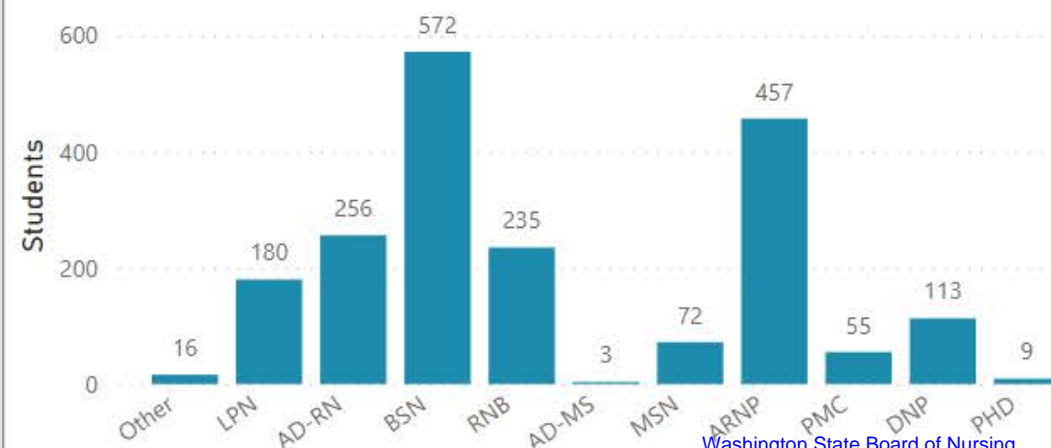


Out of State Students Taking WA NCLEX

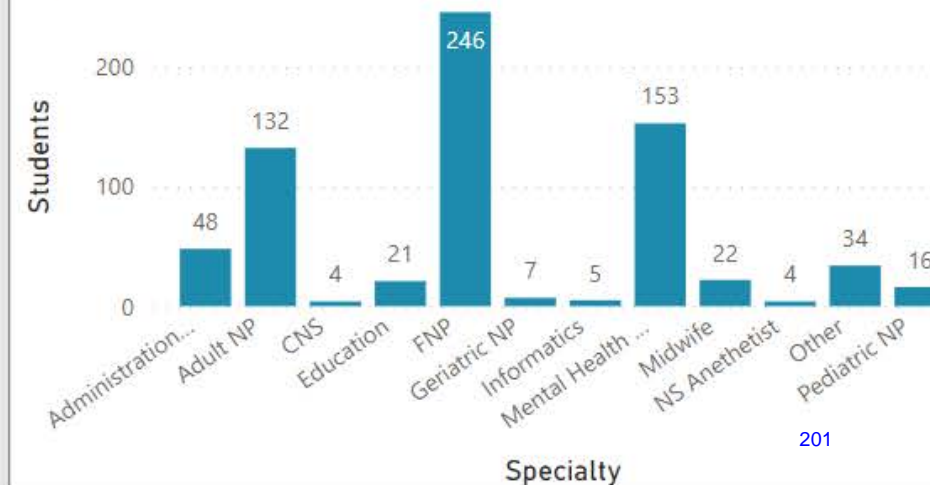
Top States of OOS
Students with WA
Clinical Experience

State	Total Students
Idaho	602
Oregon	550
Minnesota	158
Arizona	87
Kentucky	84
Alabama	72
Illinois	69

Out of State Students in WA Clinical by Program

Washington State Board of Nursing
Business Meeting
May 10, 2024

Specialties of Postlicensure Students in WA Clinical



201

Analysis/Recommendations

- Use of the Dashboard for more detail in data sources.
- Diversity/Inclusion – continue successful strategies and measure outcomes
- Academic Progression continue to monitor previous successes as we move to other areas of need.

Questions?



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

XIII.A.3 Nursing
Education Programs
Annual Report
2022-2023

NURSING EDUCATION PROGRAMS
2022-2023 ANNUAL SCHOOL REPORT

STATISTICAL SUMMARY AND TRENDS ANALYSIS

DOH 669-269 (Revised May 2022)
Public Health – *Always Working for a Safer and Healthier Washington*

Contents

INTRODUCTION	4
BACKGROUND	4
IN-STATE PROGRAMS.....	5
PRELICENSURE PROGRAMS	5
TABLE 1. IN STATE PRELICENSURE GRADUATES.....	5
FIGURE 1: TOTAL PRELICENSURE PROGRAM GRADUATES BY TYPE OF PROGRAM	5
POST-LICENSURE PROGRAMS	6
TABLE 3. POST-LICENSURE TOTAL NUMBER OF GRADUATES BY PROGRAM	6
FIGURE 2: TOTAL POSTLICENSURE PROGRAM GRADUATES BY TYPE OF PROGRAM	7
TABLE 4. IN-STATE POST LICENSURE GRADUATES BY PROGRAM AND SELECTED SPECIALTY AREAS 2022-2023	7
RN TO BSN 2022-2023	8
FIGURE 3: COMPARING AD-RN AND TOTAL BSN GRADUATE TRENDS.....	8
LPN TO BSN PROGRAMS.....	8
TABLE 5: OVERVIEW OF KEY LPN TO BSN DATA POINTS.....	8
REFRESHER PROGRAMS	9
TABLE 6: OVERVIEW OF KEY REFRESHER PROGRAM DATA POINTS	9
FACULTY AND STUDENT RACE AND ETHNICITY	9
FIGURE 4: PERCENT OF FACULTY AND STUDENT RACE.....	9
FIGURE 5: PERCENT OF FACULTY AND STUDENT ETHNICITY.....	10
TABLE 7: PERCENT OF FACULTY AND STUDENT RACE AND ETHNICITY COMPARED WITH WA STATE POPULATION	10
FACULTY RETENTION.....	11
TABLE 8: FULL TIME FACULTY TURNOVER	11
FACULTY EDUCATION	11
TABLE 9: NUMBER OF FULL-TIME FACULTY BY HIGHEST LEVEL OF EDUCATION IN ACADEMIC YEAR 2022-2023	11
FACULTY SALARY.....	11
TABLE 10: NUMBER OF FULL-TIME AND PART-TIME FACULTY BY CONTRACT LENGTH IN ACADEMIC YEAR 2022-2023.....	11
FIGURE 6: AVERAGE SALARY RANGE FOR 9 MONTH FULL-TIME FACULTY CONTRACTS BY ACADEMIC YEAR.....	12
TABLE 11: AVERAGE HIGHEST AND LOWEST 9-MONTH SALARIES FOR FULL-TIME FACULTY SALARY BY COLLEGE TYPE	12
FIGURE 7: COMPARING COLLEGE AND UNIVERSITY SALARY RANGES FOR 9 MONTH FULL-TIME FACULTY	13
OUT-OF-STATE PROGRAMS	13
TABLE 12: OUT OF STATE PROGRAMS AND STUDENT CLINICAL PLACEMENTS 2022-2023.....	13
TABLE 13: NUMBER AND TYPES OF OUT OF STATE PROGRAMS WITH CLINICAL SITE PLACEMENTS.....	14
OUT-OF-STATE STUDENT STATISTICS.....	14
TABLE 14: STUDENTS WITH CLINICAL SITE PLACEMENT FROM OUT OF STATE PROGRAMS BY PROGRAM TYPE	14
TABLE 15: STUDENTS WITH CLINICAL SITE PLACEMENT FROM OUT OF STATE PROGRAMS WHO PLAN TO WORK IN WASHINGTON BY PROGRAM TYPE.....	14
SUMMARY/ANALYSIS	15
ACADEMIC PROGRESSION	15
NURSING ASSISTANT PROGRAMS	15
FACULTY	15
CONCLUSIONS	16
REFERENCES	16

Acronyms

AD-RN Associate Degree in Nursing – Registered Nurse
AD-MS Associate Degree in Nursing to Master of Nursing
ARNP Advanced Registered Nurse Practitioner
BSN Bachelor of Science in Nursing – Registered Nurse
PN Licensed Practical Nurse
PN-RN Licensed Practical Nurse to Associate Degree in Nursing Programs
GE Graduate Entry Programs – Registered Nurse
MSN Master of Science Nursing
NCLEX® National Council Licensure Examination
RN Registered Nurse
RNB Registered Nurse Bachelor (Bachelor’s degree programs for licensed RNs)
PMC Post Master’s Certificate Nurse
DNP Doctorate of Nursing Practice
MN Master of Nursing
MS Master of Science
NA Nursing Assistant
CNS Clinical Nurse Specialist
FNP Family Nurse Practitioner
ANP Adult Nurse Practitioner
MHNP Mental Health Nurse Practitioner
PNP Pediatric Nurse Practitioner
GNP Geriatric Nurse Practitioner
MW Midwife
ANES Nurse Anesthetist
ED Education
Adm Administration and Leadership
POP Population Health
WABON Washington State Board of Nursing

Nursing Programs Annual Report

2022-2023

Introduction

Background

The Washington State Board of Nursing (WABON) requires all nursing education programs to provide information annually [WAC 246-840-520(3)]. This report summarizes 2022-2023 academic year survey data from approved Washington State nursing programs and out-of-state programs approved for clinical placement of students. Selected data trends are highlighted.

This report combines results from four different surveys; 1) the in state prelicensure nursing program survey administered by the National Council of State Boards of Nursing (NCSBN), 2) the in state post-licensure program survey administered by the WABON, 3) the in-state refresher program survey administered by WABON, and 4) the out-of-state program survey administered by WABON.

Twelve universities and twenty-nine community and technical colleges (CTC) with approved nursing schools in Washington State completed the pre-licensure and post-licensure surveys as applicable.

One hundred twelve out of state schools approved for clinical placements completed the out-of-state survey during the 2022-2023 academic year. These 112 colleges and universities reported on a total of 239 programs.

The report will combine, when possible, prelicensure and post-licensure student and faculty program information provided by nursing schools in the state of Washington. The more limited but valuable out-of-state program results are provided after the in-state program information. When appropriate, Washington state responses will be compared to national benchmarks and selected research findings. Finally, there is a summary and analysis of the annual survey findings, with a list of recommended actions based on these results and trend analysis.

Data Dashboards

Beginning in January 2023, WABON launched several interactive data dashboards on the nursing.wa.gov website (currently located under the [Research and Data](#) pages), that includes extensive Licensing Data, Workforce Data, Discipline Data, and Education Data. With the introduction of the data dashboards, users can now access nursing data more directly and can find the answers to questions they may have more easily. Data processing and validation methods have also changed with the introduction of the data dashboards. Because of this, some data found within the dashboard may vary slightly from the information reported in previous annual reports.

For additional education data such as clinical hours, student enrollment and enrollment capacity, data by program, and more, please visit the [Education Data Dashboard](#).

In-State Programs

Forty-one approved nursing schools in Washington State completed the annual survey. There are seven licensed practical nurse (PN) programs, and twenty-five associate degree RN (AD-RN) programs. Eight of the AD programs also offer an LPN to AD pathway. Six universities and four community colleges offer RN to BSN (RNB) programs and five offer LPN to BSN programs. Twelve universities offer Bachelor of Science in nursing (BSN) programs. One ADN to MSN (AD-MS) programs, one program offering master's degree graduate entry to the RN (GE), two master's degree advanced registered nurse practitioner (ARNP), and six other master's programs. Finally, there are three post-master's certificate (PMC) programs, seven doctoral of nursing practice (DNP) and two Ph.D. programs. The undergraduate and graduate program specifics are outlined below.

Prelicensure Programs

The total number of pre-licensure graduates increased from the 2021-2022 academic year to the 2022-2023 academic year. In 2022-2023, PN programs had 258 graduates and AD-RN programs had 1,708 graduates, indicating an increase for both program types. The number of BSN program graduates was 1,116, a slight decrease from the year prior.

Those completing Graduate Entry (GE) degrees are included in these graduation numbers because they are prelicensure programs.

