



**Board of Nursing  
Meeting Agenda**

**November 8, 2024  
8:30 AM - 5:00 PM**

**This is a virtual meeting**, if you would like to participate in the meeting and you don't have computer or phone access you may attend at building TC2 **room 167** at 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/96255428591?pwd=ZUodOigpzgoE9dGJQW-Uz8UWiZz5N2\\_LIMk](https://us02web.zoom.us/join/96255428591?pwd=ZUodOigpzgoE9dGJQW-Uz8UWiZz5N2_LIMk)

**Commission Members:**

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

**Assistant Attorney General:**

Sierra McWilliams, Assistant Attorney General

**Staff:**

Alison Bradywood, DNP, MPH, RN, NEA-BC, Executive Director  
Chris Archuleta, Director, Operations and Finance  
Reuben Argel, MBA, BSN, RN, 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, (*November 1, 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](mailto: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](http://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](http://doh.wa.gov/about-us/public-records).

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

### **I. 8:30 AM – Opening, Dawn Morrell, 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 – Jacob Garcia**

##### **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. September 13, 2024
2. Advanced Practice Subcommittee
  - a. August 21, 2024
  - b. September 18, 2024

### **III. Consent Agenda – DISCUSSION/ACTION. Continued**

#### **A. Approval of Minutes. Continued**

3. Discipline Subcommittee
  - a. August 20, 2024
4. Consistent Standards of Practice Subcommittee
  - a. August 8, 2024
5. Licensing Subcommittee
  - a. August 20, 2024
  - b. September 2024 – No meeting
6. Research Subcommittee
  - a. October 21, 2024
7. Education Subcommittee
  - a. September 3, 2024

#### **B. Letter from NCSBN President Phyllis Johnson**

#### **C. Performance Measures**

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

#### **D. Licensing Report to the Governor’s Office**

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

1. W38.02 Work Site Monitoring

#### **F. Washington Center for Nursing/WABON monthly meetings**

1. September 16, 2024 – no minutes
2. September 24, 2024 – no minutes
3. September 26, 2024
4. September 30, 2024 – no minutes
5. October 8, 2024 – no minutes
6. October 14, 2024 – no minutes
7. October 21, 2024, included DOH

#### **G. Out-of-state travel reports**

1. Anita Nath, NCSBN Annual Meeting – August 28-30, 2024

### **IV. 8:45 AM – 9:00 AM – WABON Panel Decisions – DISCUSSION**

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

#### **A. Nursing Program Approval Panel (NPAP)**

1. September 19, 2024
2. September 26, 2024
3. October 3, 2024
4. October 21, 2024

#### **B. Nursing Assistant Program Approval Panel (NAPAP)**

1. October 14, 2024

**V. 9:00 AM – 9:15 AM – Chair Report – Dawn Morrell – DISCUSSION/ACTION**

**A. Appoint Nominations Committee for Officer Elections, Procedure, and WABON Award**

Situation: Annual appointment by the Chair of three board members to participate on the nominations committee for board officer elections, NCSBN award nominations, and WABON award.

Background: The nominations committee selects qualified members willing to serve in leadership positions and presents a slate of candidates to the board for elections in May (refer to procedure H01.03 in the packet for details). The nominations committee receives, reviews, and selects nominations for NCSBN awards, and recipients of WABON award.

Assessment: All board members are eligible unless they have served two consecutive terms on the nominations committee. This is a one-year appointment.

Recommendation: Consider volunteering to participate; notify staff if interested

**VI. 9:15 AM – 9:45 AM – Executive Director Report – Alison Bradywood – DISCUSSION/ACTION**

**A. Budget Report – Maikia Moua, Chris Archuleta**

**B. WCN Update**

**C. Strategic Plan Update**

1. Bill Implementation
  - a. 2023 SB 5499 – Multistate Licensing Volumes – Amber Bielaski
2. Data-Driven Practice – Debbie Carlson – No update
3. Diversity, Equity, Inclusion, & Belonging (DEIB) – Anthony Partridge – No update
4. Communications – Social Media Presence – Shad Bell

**D. Rules Update – Jessilyn Dagum**

**E. Health Enforcement and Licensure Management System (HELMS) Update – Karl Hoehn – No update**

**F. WABON Conference Evaluation**

**9:45 AM – 10:00 AM - Break**

**VII. 10:00 AM – 11:00 AM – Subcommittee Report – DISCUSSION/ACTION**

**A. Advanced Practice – Ajay Mendoza, Chair**

1. Performance Measures

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

1. Naloxone Distribution in Hospitals – Washington State Hospital Association (WSHA) Request

Situation: WSHA’s Safe Deliveries Roadmap pilot program found that some hospital-based implementation teams are encountering barriers with their institutions reading the [RCW 69.41.095](#) prohibiting naloxone dispensing from the inpatient setting.

Background: While the pilot project is aimed at obstetric units, the dilemma exists for all areas of care where at-risk patients may be present. Literature shows that the rate of naloxone prescribing is low and that the fill rate for those prescriptions is

even lower. The [Naloxone State-Wide Standing Order](#) permits dispensing and delivery to at-risk people in any setting.

Assessment: [RCW 69.41.095](#) allows nurses to distribute dispense, deliver, and administer naloxone to any individual in any setting following a standing order.

Recommendation: Develop a formal statement or guidance document(s) supporting nurses' ability to distribute and dispense naloxone to at risk-individuals in hospital settings. Options for guidance include:

1. Develop a stand-alone supporting statement.
2. Develop a joint statement with the Pharmacy Commission.
3. Add a supporting statement to the existing Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion.
4. Develop a stand-alone advisory opinion.
5. Develop FAQs specific to supporting dispensing directly to the patient at hospital discharge for patients at risk.

### **C. Discipline – Sharon Ness, Chair**

Situation: Five Washington Health Professional Services (WHPS) procedures were updated for terminology and references. These include adding a mental health component to monitoring, the Substance Use Disorder Review Panel, the stigma/stipend program, limitations of the nurse licensure compact related to WHPS, the term case managers, and alignment with contract language and other recently revised procedures. Adjustments related to current practice are detailed in the assessment below.

Background: Board staff and the Discipline Subcommittee (DSC) regularly review procedures to remain current with best practice standards and to reflect operational changes.

Assessment:

*Contract Terms and Conditions* (W35) allows for the nurse's monitoring contract for mild SUD diagnosis to be shortened from three to two years with proven abstinence for at least one year before entering the program. A nurse on a transition contract must not be on medication restriction in their employment, and minimum testing of 12 times/year (versus 12-18 times/year).

*Case Management* (W36) adds monitoring interruptions to the list of monitoring activities and additional monitoring activities to case manager discussion for case staffing meetings.

*Professional Peer Support Groups* (W39) aligns with the peer support group (PSG) facilitator contract language related to the licensing requirement. Broader reference to healthcare professionals (versus nurses) includes Washington Recovery and Monitoring Program (WRAMP) participants. The assistant director, WHPS, may remove a facilitator for performance concerns. A recently revised PSG facilitator agreement is added.

*Cease Practice Requirements* (W45) specifically mentions substance use non-compliance as a reason to remove a nurse from practice, and a requirement to follow all treatment recommendations.

*Graduation* (W46) identifies the removal of the *yes* indicator and associated disciplinary documents for SUD-related documents from Provider Credential Search upon the nurse's successful completion of the program.

Recommendation: The Discipline Subcommittee recommends adopting revisions to the following procedures to align with current terminology, best practices, current programs, contract language, and recently revised procedures.

1. W35 Contract Terms and Conditions
2. W36 Case Management

3. W39 Professional Peer Support Groups
4. W45 Cease Practice Requirements
5. W46 Graduation.

**D. Licensing – Dawn Morrell, Chair**

1. Canadian English Language Benchmark for Nurses (CELBAN) passing scores.  
Situation: WABON approves education evaluation companies and English proficiency examinations used to meet nurse licensing requirements in Washington.