Table 1. In State Prelicensure Graduates

	PN	AD-RN	BSN/GE/other
2017-2018	226	1507	978
2018-2019	232	1507	892
2019-2020	238	1561	941
2020-2021	315	1727	1224
2021-2022	220	1561	1132
2022-2023	258	1708	1116

Figure 1: Total Prelicensure Program Graduates by Type of Program

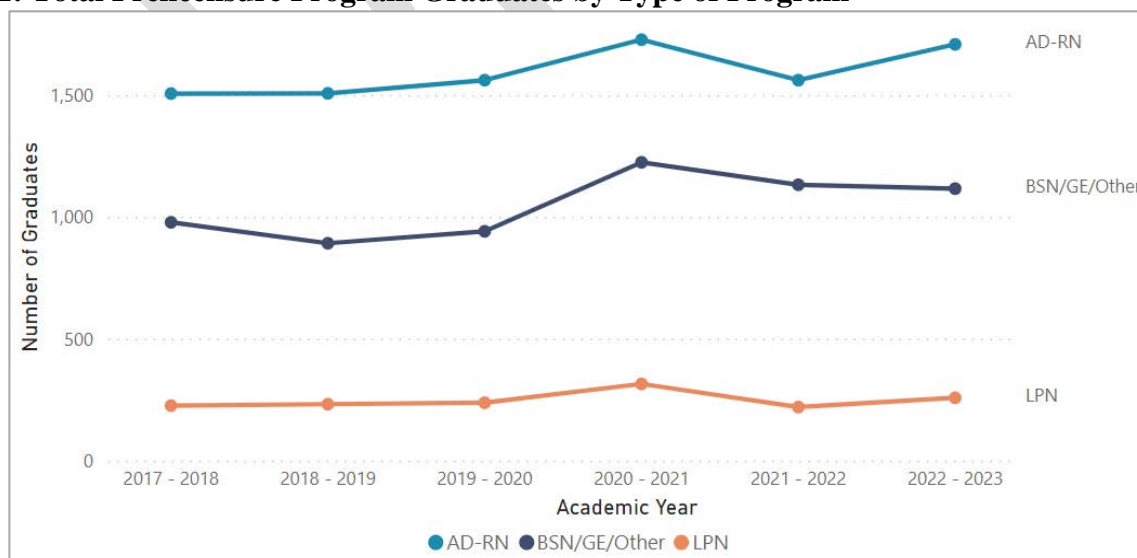


Table 1 and Figure 1 above provide prelicensure program graduations for comparison to the past six years. The amount of AD-RN and LPN graduates has increased since last year's decline, while BSN/GE/Other prelicensure graduates has remained about the same. The Institute of Medicine Report (IOM) [2010], titled *The Future of Nursing*, identifies nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression. Washington State has been a leader in successful strategies for academic progression from AD to BSN and LPN to BSN.

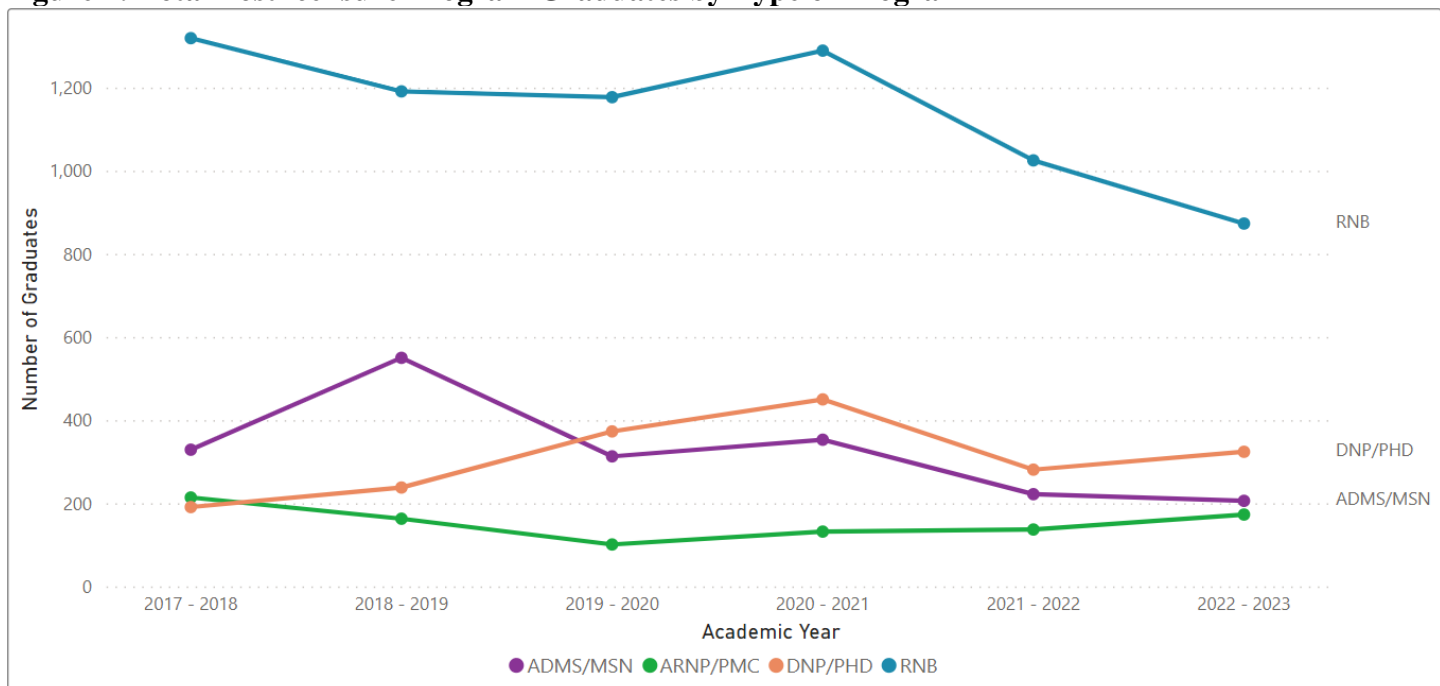
Post-licensure Programs

Table 3 and Figure 2 below outline the RNB, masters, and doctoral graduates by type of program combining graduates into one RNB category, 2 master's categories, and one doctoral category for illustration. The graduates of RNB programs decreased to 873 during the last academic year. The 180 MSN graduates preparing for specialties that do not require an ARNP and 26 RN to MS graduates are combined. 171 master's prepared advanced registered nurse practitioners graduated in 2022-2023 and are combined with the 2 post-master's certificates in nursing (PMC) graduates. Also, programs reported 308 DNP and 16 PhD for a total of 324 graduates with a nursing doctorate in 2022-2023. The total number of graduates from post-licensure programs for five years is outlined below.

Table 3. Post-licensure Total Number of Graduates by Program

	RNB	MSN/ADMN Non ARNP	MSN/ARNP/PMC	PhD/DNP
2018-2019	1191	550	163	238
2019-2020	1177	313	101	373
2020-2021	1289	353	132	450
2021-2022	1025	222	137	281
2022-2023	873	206	173	324

Figure 2: Total Postlicensure Program Graduates by Type of Program



Although there were graduates from graduate entry (GE) programs during 2022-2023, the GE graduates were reported with undergraduate pre-licensure programs, so they are not included in the graduation numbers above.

Individual specialty programs are provided below in Table 4. The graduates prepared in different specialty areas meet needs across the state in primary care, education, research, and other areas of practice. The number of graduates by program and specialty area are outlined below from three types of programs and 12 different specialty areas.

Table 4. In-State Post licensure Graduates by Program and Selected Specialty Areas 2022-2023

2022-2023	CNS	FNP	ANP	MHNP	PNP	GNP	MW	ANES	ED	Adm	POP	Other
ARNP-MN		112		59								
MSN									57	82	9	33
ARNP- DNP		138	11	53	18	28	25	15		6		
TOTALS	0	250	11	112	18	28	25	15	57	88	9	33

RN to BSN 2022-2023

The enrollment in RN to BSN programs in Washington schools started to rise sharply in 2013-2014 academic year and continued to rise to a high in 2017-2018 with 2,582 students enrolled in RNB programs. This year, there are 873 RNB graduates representing a decrease of graduates compared to last year's 1,025 graduates.

Figure 3: Comparing AD-RN and total BSN graduate trends

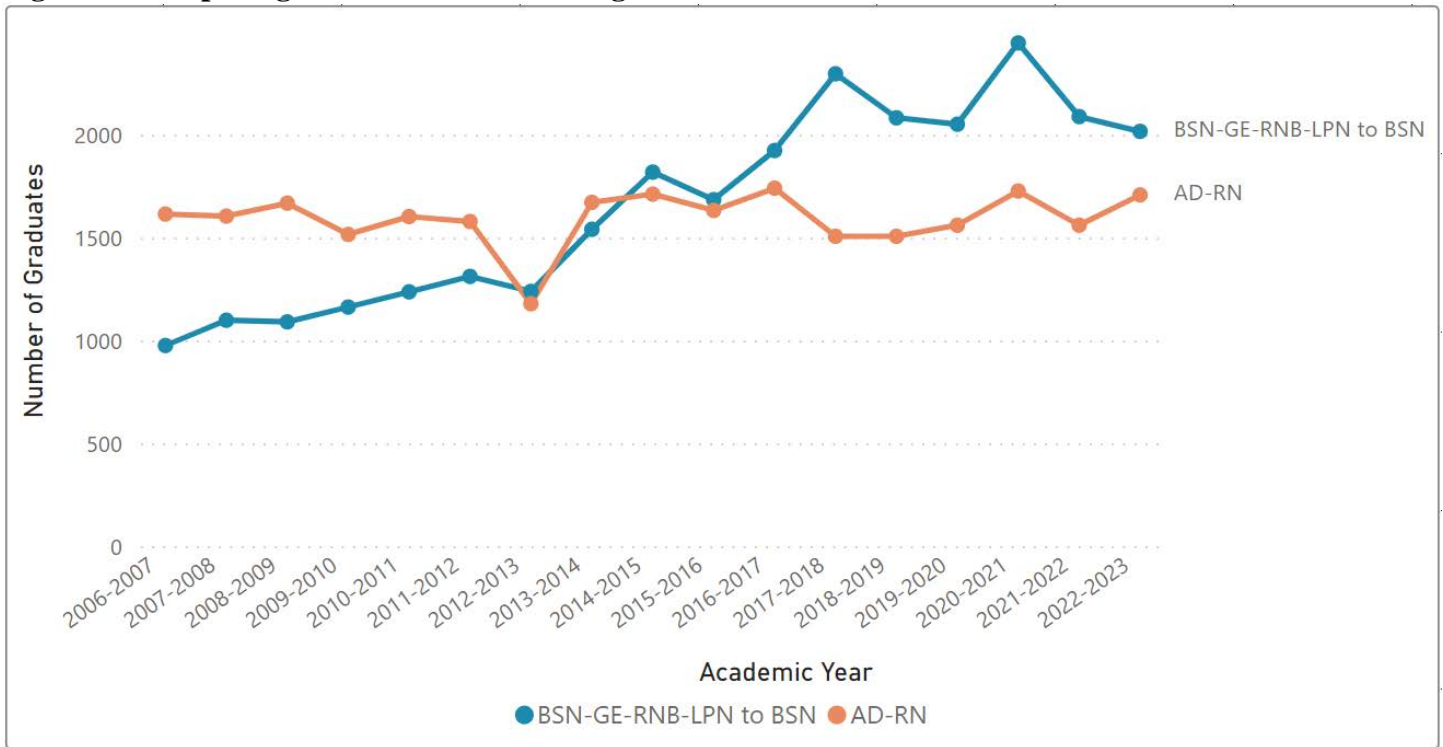


Figure 3 gives a little different picture of the results of successful academic progression strategies on increasing the number of RNs with BSN degrees. The number of RN to BSN graduates are combined with BSN, LPN to BSN, and GE graduates to represent the total BSN prepared RNs in 2022-2023. This can be compared with the ADN prepared RN graduates. Although an imperfect comparison, it can provide some insight into the changing nursing education landscape in the state.