Background: WABON approved CELBAN as a provider for English proficiency exam at the September 13, 2024, Board meeting. The passing scores were reviewed by the subcommittee.

Assessment: The passing scores were discussed and reviewed by the subcommittee.

Recommendation: Subcommittee recommends approval of CELBAN’s passing scores.

**E. Research – Maikia Moua, Chair**

1. Performance Measures
2. Multistate License (MSL) Workforce Dashboard
3. Student Project Updates

**F. Education – Kimberly Tucker, Chair – No Report**

**VIII. 11:00 AM – 11:30 AM – Education – Gerianne Babbo, Reuben Argel - DISCUSSION/ACTION**

**A. Nursing Education – Gerianne Babbo**

1. SB 5582 – 1:2 Simulation, and Nurse Administrator Qualifications for BSN Programs
2. Community and Technical Colleges Nursing Program Capacity Plan

**B. Nursing Assistant – Reuben Argel, Alana Esteban**

1. Strategic Plan Updates
2. WABON Legislative Report - ESSB 5582, Section 11 - 10.11.24
3. Skills Testing Pilot Updates

**11:30 AM – 1:00 PM – Lunch**

**IX. 12:00 PM – 1:00 PM – Education Session - 988 Suicide and Crisis Hotline – Elizabeth M. Emmett, Washington State Department of Health**

Providing information to Washingtonians to understand the 988-crisis line that connects people to the National Suicide Prevention Lifeline (NSPL).

**X. 1:00 PM – 1:15 AM – Public Comment**

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

**XI. 1:15 PM – 2:00 PM – ARNP Education Requirements Rules Hearing**

Situation: The Washington State Board of Nursing (board) proposes amendments to ARNP education requirements for licensure in response to a recommendation from the Joint Administrative Rules Review Committee (JARRC).

Background: On July 5, 2023, the JARRC found by a majority vote that by not defining "graduate degree" in rule, and by authorizing exemptions to WAC 246-840-340 and 246-840-342 by agency procedure, the board is using a policy in place of a rule that has not been adopted in accordance with all applicable provisions of law. The JARRC recommended that the board define "graduate degree" and provide for the exemptions in board procedures by rule.

Assessment: The proposed amendments to WAC 246-840-010, 246-840-340, and 246-840-342 address the JARRC's concerns by defining "graduate degree" as a master's or doctoral degree and incorporating existing exemptions for ARNP licensure into the formal rules.

Recommendation: It is recommended that the board adopt the proposed amendments to ensure compliance with JARRC's recommendation, clarifying the education requirements for ARNP licensure and appropriately handling exemptions within the formal rulemaking process.

**XII. 2:00 PM – 2:30 PM – Legislative Update – Anthony Partridge**

**A. Legislative Panel**

**B. Statewide Legislative Priorities**

**C. Emerging Mental Health for Healthcare Providers – Developing a proposal for Feasible Interventions**

**XIII. Meeting Evaluation**

**XIV. Closing**



**Board of Nursing  
Meeting Minutes**

**September 13, 2024  
8:30 AM- 5:00 PM**

This was a virtual meeting, people could attend the meeting if they did not have a computer or phone access at Washington State Department of Health, [111 Israel Rd SE, Tumwater, WA, 98501](https://www.doh.wa.gov/locations/111-Israel-Rd-SE-Tumwater-WA-98501), in room TC2 166. 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:**

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

**Excused:**

Adam Canary, LPN

**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



**I. 8:30 AM Opening**

**II. Call to Order**

**A. Introductions**

**B. Order of the Agenda**

Dr. Bradywood proposed an addition to the agenda to discuss an emergent item on mental health pilot proposal during the Legislative Update.

**ACTION:** MS. Daniels motioned with a second from Dr. Tucker, to add emerging mental health pilot proposal to the agenda during the legislative update. The motion passed.

**C. Land Acknowledgement – Ajay Mendoza**

**D. Announcements**

Reminder – October 2<sup>nd</sup> Voice and Vision: The Possibilities Conference.

National Hispanic Heritage Month

**III. Consent Agenda – DISCUSSION/ACTION**

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

**ACTION:** Dr. Tucker moved, with a second from Ms. Guilford to approve the consent agenda. The motion passed.

**A. Approval of Minutes**

1. WABON Business Meeting
  - a. July 12, 2024
2. Advanced Practice Subcommittee
  - a. July 17, 2024
3. Discipline Subcommittee
  - a. June 18, 2024
4. Consistent Standards of Practice Subcommittee
  - a. June 4, 2024
5. Licensing Subcommittee
  - a. June 18, 2024
  - b. July 2024 – No meeting
6. Research Subcommittee
  - a. July 15, 2024
7. Education Subcommittee – No meeting

**B. Letter from NCSBN President Jay Douglas**

**C. Performance Measures**

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

**D. Licensing Report to the Governor’s Office**

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

1. W37.02 Practice Approval
2. W47.02 Outreach and Education
3. W48.02 Office Hours and Standards
4. H14.03 Evaluation of Executive Director

- III. Consent Agenda – DISCUSSION/ACTION. Continued.**
  - F. Washington Center for Nursing/WABON monthly meetings**
    - 1. July 25, 2024
    - 2. August 12, 2024 (WCN/DOH/WABON)
    - 3. August 15, 2024
  - G. Out of state travel reports – no report**

**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. July 18, 2024
- 2. July 22, 2024
- 3. August 1, 2024
- 4. August 15, 2024
- 5. August 19, 2024
- 6. September 5, 2024

**B. Nursing Assistant Program Approval Panel (NAPAP)**

- 1. June 10, 2024
- 2. July 8, 2024
- 3. August 12, 2024
- 4. September 9, 2024

**V. Executive Director Report – Alison Bradywood – DISCUSSION/ACTION**

**A. Budget Report – Maikia Moua, Chris Archuleta – No report**

**B. Strategic Plan Update**

- 1. Bill Implementation
  - a. 2023 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 on the implementation of the removal of the “yes” on credential search with the hard work from IT. Mr. Hulteen further reported, the mentorship program has successfully begun with four mentors approved. Dr. Bradywood reported a BONcast on Washington Health Professional Services (WHPS) from a graduate has been release and encouraged those interested to view it here: [Listen to BONcast Episode 8 Now | Washington State Board of Nursing](#)
  - b. 2023 SB 5499 – Multistate Licensing Volumes – Amber Bielaski  
Ms. Bielaski reported the multistate licensing volumes continue to increase. As of August 2024, a total of 356 LPN MSLs (3.4% of active LPNs) and 4,285 registered nurse MSLs (4% of active RNs) have been issued in Washington state. Dr. Bradywood reported the multistate information is now on the data dashboards.
  - c. 2024 SB 6286 – Anesthesia Workforce Study – Anthony Partridge  
Mr. Partridge reported on the CRNA grant and workforce study progress, WABON is expecting submissions by the end of the year.

**V. Executive Director Report – Alison Bradywood – DISCUSSION/ACTION. Continued.**

**B. Strategic Plan Update. Continued.**

2. Data-Driven Practice – Debbie Carlson, Margaret Holm, Shana Johnny, Marlin Galiano  
The practice team presented an update on data driven practice on data collection utilizing forms such as practice inquiries, early remediation, continuing competency, educational presentations, and reported on the testing phases of the priority matrix and presentation evaluations.
3. Diversity, Equity, Inclusion, & Belonging (DEIB) – Anthony Partridge – No update
4. Communications – Social Media Presence – Shad Bell  
Mr. Bell reported on analytics regarding GovDelivery, and the nursing website. In the second quarter of 2024, the Washington State Board of Nursing (WABON) website received a total of 254,461 users with an average engagement time of 1 minutes and 35 seconds. Most users arrived at the website through direct traffic (45.9%), followed by organic search (39.5%), and then referral (14.2%). The top visited pages were the Verify a License page, the Home page, and the Online Application Instructions page.  
Ms. Sharar reported on analytics on social media. The WABON Facebook following is currently 62 Facebook users, Instagram has 46 followers, and LinkedIn has 45 followers. Ms. Sharar explained the reach of social media and encouraged the board of follow WABON's social media accounts to assist in extending that reach.