LPN to BSN Programs

Starting in the academic year 2022-2023, WABON has begun collecting data on LPN to BSN programs within the state. We were able to collect data from four of the five LPN to BSN programs this year. While it is too soon to begin trending this data, in table 5 below you can see some key highlights about these programs in Washington. These programs work towards WABON's goal of academic progression by offering a pathway for licensed practical nurses to obtain a Bachelor of Science degree in nursing.

Table 5: Overview of Key LPN to BSN Data Points

Overview	2022-2023
Total Enrollment	112
Total Enrollment Capacity	135
Applied to Program	193
Met Program Requirements	139

Admitted to Program	84
Total Graduates	28

Refresher Programs

Data on Refresher Programs within Washington state is collected separately from other education programs via the WABON Refresher Program Annual Survey. Refresher Programs serve to help nurses return their license to active status after they have been inactive or let their license lapse for three or more years. Washington State began collecting data on these programs in 2021-2022. Some key data points for these programs can be seen in table 6 below. Currently, we have 6 RN refresher programs in the state and 2 LPN refresher programs, that saw a total of 66 graduates last year, a decrease from the 77 graduates who completed the program the year prior.

Table 6: Overview of Key Refresher Program Data Points

Overview	LPN	RN
Number of Programs	2	6
Total Enrollment	17	112
Total Graduates	8	58

Faculty and Student Race and Ethnicity

Washington State nurse educators are committed to the goal of assuring faculty and students reflected the diversity of the Washington State residents they serve. These efforts have accelerated with commitment to infuse all work with goals of equity and inclusion.

Figure 4: Percent of Faculty and Student Race

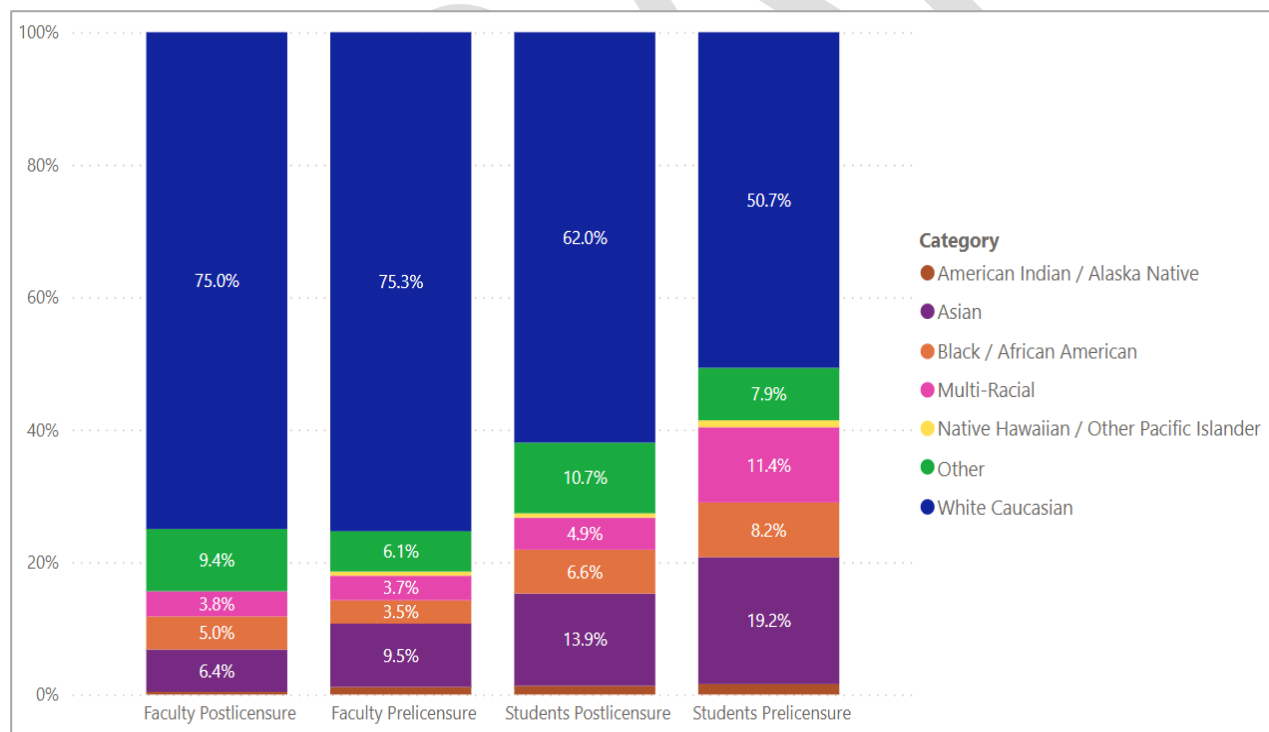


Figure 5: Percent of Faculty and Student Ethnicity

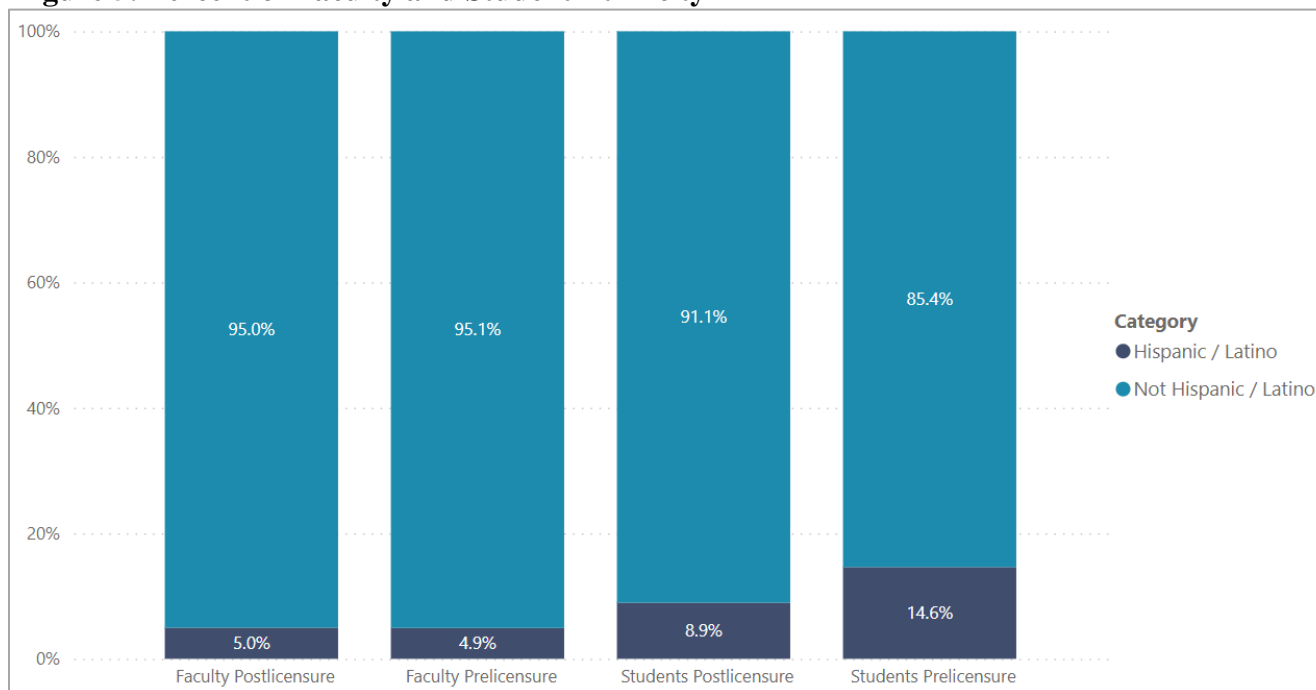


Figure 4 above illustrates the differences between racial population patterns between students and faculty in both prelicensure and post-licensure, and figure 5 illustrates the ethnicity distribution. Table 7 below provides the 2022-2023 percentage comparisons of student and faculty race with Washington State population. 75.3% percent of prelicensure fulltime and part time faculty members are White/Caucasian, 9.5% percent Asian, and 3.5% percent are black/African American, and 4.9% are Hispanic or Latino. 75.0% percent of post-licensure faculty are White/ Caucasian, 6.4% percent Asian, and 5.0% percent black/African American, and 5.0% report their ethnicity as Hispanic or Latino. Table 7 below shows that pre-licensure and post-licensure students for the academic year 2022-2023 were more diverse than faculty or than the state of Washington population.

Table 7: Percent of Faculty and Student Race and Ethnicity Compared with WA State Population

Race / Ethnicity	WA St Pop Estimates 2022	Student Pre-licensure	Student Post-licensure	Faculty Pre-licensure	Faculty Post-licensure
Race: American Indian / Alaskan Native	2.0%	1.6%	1.3%	1.1%	0.4%
Race: Asian	10.0%	19.2%	13.9%	9.5%	6.4%
Race: Black / African American	4.5%	8.2%	6.6%	3.5%	5.0%
Race: Native Hawaiian / Other Pacific Islander	0.8%	1.0%	0.6%	0.6%	0.0%
Race: Multi-Racial	5.2%	11.4%	4.9%	3.7%	3.8%
Race: White Caucasian	77.5%	50.7%	62.0%	75.3%	75.0%
Race: Other / Unknown	n/a	7.9%	10.7%	6.1%	9.4%
Ethnicity: Hispanic or Latino	13.7%	14.6%	8.9%	4.9%	5.0%
Ethnicity: Non-Hispanic or Latino	86.3%	85.4%	91.1%	95.1%	95.0%

Faculty Retention

Table 8 outlines important information on faculty retention. Nursing programs reported in 2022-2023 that 19.5 percent of full-time faculty are expected to retire in the next five years, the highest percentage reported in the last three years. Approximately 5.8 percent of faculty reported to have resigned in the last year, which is similar to the 5 percent reported the previous year.

Table 8: Full Time Faculty Turnover

Academic Year	Percent expected to retire in 5 years	Percent who resigned
2020-2021	12	10
2021-2022	13	5
2022-2023	19.5	5.8

Faculty Education

In the 2022-2023 academic year, community and technical colleges in Washington state reported that 92.3% of their full-time faculty had at least a master's level degree in nursing or a field other than nursing, and universities reported 78.0% of their full-time faculty having at least a doctoral level degree in nursing or a field other than nursing. In table 9 below, we can see this broken down by educational level attained and the college type.