**C. Rules Update – Jessilyn Dagum**

1. Rules Update  
Ms. Dagum reported on rules in progress.
2. Chapter 246-840 WAC Rewrite (5-year formal review process)  
Ms. Dagum presented the proposal to conduct a five-year phased rewrite of Chapter 246-840 WAC. This project aims to ensure that the rules are up to date, reflect current best practices, and align with the Board's statutory responsibilities. The proposed changes include adding new sections, cleaning up and restructuring the chapter, updating the chapter title to accurately reflect the Board's purview, replacing instances of "commission" with "board," and correcting outdated WAC references.  
**ACTION:** Mr. Garcia moved, with a second by Mr. Mendoza, to approve the Chapter 246-840 rewrite rulemaking project. The motion passed.
3. J21.02 – Interpretive Statements and Policy Statements procedure  
Ms. Dagum presented procedure revisions for J21.02 on interpretive and policy statements to update the format, WABON name change, and technical items to reflect current practice.  
**ACTION:** Ms. Daniels moved, with a second by Mr. Mendoza, to approve Procedure J21.02 – Interpretive Statements and Policy Statements. The motion passed.

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

Mr. Hoehn reported the HELMS project is on track to current timelines. The planned date for release two is February 19<sup>th</sup>, 2025, and release three is scheduled for the last quarter of 2025. A funding request has been submitted to the legislature.

**V. Executive Director Report – Alison Bradywood – DISCUSSION/ACTION. Continued.**

**E. Aesthetics Interagency Taskforce – Alison Bradywood**

Dr. Bradywood reported a new taskforce on aesthetics starting in June. The taskforce has met four times and spans multiple agencies including cosmetology, dentistry, medical, licensing, DOH and nursing. The role of the taskforce is on aligning efforts to provide safe, quality care and to support patients with best practices and education.

**F. State Auditor’s Office Licensing Performance Report – Alison Bradywood**

Dr. Bradywood reported on the state auditor’s office performance of nursing licensing.

**VI. Subcommittee Report – DISCUSSION/ACTION**

**A. Advanced Practice – Ajay Mendoza, Chair**

1. AP Compact Alternative

Mr. Mendoza updated the board on the advanced practice compact alternative. Dr. Gorski reported NCSBN three or four states have joined the compact, Washington is in the preliminary stages.

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

1. New Commonly Asked Questions

Ms. Guilford presented new commonly asked questions. The Practice Team receives numerous questions about nurse delegation. The CAQs will help clarify requirements for nursing delegation and allow consistency in responses specific to blood glucose testing and insulin administration.

1. RN Delegation of Blood Glucose Testing/Monitoring and Administration of Insulin for Treatment of Diabetes Mellitus to the Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C) or Home Care Aide-Certified (HCA-C)
2. RN Delegation of Blood Glucose Testing/Monitoring and Administration of Insulin for Treatment of Diabetes Mellitus to Non-Credentialed Staff in Public and Private Schools, Kindergarten-Twelfth (K-12) Grades

**ACTION:** Ms. Guilford moved, with a second by the Consistent Standards Subcommittee, to approve two new Commonly Asked Questions related to RN delegation of Blood Glucose testing/monitoring, and administration of insulin. The motion passed.

**C. Discipline – Sharon Ness, Chair**

Ms. Ness presented procedure and policy statement revisions recommended by the Discipline subcommittee.

1. Procedure Revisions

a. A34.10 Early Remediation Program

Procedure A34.10 adds discrimination to the list of practice deficiencies that may be eligible for early remediation. It also eliminates the language for employee monitoring (Board no longer requires monitoring in action plans) and distinguishes review by the nurse consultant instead of investigation.

**ACTION:** Ms. Ness moved, with a second by the Discipline Subcommittee, to adopt revisions to procedure A34.10 *Early Remediation Program*. (makes discrimination eligible for ER; removes employee monitoring from action plan; changes investigation to review to describe the work of the nurse consultant). The motion passed.

**VI. Subcommittee Report – DISCUSSION/ACTION. Continued.**

**C. Discipline – Sharon Ness, Chair. Continued.**

- b. W30.02 Confidentiality, Records Management, and Security  
Nurses in the WHPS monitoring program are required to interact with their case managers to ensure effective monitoring and compliance with their contract. Nurses represented by legal counsel does not prevent working directly with their case manager. Revisions to this procedure eliminate language that prohibits case managers from speaking to nurses when they are represented.

**ACTION:** Ms. Ness moved, with a second by the Discipline Subcommittee, to adopt revisions to procedure W30.02 *Confidentiality, Records Management, and Security*. (allows case managers to directly communicate with represented nurses in the program; updates reference to the paperless environment for records management; specifically addresses confidentiality in the telework environment). The motion passed.

2. Discrimination policy statement language  
A policy statement on discrimination, is needed to formalize disciplinary action. This statement is aligned with the WABON DEIB statement approved at the July 2024 business meeting.

**ACTION:** Ms. Ness moved, with a second by the Discipline Subcommittee, to adopt the policy statement on discrimination and file with the Code Reviser’s Office according to Procedure J21.02 Interpretive Statement and Policy Statement, as well as post on the WABON website. The motion passed.

**D. Licensing – Dawn Morrell, Chair**

Ms. Morrell presented avenues to assist in foreign credential evaluations as recommended by the Licensing subcommittee.

1. Review Canadian English Language Benchmark Assessment for Nurses (CELBAN)

CELBAN is a test of nursing language. The tasks are modelled on English language use in a nursing-related context and represent the ways in which nurses use language in the workplace.

2. Review International Education Evaluations, LLC (IEE)

WABON approves education evaluation companies and English proficiency examinations used to meet nurse licensing requirements in Washington. International Education Evaluations (IEE) is requesting approval to provide credentials evaluations for RN, LPNs in Washington state.

**MOTION:** Ms. Morrell moved, with a second from the Licensing subcommittee, to approve the Canadian English Language Benchmark Assessment as an approved English proficiency exam and the International Education Evaluations, LLC as an authorized organization to provide foreign credential evaluations to meet WABON licensing requirements.

**E. Research – Maikia Moua, Chair**

1. Student Engagement; introductions of Fall/Winter students.

Ms. Hamilton introduced the fall/winter students joining the research team.

**VI. Subcommittee Report – DISCUSSION/ACTION. Continued.**

**F. Education – Kimberly Tucker, Chair**

1. NCLEX Attempts

Dr. Bradywood presented on limiting NCLEX attempts in context of Operation Nightingale applicants without appropriate educational backgrounds. The Education subcommittee considered limiting testing accesses may deter fraudulent application from testing in Washington, contribute to closing the national safety net, and would be minimal impact as a single state. Possible actions include limited testing by time from graduation, limiting by number of attempts or a combination with a remediation plan.

**MOTION:** Dr. Tucker moved, with a second by the Education subcommittee, to approve rule making regarding limiting NCLEX attempts and required remediation for those that exceed the established limits. The motion passed.

**VII. 11:30 AM – 11:45 AM – Public Comment**

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

Josie Ramsay – spoke of their struggle with mental health and taking the NCLEX, Josie asked the board to consider that in their decisions on limiting the testing.

**VIII. Education Session – The Collaborative Compass: Guiding IV Hydration Regulation for Improved Patient Outcomes in Mississippi, Phyllis Johnson, DNP-RN, FNP-BC, Executive Director, Mississippi Board of Nursing**

Dr. Johnson presented Mississippi’s collaborative efforts to navigate and enhance IV hydration practices, ultimately leading to improved patient outcomes.

**IX. Legislative Update – Anthony Partridge**

**A. Legislative Priorities One-Pager**

Mr. Partridge presented the approved legislative priorities one pager.