Table 9: Number of Full-Time Faculty by Highest Level of Education in Academic Year 2022-2023

	BSN	MSN	DNP	PhD	Other Masters	Other Doctoral
Community/Technical Colleges	23	231	21	14	7	3
University	0	108	79	251	0	52
Total	23	339	100	265	7	55

Faculty Salary

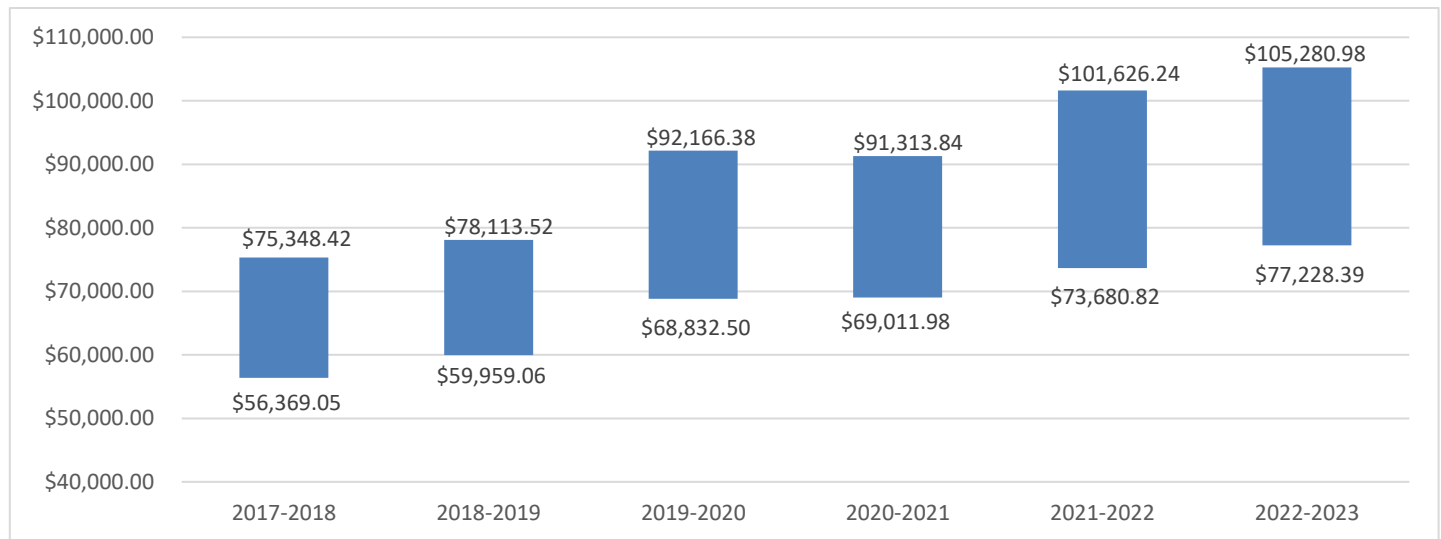
A barrier to successful recruitment and retention of nursing faculty members is inadequate compensation. By asking nursing programs about the contract lengths and associated salary ranges for full-time and part-time nursing faculty, we are able to examine salary trends and make comparisons between college and program types. As seen below in table 10, nursing programs reported having the highest amount of faculty with full-time 9-month contracts, so our analysis primarily focused on this contract length.

Table 10: Number of Full-Time and Part-Time Faculty by Contract Length in Academic Year 2022-2023

	3 months	6 months	9 months	12 months	Adjunct
Full-Time	1	5	639	151	
Part-Time	326	102	240	35	
Adjunct					418
Total	327	107	879	186	418

In figure 6 below, we can see that, on average over the last five years for all programs, Washington state nursing program faculty salaries have been increasing, reaching new local maximums in the 2022-2023 academic year for 9-month contracts.

Figure 6: Average Salary Range for 9 Month Full-Time Faculty Contracts by Academic Year



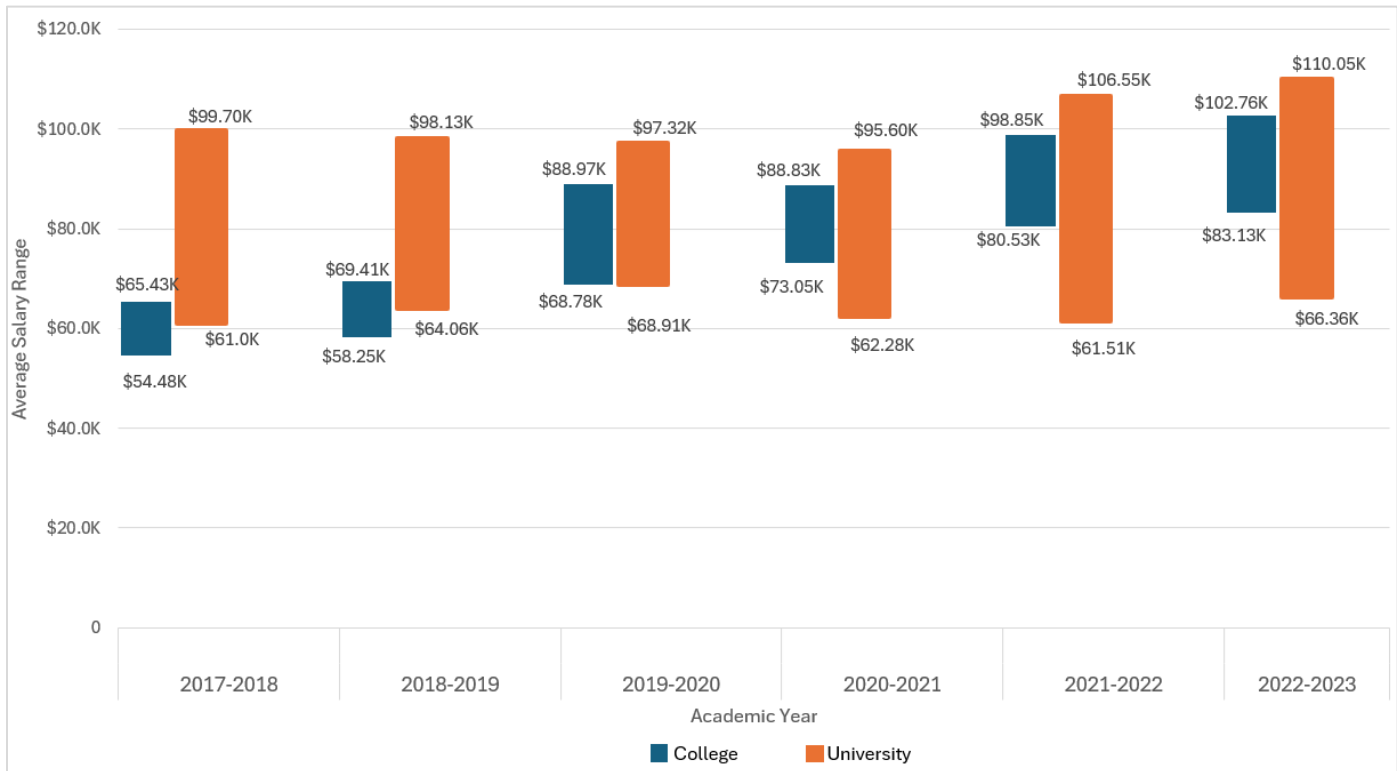
Breaking this down into the type of college or university the school is in table 11 below, we can see this trend of rising salaries is most prominent in Community/Technical Colleges and private universities, while public universities tend to have more fluctuation in their average highest and lowest full-time faculty salaries.

Table 11: Average Highest and Lowest 9-month Salaries for Full-Time Faculty Salary by College Type

	Community and Technical Colleges		Public Universities		Private Universities		All Programs	
	Average Lowest	Average Highest	Average Lowest	Average Highest	Average Lowest	Average Highest	Average Lowest	Average Highest
2018 – 2019	\$58,249	\$69,410	\$66,167	\$129,772	\$63,160	\$84,571	\$59,959	\$78,114
2019 – 2020	\$68,785	\$88,966	\$75,374	\$111,604	\$65,894	\$86,971	\$68,833	\$92,166
2020 – 2021	\$73,052	\$88,828	\$70,483	\$107,486	\$60,557	\$85,336	\$69,012	\$91,314
2021 – 2022	\$80,528	\$98,854	\$74,828	\$120,446	\$59,694	\$93,746	\$73,681	\$101,626
2022 – 2023	\$83,126	\$102,764	\$72,982	\$111,510	\$68,163	\$104,968	\$77,228	\$105,281

In figure 7 below, we can see a visual comparison of the average faculty salary ranges for full-time faculty with 9 month contracts from community/technical colleges compared to universities (both public and private combined).

Figure 7: Comparing College and University Salary Ranges for 9 Month Full-Time Faculty



Out-of-State Programs

The out-of-state nursing program approval process for student clinical placement in Washington State began in 2012. Because the approval process relates to clinical placements only, the data gathered are different from that gathered from the in-state programs. The student numbers reflect student clinical placement only and do not currently include graduation numbers. One hundred twelve approved colleges and universities completed the survey and indicated they had clinical placements in one or more tracks. Table 12 outlines the nineteen prelicensure programs and 220 post-licensure program tracks totaling 239 tracks with clinical placements this year.

Table 12: Out of State Programs and Student Clinical Placements 2022-2023

College/University (112 total)	Total Programs	Total Clinical Students
Prelicensure	19	1,008
Post-licensure	220	944
Totals	239	1,952

During the academic year 2022-2023, nineteen programs with clinical students in Washington State preparing graduates for initial PN or RN licensure completed the survey. Two practical nurse (PN) programs, four associate degree RN (AD-RN) programs, no graduate entry (GE) programs, and thirteen schools have students in Bachelor of Science in nursing (BSN) programs.

The remaining programs with clinical students prepare graduates to advance their education post-licensure. There are twenty-four RN to BSN (RNB) programs, five associate degree to master's (AD-MS), fifty-three master's programs preparing for ARNP licensure (NP-MN) and forty-one other master's programs (MSN). Finally, there are thirty-three post master's certificate programs (PMC), fifty-eight doctoral of nursing practice (DNP) and six Ph.D. programs. The total number of programs by type is outlined below in Table 13 providing the previous five years results for comparison.

Table 13: Number and Types of Out of State Programs with Clinical Site Placements

	PN	AD-RN	BSN	RNB	AD-MS	GE	MSN	NP-MN	PMC	DNP	PhD	Other	Total
2018-2019	3	6	28	33	6	4	41	41	34	51	8	3	258
2019-2020	1	6	29	30	9	5	39	43	30	44	9	0	252
2020-2021	2	4	18	23	7	2	43	46	38	53	5	2	243
2021-2022	2	6	13	21	4	2	38	51	41	49	6	1	234
2022-2023	2	4	14	26	6	1	43	57	43	59	8	5	239

Out-of-State Student Statistics

The number of students placed in clinical by out of state programs is illustrated below showing trends for the last five years. Approved out-of-state programs completing the survey provided 1,952 clinical site placements for students in the 2022-2023 academic year reflecting an increase from the total of 1,779 students in the 2021-2022 academic year.

Prelicensure program clinical placements from out of state programs preparing students for PN or RN licensure have slightly increased from what we saw last year. The ARNP MN program placements have increased after last year's decrease, while DNP programs saw a year of decrease.

Table 14: Students with Clinical Site Placement from Out of State Programs by Program Type

	PN	AD-RN	BSN	RNB	AD-MS	GE	MSN	NP-MN	PMC	DNP	PhD	Other	Total
2018-2019	168	276	534	240	2	4	140	516	185	191	0	0	2,256
2019-2020	20	163	206	107	3	0	61	557	28	94	1	0	1,240
2020-2021	126	235	551	155	1	1	86	530	51	114	4	0	1,854
2021-2022	156	225	472	232	0	0	48	414	69	146	4	13	1,779
2022-2023	180	256	572	235	3	0	72	457	55	113	9	16	1,952

Starting in the 2021-2022 survey, we asked out of state post-licensure programs for the number of graduates completing clinical or practice experiences in Washington State who plan to work in Washington State after graduation. Answering this question had been optional last year but was required starting in the 2022-2023 survey. Out of state programs indicated a total of 497 students in clinical are planning to work in Washington state after they graduate, compared to a total of 944 students in Washington clinical enrolled in these programs. This means a total of 52.6% of students in Washington clinical from relevant programs are planning to stay in Washington after graduation. The breakdown of this number by program can be seen below in Table 15.

Table 15: Students with Clinical Site Placement from Out of State Programs who Plan to Work in Washington by Program Type

2022-2023 Academic Year	ADMS	ARNP	DNP	MSN	PHD	PMC	RNB	Total
Students Planning to Work in WA	3	264	82	14	9	33	92	497

Total Students in WA Clinical	3	457	113	72	9	55	235	944
% of Students Reported Staying	100%	57.8%	72.6%	19.4%	100%	60.0%	39.1%	52.6%

Summary/Analysis

Washington State nurse educators made the commitment in 2011 for a higher educated and more diverse nursing workforce, when the Council for Nurse Education in Washington State (CNEWS) and the Washington Center for Nursing (WCN) collaborated to develop a Master Plan for Nursing Education ([WCN, 2014](#)). The commitment has been reinforced with the work of *Action Now!* and the Critical Gap workgroups addressing the gaps in the nursing workforce. This report highlights trends in the direction to meet these goals.

Diversity/Inclusion

The survey results indicate that we are making improvements towards having a more diverse nursing workforce that better reflects the population of Washington state.

A diverse nursing workforce and faculty can help improve patient and population health outcomes, particularly related to reducing disparities in health. The prelicensure nursing student population continues to be the most diverse group reported on the education surveys, with postlicensure students showing some positive changes towards diversity as well. Nursing program faculty, particularly those from prelicensure programs, have some of the closest alignment to the Washington state population in terms of racial diversity. However, faculty in both pre- and post-licensure programs underrepresent the Hispanic or Latino ethnicity group when compared to Washington residents.

Academic Progression

Access to academic progression for nurses at all levels from nursing assistant (CNA) to PhD is an important piece of retaining and maintaining the nursing workforce. Nurse educators in Washington have responded with expanded program enrollments. Tracking of and supporting continued progress in ADN to BSN and LPN to BSN progression will be important as we move to developing academic progression pathways for CNAs and LPNs.

Enrollment and graduations in graduate-level programs have continued to show increases responding to the shortage of nurse faculty, primary care providers, and researchers. Our state mirrors national trends with more ARNP students moving to DNP programs from MSN programs after last year's decline. Approval of out-of-state programs tracks for clinical placements helps ensure quality and additional capacity in high-need areas. Availability of quality clinical placements for all nurses continues to provide a significant challenge for both in state and out of state programs.

Nursing Assistant Programs

The Washington State Board of Nursing began collecting data for the 2022-2024 nursing assistant program renewal period. This data is expected to be compiled by mid-2024 and should be included in the 2023-2024 annual report.

Faculty

Faculty must complete graduate studies potentially accruing additional debt and further straining income inequities. In addition to the imperative to increase nursing faculty education level, there are impending retirements and vacancies.

Faculty salaries have, on average, been steadily increasing over the last five years. The passing of House Bill 2158 in 2021, also known as the Workforce Education Investment Act, has likely been a key contributor to the increases shown in Community and Technical Colleges across Washington state.

Conclusions

We continue to accelerate our progress toward the best educational mix of nurses for safe and quality care in Washington State. The complex multiple education pathways in nursing provide multiple opportunities to increase the overall education level of nurses.

Across settings, nurses are being called upon to coordinate care and to collaborate with a variety of health professionals, including physicians, social workers, physical and occupational therapists, and pharmacists, most of whom hold master's or doctoral degrees. There has been a significant investment of state resources to support nursing education through faculty salary increases, payment to preceptors, quality simulation and more.

The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity (NAM 2021) renews the recommended focus on the education preparation of nurses and challenges nurses to be leaders in the urgent work to advance health equity. Nursing education capacity in Washington State continues to increase, adding to a higher educated workforce and we must continue to accelerate our progress to meet the growing health care needs of the residents of Washington State.

References

Auerbach, DI, Staiger, DO (2017) How fast will the registered nurse workforce grow through 2030? Projections in nine regions of the country, Nursing Outlook.

Institute of Medicine. (2010). The future of nursing: Leading change, advancing health. Retrieved from <http://www.nap.edu/catalog/12956.html>

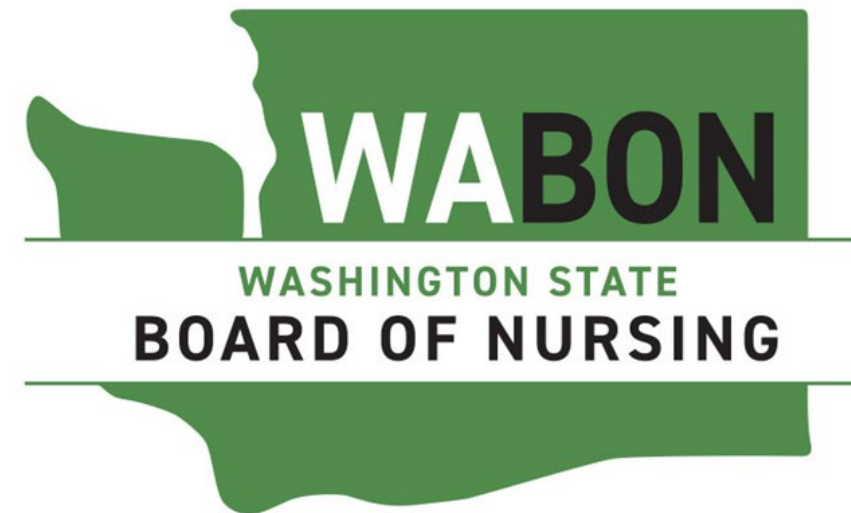
National Academy of Medicine. (2021). The future of nursing 2020-2030: Charting a path to achieve health equity from <https://doi.org/10.17226/25982>

Stubbs BA, Skillman SM. (2020) Washington State's 2019 Registered Nurse Workforce. Center for Health Workforce Studies, University of Washington, March 2020.

Washington State Office of Financial Management (OFM) Estimates retrieved April 5, 2021 from: <https://ofm.wa.gov/washington-data-research/population-demographics/population-estimates/estimates-april-1-population-age-sex-race-and-hispanic-origin>.

Nursing Assistant Training & Testing: 2023 Year End Report

Washington State Board of
Nursing
Nursing Assistant Education Team



2023 Updates



NURSING ASSISTANT
TRAINING



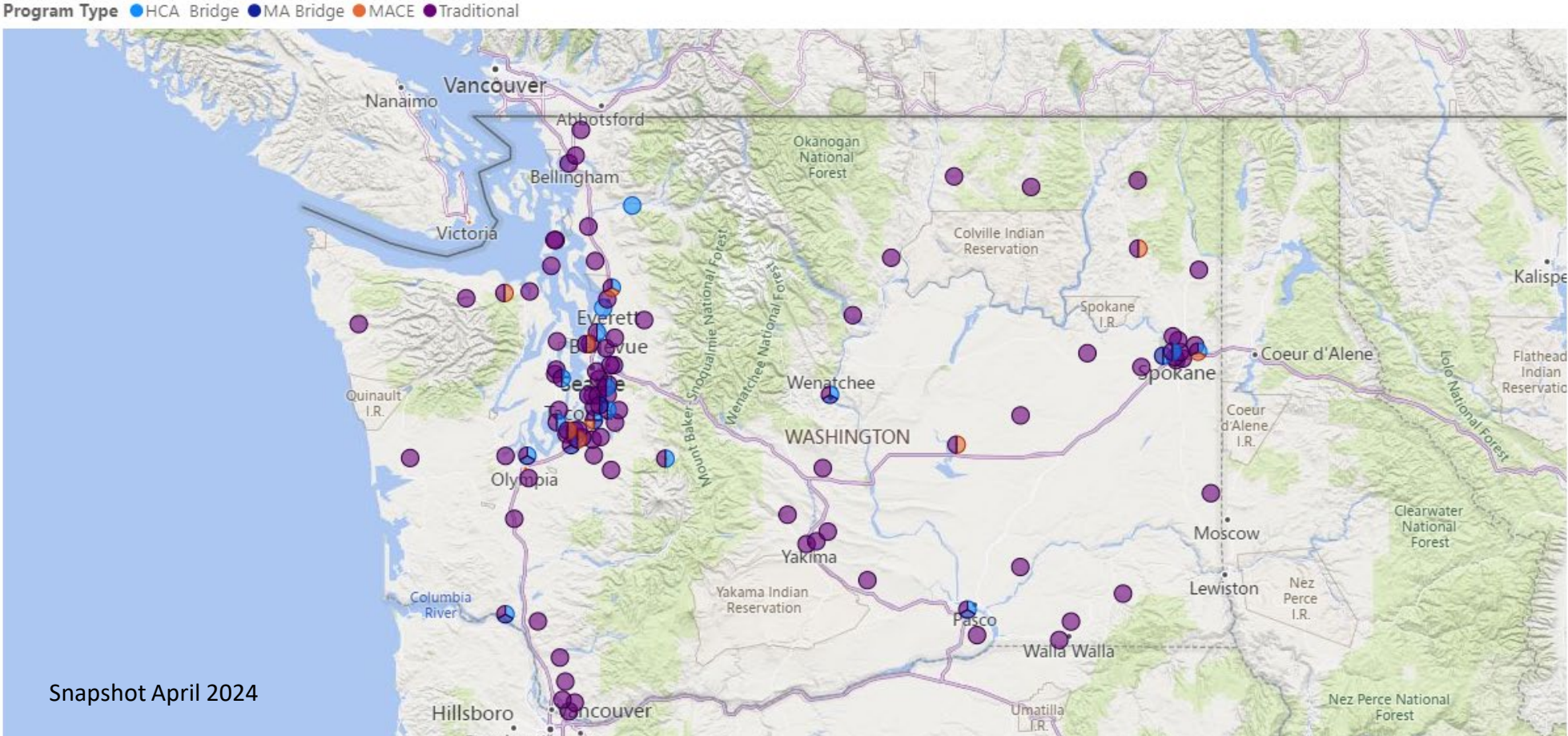
NURSING ASSISTANT SKILLS
TESTING



INTRODUCTION: COMMON
CURRICULUM FRAMEWORK

Nursing Assistant Training

Map of Nursing Assistant Training Programs in Washington

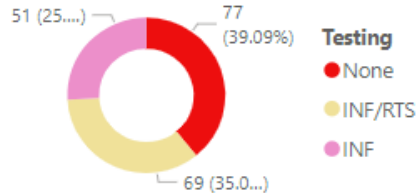


Count of Program Type by Program Type



Program Type	
● Traditional	- 160
● HCA Bridge	- 21
● MA Bridge	- 9
● MACE	- 9

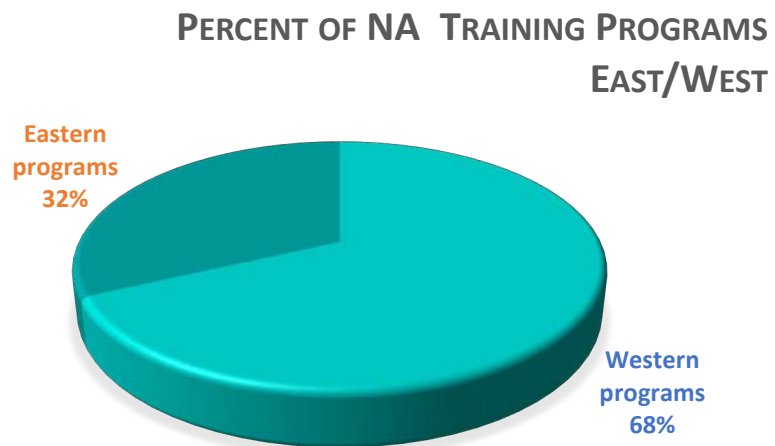
Count of Testing by Testing



Washington State Board of Nursing
Business Meeting
May 10, 2024

Testing	
<input type="checkbox"/> INF	
<input type="checkbox"/> INF/RTS	
<input type="checkbox"/> None	

Program Type	
<input type="checkbox"/> HCA Bridge	
<input type="checkbox"/> MA Bridge	
<input type="checkbox"/> MACE	
<input type="checkbox"/> Traditional	