The graphic is a one-pager titled "Washington State Board of Nursing 2025 LEGISLATIVE PRIORITIES". It features a scenic background of a lake and mountains. The content is organized into three numbered columns:

1	2	3
<b>Consolidate Regulatory Authority for Nursing Assistants</b>	<b>Fund the Substance Use Disorder (SUD) Stipend Program to Support Nurses</b>	<b>Augment Nursing Faculty Salaries and Professional Development</b>
WABON Request Legislation Transfer credentialing and disciplinary authority of Nursing Assistants from the Secretary of Health to WABON	Request funding for the SUD Stipend Program (RCW 18.79.440) to reduce barriers and increase access to substance use treatment	a. Subsidize nursing faculty salaries to reduce disparities across the industry, stabilize, retain, and recruit diverse nursing faculty b. Invest in simulation professional development to provide grant options for faculty development, program endorsements, and open-sourced materials for training to increase accessibility

**IX. Legislative Update – Anthony Partridge. Continued.**

**A. Legislative Priorities One-Pager. Continued.**

**4 | Support Advanced Registered Nurse Practitioner (ARNP) Pay Parity**  
Support insurance reimbursement for ARNPs and physician assistants at the same rate as physicians

**5 | Address Long-Term Care (LTC) Staffing Needs**

- a. Advance research on Licensed Practical Nurse (LPN) workforce to define value, quality of care, and models of care delivery in Washington
- b. 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

**6 | Enhance the Nursing Workforce**

- a. Retain
  - i. Support well-being and burnout prevention programs
  - ii. Prevent healthcare workplace violence
- b. Develop
  - i. Support new graduate nurse transition to practice
  - ii. Build new pipelines of entry to nursing
- c. Innovate
  - i. Identify and test new models of care delivery
  - ii. Align academia and practice to support new nurse transition
  - iii. Share staff and resources across settings
  - iv. Enhance diversity of the nursing workforce and nursing faculty

**B. Nursing Assistant Request Legislation – Confirmation to Submit**

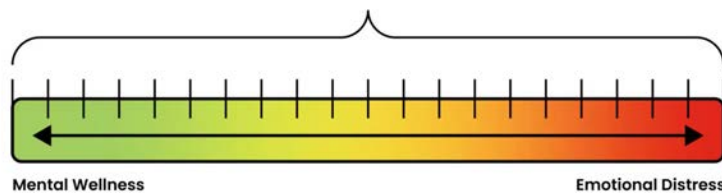
Mr. Archuleta presented the final financial review prior to Nursing Assistant (NA) agency request legislation proposal submission for the 2025 legislative session. Mr. Archuleta’s forecast was positive.

**MOTION:** Ms. Daniels moved, with a second from Mr. Mendoza, to approve the submission of the Nursing Assistant request legislation proposal for the 2025 legislative session. The motion passed.

**C. Emerging Mental Health for Healthcare Providers - Developing a Proposal for Feasible Interventions.**

Dr. Bradywood presented a pilot program proposal, brought forth by a legislator, for supplemental mental health for providers utilizing an interactive screening program out of the American Foundation for Suicide Prevention. The goal is to develop interprofessional recommendations for next steps. Priorities for any mental health initiative is for a collaborative decision to have population-based focus on the higher risk or top 50-80% of the scale; and interprofessional work is a priority.

**Mental Health Continuum**



**MOTION:** Ms. Ness moved, with a second from Ms. Moua, to approve staff developing the proposal for submission and delegated to the board officers for approval due to time constraints. The motion passed.

## **X. Education, DISCUSSION/ACTION**

### **A. Nursing Education – Gerianne Babbo**

1. SB 5582 – 1:2 Simulation, and Nurse Administrator Qualifications for BSN Programs.  
Dr. Babbo reported the draft rule for simulation final hearing took place in August and the CR 103 to be filed soon, to become law 31 days later. The education department has developed FAQs and tools for the website to answer questions.
2. NCLEX Conference Report  
Dr. Babbo reported an overview of the NCLEX results post the new exam which measures clinical judgement. 419k exams have been delivered, and positive reporting on the new exam. The pass rates remain stable.