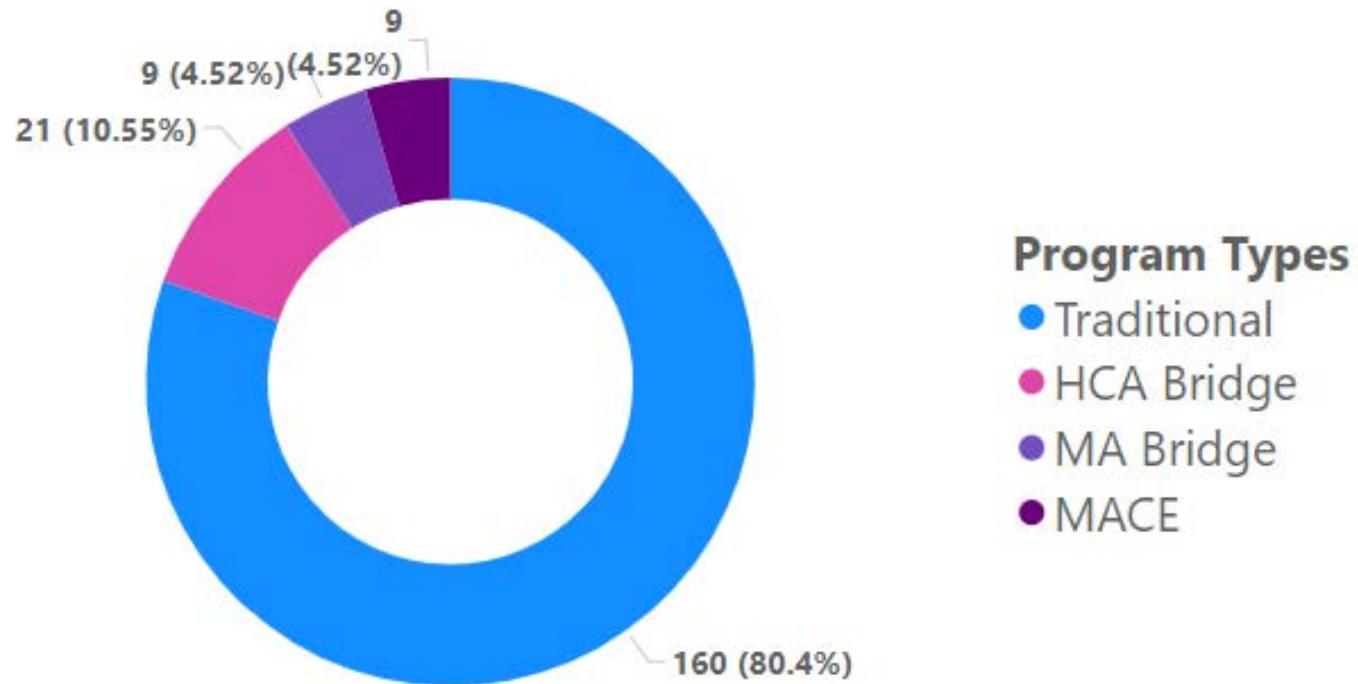


Current Status: 199 Nursing Assistant (NA) Training Programs

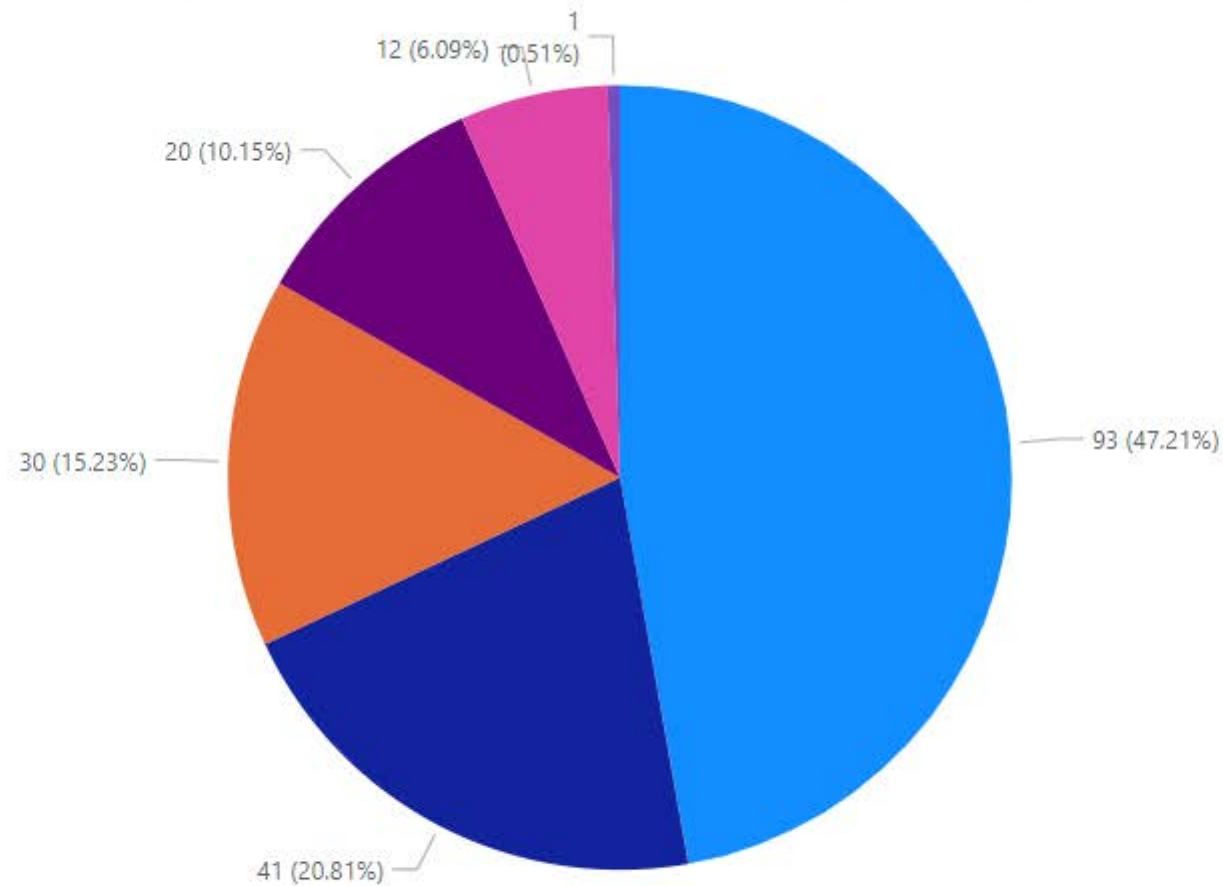
- 29 of 39 (74.5%) counties have at least one training program
- 133 (67%) are on the West side and 66 (33%) are on the East side
- 10 (25.5%) counties have no NA training programs
 - 5 West Side: Mason, Pacific, San Juan, Skamania, Wahkiakum
 - 5 East Side: Adams, Asotin, Douglas, Garfield, Klickitat

**Snapshot data April 2024

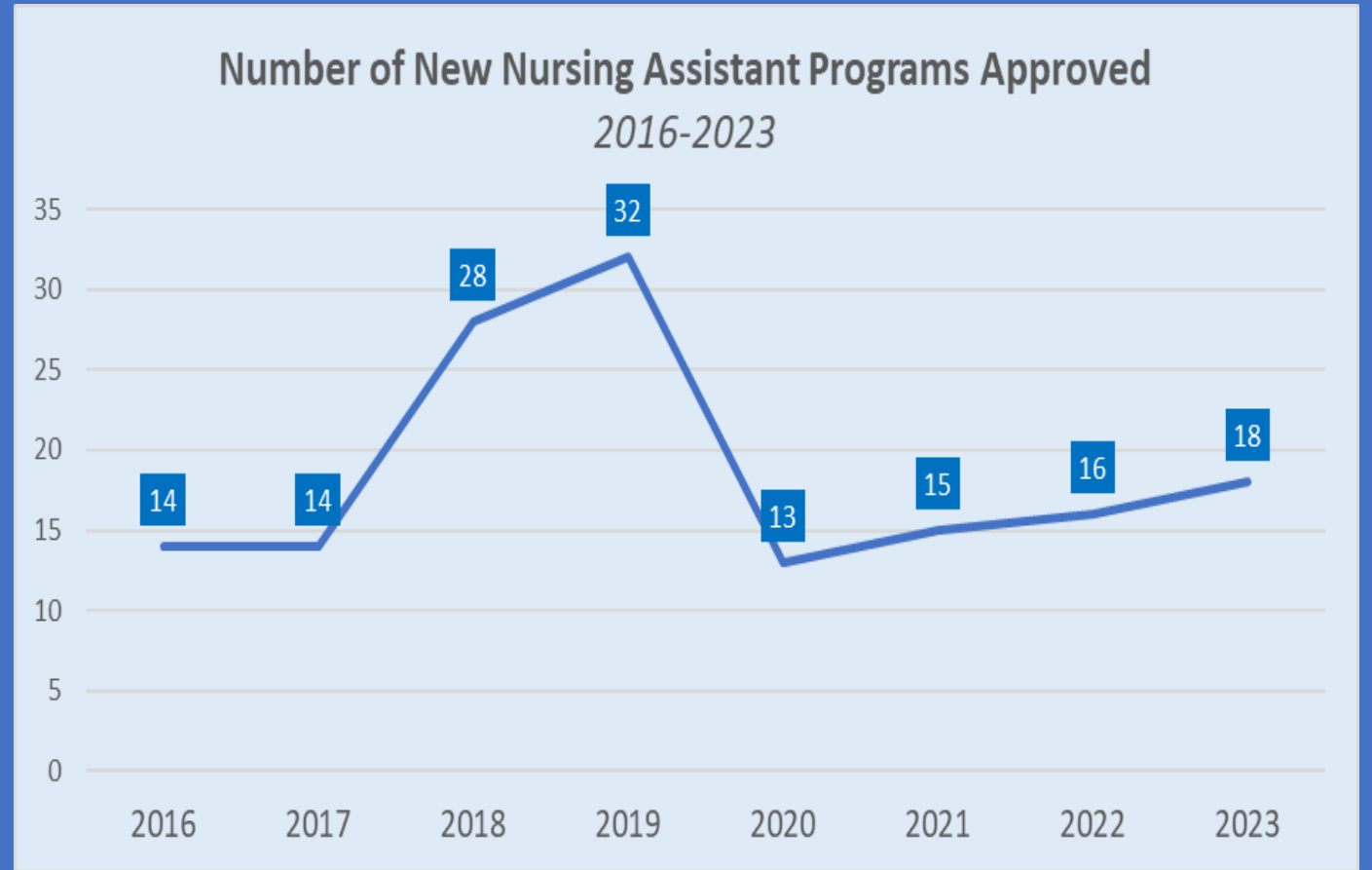
Types of NA Training Programs



Percentage of Test-Takers by Program Type



Business Type ● Private ● College ● High School ● Nursing Home ● Hospital ● State/Federal



Nursing Assistant Testing

NA Training: Active Work 2022-2023 →



**120-Day Rule and CMS
Waiver (May 2023)**



**Mass Examination Effort
(Through May 2023)**



**RN Evaluators (prior to Oct
2023)**

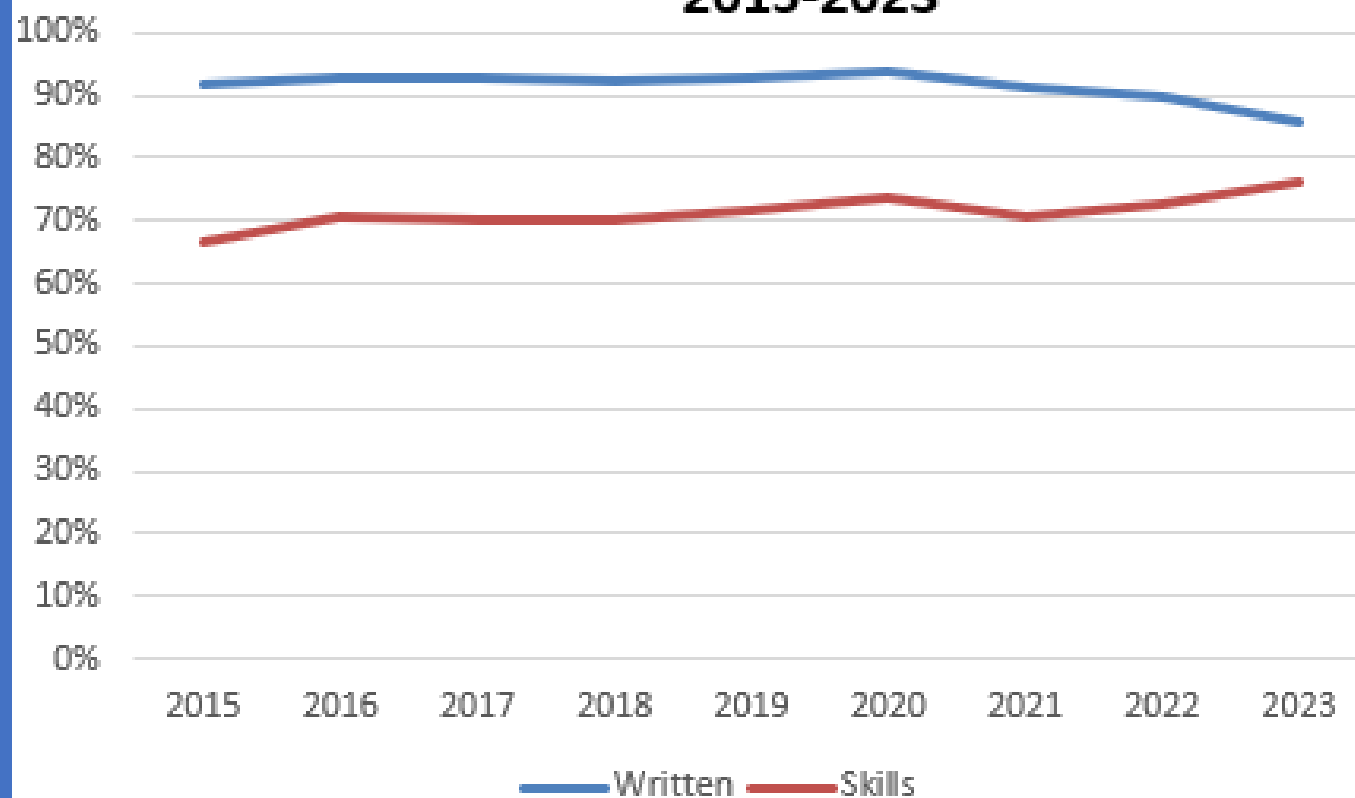


**Shift to New Skills Testing
Approach (Oct to present)**

Number of 1st-Time Test-Takers

Year	Written	Skills
2015	8,543	7,826
2016	8,142	7,565
2017	8,128	7,542
2018	7,900	7,301
2019	8,080	7,483
2020	1,346	1,264
2021	6,016	5,481
2022	5,950	5,335
2023	8,159	10,056

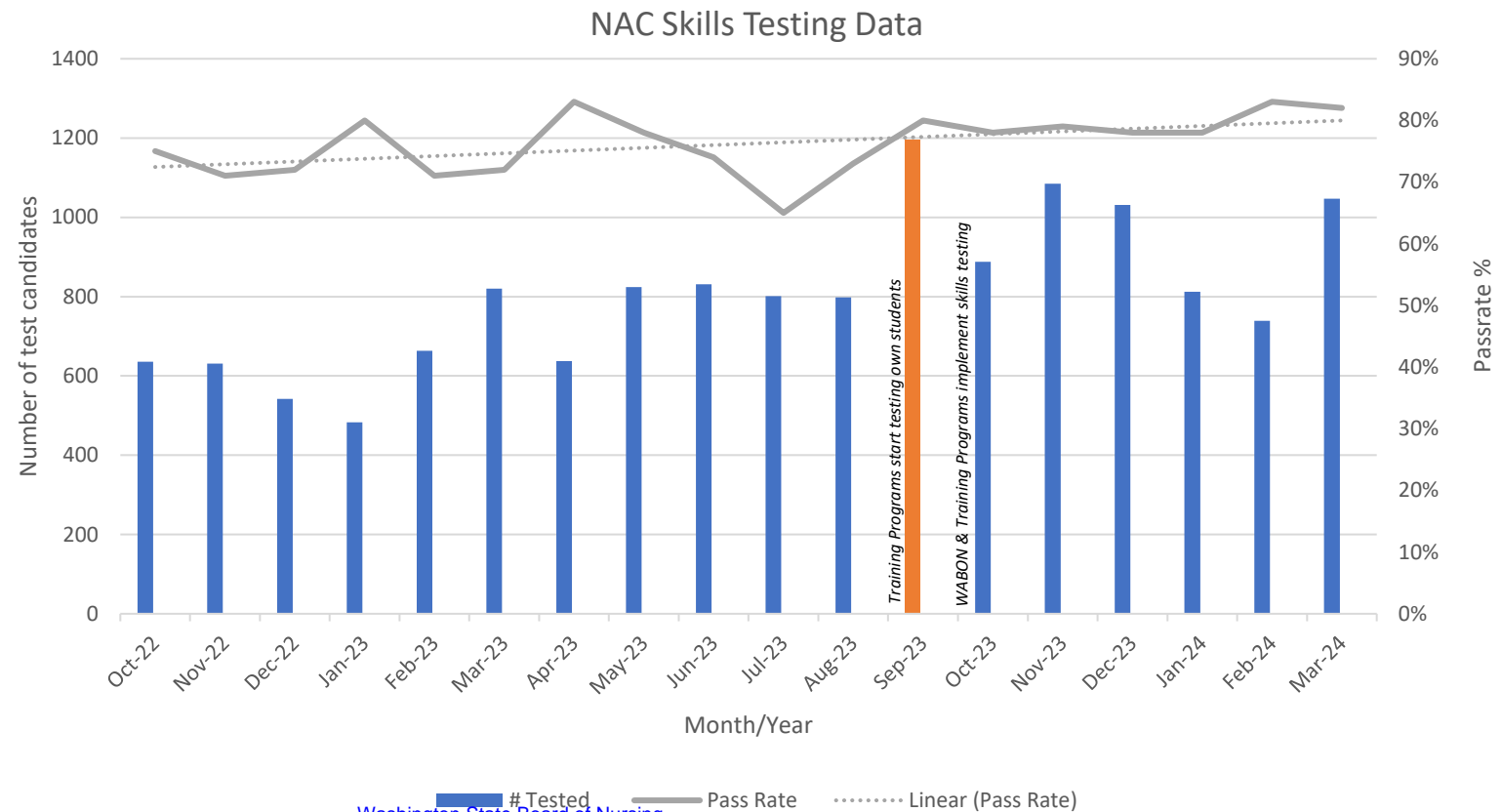
Pass Rate of 1st-Time Test-Takers 2015-2023



NAC Testing Data

More candidates tested since October 2023 with change to training program testing

Increased student confidence/ comfort resulting in higher pass rates.

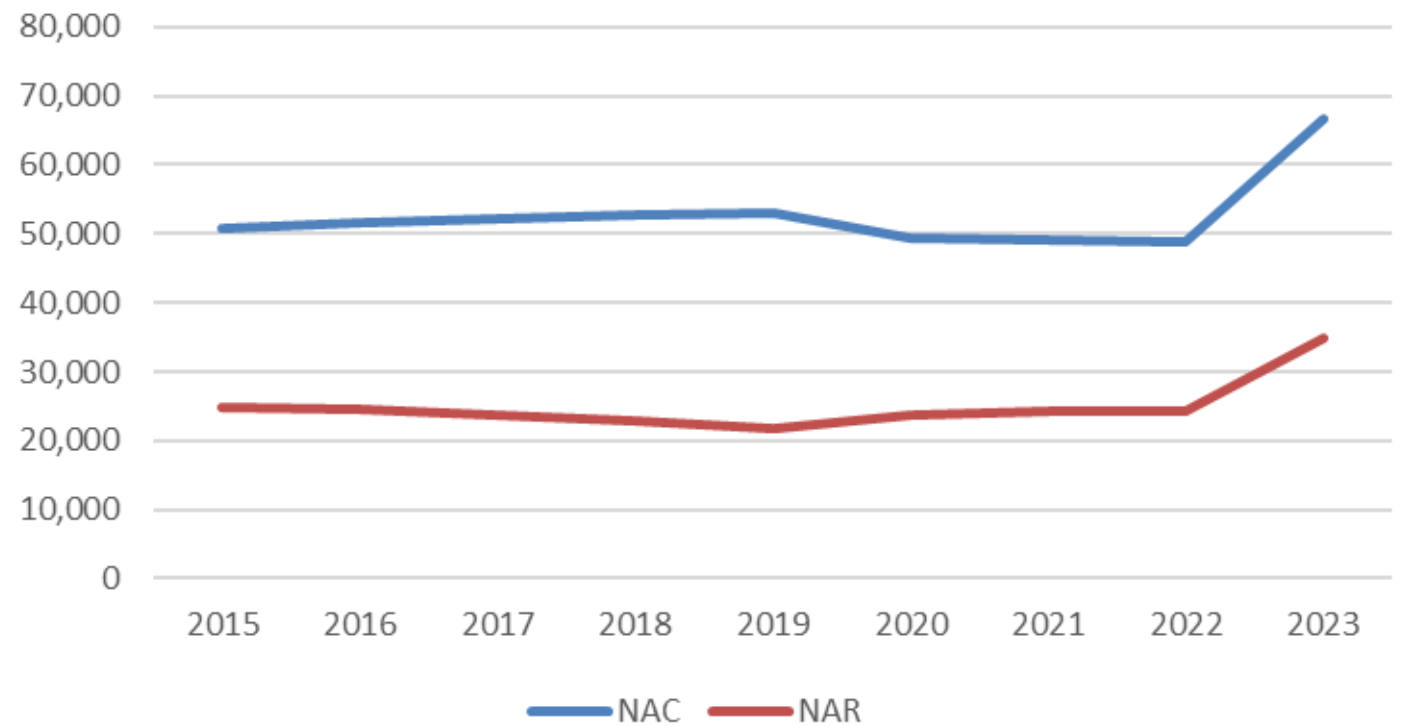


Common Curriculum

Nursing Assistant Totals

Year	NAC	NAR	Total
2014	49,443	25,898	75,341
2015	50,872	24,964	75,836
2016	51,534	24,644	76,178
2017	52,210	23,587	75,797
2018	52,617	22,797	75,414
2019	52,972	21,859	74,831
2020	49,393	23,727	73,120
2021	49,038	24,255	73,293
2022	48,800	24,165	72,965
2023	49,346	25,180	74, 526

Number of Nursing Assistants 2015-2023



NA Common Curriculum Framework

2019

Common curriculum requested by legislature (ESHB 1109)

2020

Framework developed with statewide workgroup and steering committee

2021

Legislative funding provided for development into an online-capable format

2022

The framework available; orientation sessions are ongoing

2023

HCA and MA Alternative Bridge program versions; new rules for core curriculum implementation

2024

September implementation deadline

A Few Common Curriculum Highlights

A flexible framework:

- Provides a sound structure, meets all requirements
- Allows for choices and tailoring by programs

Holistic, person-centered care focus:

- A familiar conceptual framework (Maslow)
- A story format featuring diverse, engaging characters

Integration of Specialty Training:

- Developmental disabilities
- Mental health
- Dementia

Questions?

Contact

Amy Murray, Nurse Consultant

**Christine Tran, Training Program
Specialist**

Sandra Graham, Nurse Consultant

**Alana Esteban, Training
Program Specialist**

**Dennis Gunnarson, Administrative
Assistant**

Washington State Board of Nursing



Washington State Board of Nursing
Business Meeting
May 10, 2024
handle: WADeptHealth

Strategic Plan for Nursing Assistants (2023-2025) – **UPDATED April 25, 2024**

This plan is the third in a series to create significant transformation for nursing assistants. The plan brings to fruition the work of the previous two plans and, when complete, reflects six years of ongoing, statewide work with interested parties. The plan includes a new rules chapter, a new common curriculum, and significant revisions to the state exam for nursing assistants. In addition, it reflects two legislative charges from SSB 5582: An HCA-NAC-LPN Registered Apprenticeship Pilot and a High School-Rural Hospital Pilot. Finally, it addresses two WABON-driven initiatives: One to identify ways to support the success of English language learners in their journey nursing assistant-certified and beyond, and one to identify clear, data-driven timelines for protecting the public in relation to nursing assistant training, testing, certification, renewal, and re-certification.

Goals: For all nursing assistants, including English language learners: **(1)** support increased access to and success in completing quality training and efficient, timely testing; **(2)** develop quality, seamless educational and employment pathways for nursing assistants—from the high school level to all levels of licensed nursing practice; and **(3)** assure timeline requirements for nursing assistants are clear and make sense in terms of how they support public protection.

Objectives	Responsibility	Key Steps/Resources	Anticipated Completion Date	Progress
Finalize Proposed Rules: WAC Chapter 246-841A	Kathy Moio, Bonnie King	<ul style="list-style-type: none"> Hearing scheduled for 8/30/23 Complete required post-hearing activities Final filing for effective date 	By 10/31/23	Completed Timely; rules effective as of 11/3/23.
Implement Rules Changes, Including Common Curriculum with Integration of Specialty Units	Amy Murray, Sandra Graham, Alana Llacuna, Christine Tran, Dennis Gunnarson	<ul style="list-style-type: none"> 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 Program renewals include conversion to Common Curriculum. 	By 10/31/23 “ “ “ “ Ongoing By 05/03/24 By 9/1/24	Forms revisions completed timely; web updates made, rules orientations held ongoing

Objectives	Responsibility	Key Steps/Resources	Anticipated Completion Date	Progress
		<ul style="list-style-type: none"> 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 	Start 12/1/23 & Ongoing	
Continue to Make & Implement Revisions to Nursing Assistant Testing	Amy Murray, Alana Esteban, Christine Tran, Dennis Gunnarson	<ul style="list-style-type: none"> 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. Request approval for rulemaking to formalize testing pilot Evaluate and refine testing revisions. Joint legislative report with DOH/WABON on bridge programs 	By 10/1/23 & Ongoing Ongoing By 10/1/23 By 04/25/24 Ongoing Legislative Report due 12/1/24	Skills testing slots expanded significantly with testing change; CQI to evaluate, refine & improve efficiencies is ongoing; contract amendment to reflect changes is completed.
Continue HCA-NAC-LPN Registered Apprenticeship Pilot work as legislated through June	Marlin Galiano with support from Dennis Gunnarson	<ul style="list-style-type: none"> 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, 	Ongoing 8/1/23 & Ongoing Ongoing	WABON staff continues availability to consult and support lead agency; finalization of contract between lead agency and

Objectives	Responsibility	Key Steps/Resources	Anticipated Completion Date	Progress
2026 (SSB 5582)		<p>including communication with the Nursing Program Approval Panel (NPAP) as required.</p> <ul style="list-style-type: none"> • 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. 	<p>Ongoing</p> <p>8/1/23 & Ongoing</p> <p>Ongoing</p> <p>Ongoing & Legislative Report Due 12/1/25</p>	<p>sponsor (WHCA) complete and work to complete WSATC submission is underway.</p>
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)	Marlin Galiano; hiring RN Consultant as of (04/25/24)	<ul style="list-style-type: none"> • 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 them 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. 	<p>By 11/30/23</p> <p>By 1/5/24</p> <p>By 3/1/24</p> <p>Start 3/1/24 & Ongoing</p> <p>Ongoing with formal</p>	<p>Project partners met on Jan. 31 and approved preliminary project plan and action group structure: 1—Establishing Clinical Affiliations; 2—Opening New Programs; 3—Healthcare Pathway Materials; 4--“Popcorn” group to address unique/new issues as identified by partners.</p>

Objectives	Responsibility	Key Steps/Resources	Anticipated Completion Date	Progress
		<ul style="list-style-type: none"> Evaluate the pilot(s) Write and submit required two reports to the legislature outlining the status of the pilots and presenting findings and recommendations 	evaluation for report due to legislature 12/1/25 Legislative Reports Due 12/1/24 & 12/1/25	Follow-up meetings with action groups 1 and 2 and individual partners planned Feb-May. Next all-partner public meeting slated for mid-May 2024.
Language & Timeline Considerations for Nursing Assistants	Sandra Graham	<ul style="list-style-type: none"> 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 support 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 WABON 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. 	By 10/31/23 By 3/1/24 By 6/30/24 By 8/31/24 By 10/30/24 Ongoing 10/30/24 to 6/30/25	Nurse consultant hired and started 11/1/23; Orientation to unit and this initiative are underway. Completed 3/1/2024. 4/26/2024 Literature review: A collection of literature regarding screening, language acquisition, andragogy for multilingual learners has been collected with review in progress. A list of stakeholders to

Objectives	Responsibility	Key Steps/Resources	Anticipated Completion Date	Progress
		<ul style="list-style-type: none"> Implement aspects of the evaluation plan (if implementation is far enough along to evaluate), report on the findings, and make recommendations for refinement to WABON for moving the work forward. 	Ongoing 10/30/24 to 6/30/25	convene has been started. As of 4/26/24, 1:1 discussion have begun with training programs to identify needs. (Private, Hospital, and Long-Term Care.



2025 LEGISLATIVE PRIORITY PLANNING

May 10, 2024

Legislative Milestone

WABON achieved a major 2024 legislative milestone with the passage of House Bill 2416!

- Changes the title for advanced registered nurse practitioner (ARNP) to advanced practice registered nurse (APRN)
- Ensures title protection for credentialed advanced practice nurses
- Unanimously passed in both the House and the Senate, and Governor Inslee signed the bill into law on March 25, 2024
- Implementation planned for June 30, 2027



Established 2024 Priorities

Fund Financial Aid Supporting Nurse Substance Use Treatment

- Decision package to reduce barriers to substance use treatment as part of RCW 18.79.440 (HB 1255)
- **WABON Request Legislation**

Invest in Simulation Professional Development

- Provide grant options for faculty development, program endorsements, open-sourced materials for training to increase feasibility of 1:2 simulation.

Fund Nursing Faculty Salaries

- Subsidize salaries to address disparities across the industry
- Stabilize, retain, and recruit diverse nursing education faculty

Quantify Long-Term Care (LTC) Staffing Needs

- Advance research on Licensed Practicing Nurse (LPN) workforce to define value, quality of care, and models of care delivery in Washington.
- Amend RCW 18.79.260 to address nurse delegation broadly to reduce barriers across LTC settings including medication administration, lab testing, and emergency medication access.

Enhance the Nursing Workforce

- **Retain:** Support well-being and burnout prevention programs; and prevent workplace violence
- **Develop:** Support transition to practice across care settings, build new pipelines of entry to nursing
- **Innovate:** Align academia and practice to support new nurse transition; share staff and resources across settings; and enhance diversity of nursing, nursing faculty

Priorities for Consideration

Assume Regulatory Authority of Nursing Assistants & Nursing Pools

- Request legislation to transfer regulatory authority of Nursing Assistants and Nursing Pools from the Secretary of Health (DOH) to WABON
- **WABON Request Legislation**

Support APRN Pay Parity

- Support insurance reimbursement for advanced registered nurse practitioners and physician assistants at the same rate as physicians
- Redirects revenue from health carriers back into practice settings
- 2024 WSNA & AUWS priority

Support the Development of a New Pediatric Complex Care Model

- Support reimbursement for parents caring for their medically complex children medically complex
- Consider establishing a new licensure (PCCA)
- 2023 Seattle Children's & WABON priority

Next Steps

Regulatory Affairs Team Intersession Work

Continue to identify priorities for key legislators and community partners

Socialize currently identified WABON priorities

July Business Meeting

Review potential priorities in detail

Finalize 2025 legislative priorities

*Note November elections create a new political landscape

**DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE**

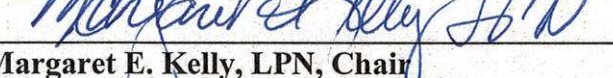
Title: Election of Officers **Number:** H02.03

Reference: [RCW 18.79.100](#); [RCW 42.30.060](#)

Contact: Paula R. Meyer, MSN, RN, FRE, Executive Director
Washington State Nursing Care Quality Assurance Commission
(NCQAC)

Effective Date: March 1, 2016 **Date Reviewed:** February 2016

Supersedes: May 8, 2015
November 18, 2011

Approved: 
Margaret E. Kelly, LPN, Chair
Washington State Nursing Care Quality Assurance Commission
(NCQAC)

PURPOSE:

The Nursing Care Quality Assurance Commission (NCQAC) shall annually elect officers from among its members. The NCQAC elects a chair, vice chair, and secretary/treasurer.

PROCEDURE:

The final slate of candidates is presented at the May NCQAC business meeting. The NCQAC proceeds with the election. If the chair of the NCQAC is a nominee for office, the vice chair acts as the presiding officer of the election. If both the chair and the vice chair are nominees for office, the chair appoints a NCQAC member as the presiding officer for the election.

The slate of candidates is presented in the packet of materials. The chair presents the slate of candidates to the NCQAC for adoption. Nominations from the floor must be presented at the March NCQAC business meeting. No further nominations from the floor are accepted at the May meeting.

According to the Open Public Meetings Act, [RCW 42.30.060 \(2\)](#)

No governing body of a public agency at any meeting required to be open to the public shall vote by secret ballot. Any vote taken in violation of this subsection shall be null and void, and shall be considered an "action" under this chapter.

The election proceeds with a ballot. The ballot includes the names of all nominees, including nominations from the floor. Since the Open Public Meeting Act prohibits a secret ballot, all voting NCQAC members must sign their ballots. The presiding officer directs the NCQAC members to cast their ballots. Only members attending the May NCQAC meeting in person may vote. Absentee ballots are not allowed. A staff member collects the ballots. Two staff members count the ballots, tally and document the results. The staff member gives the documented results to the presiding officer. The presiding officer reads the final tally and announces the new officers for chair, vice chair, and secretary/treasurer. The staff member then places ballots and the documented count on a tabletop in the meeting area for public view. The ballots and documented count remain on the tabletop until the meeting is adjourned. The count totals are recorded in the minutes of the meeting. Individual voting records are not captured on the tally or in the minutes.

All documents associated with the election, including the completed ballots, are maintained with the minutes of the meeting. The ballots and the documentation of the count are subject to the same retention schedule as required for meeting minutes.



XVI.B.2. Slate of
Candidates FINAL
05.10.2024

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Washington State Board of Nursing
P.O. Box 47864
Olympia, WA 98504-7864

May 10, 2024
Election of Officers
Slate of Candidates

Chair

Dawn Morrell

Vice Chair

Quiana Daniels

Secretary/Treasurer

Sharon Ness

MaiKia Moua



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Washington State Board of Nursing
P.O. Box 47864
Olympia, WA 98504-7864

May 10, 2024

Election of Officers

Ballot

To vote, place an X in the box immediately before the candidate's name. All
Ballots must be signed at the bottom of this document.

Chair

☐

Dawn Morrell

Vice Chair

☐

Quiana Daniels

Secretary/Treasurer

☐

MaiKia Moua

☐

Sharon Ness

Signature of Board Member