### **B. Nursing Assistant – Reuben Argel, Christine Tran**

1. Strategic Plan Updates  
Mr. Argel presented an update on the strategic plan, with a mandatory date for specialty curricula implementation by Sept 1, 2025.  
Mr. Argel presented a survey of nursing education programs on preferences for training or certifying students as nursing assistants with positive responses.
2. SB 5582 – Rural Hospital and High School Nursing Assistant Partnership  
Ms. Muriu presented new collaborations with Providence Mt. Carmel Hospital and Colville High School and on the challenges to rural hospitals including lack of resources and small FTE.
3. Skills Testing Pilot Updates  
Ms. Tran presented NAC skill exam testing data demonstrating high pass rates.

## **XI. Board Pay Summary: July 1, 2023 – June 30, 2024 - Bethany Mauden – DISCUSSION**

Ms. Mauden presented the board pay summary from the previous fiscal year.

## **XII. 2:50 PM – 3:59 PM – Executive Session**

Executive Session was closed to the public. The board convened under RCW 42.30.110(i).

## **XIII. WCN Contract - Dawn Morrell - DISCUSSION/ACTION**

### **A. WCN Contract Expiration Next Steps**

Ms. Morrell briefly discussed the WCN Contract challenges and opened discussion from the board.

#### **Potential options:**

- Open contract to RFP (allow WCN to apply or not)
- Move forward with renewal of the WCN contract (for 1- or 2-year period)
- Ms. Ness suggested a contract extension with evaluation tools, score card, and training.



**XIII. WCN Contract - Dawn Morrell - DISCUSSION/ACTION. Continued.**

**Motion:** Ms. Moua moved, seconded by Ms. Ness, to authorize the Executive Director to extend the contract for six months and delegate to the Executive Director to request to open for proposals if necessary/applicable. The motion passed.

**XIV. November Business Meeting**

Ms. Daniels moved, with a second from Ms. Ness, add discussion of the November meeting to the agenda. The motion passed.

Due to concerns regarding not yet receiving the new appointments for the board from the Governor's office, having a virtual meeting was discussed.

**ACTION:** Ms. Daniels moved, with a second from Ms. Guilford, to have the November meeting be virtual if appointment have not been received within the next two weeks. The motion passed.

**XV. Meeting Evaluation**

Did the length of the packet meet your needs?

Strongly Agree 6/9 (66%) Agree 3/9 (33%) Neither Agree or Disagree 0/9 (0%) Disagree 0/9 (0%) Strongly Disagree 0/9 (0%)

Was the information and SBAR in the packet helpful?

Strongly Agree 7/9 (77%) Agree 2/9 (22%) Neither Agree or Disagree 0/9 (0%) Disagree 0/9 (0%) Strongly Disagree 0/9 (0%)

Did you feel like your voice was heard?

Strongly Agree 8/9 (88%) Agree 1/9 (11%) Neither Agree or Disagree 0/9 (0%) Disagree 0/9 (0%) Strongly Disagree 0/9 (0%)

The meeting content was relevant to the Strategic Plan and to the Board?

Strongly Agree 9/9 (100%) Agree 0/9 (0%) Neither Agree or Disagree 0/9 (0%) Disagree 0/9 (0%) Strongly Disagree 0/9 (0%)

Comments

J. Garcia: Was a very informative meeting great job everyone

H. Hufnagel: Happy Birthday Alison! We need to have a Board end of year get together.

E. Guilford: Excellent information and speaker presented. Thank you!

Q. Daniels: Great meeting!

A. Mendoza: Thanks again all

**XVI. 4:20 PM Closing**



**Washington State Board of Nursing (WABON)  
Advanced Practice Subcommittee Meeting Minutes  
August 21, 2024 7:00 p.m. to 8:00 p.m.**

<b>Subcommittee Members Present:</b>	Ajay Mendoza, CNM, Interim Chair Kelli Camp, MSN, CRNA, ARNP Bianca Reis, DNP, MBA, ARNP, PMHNP-BC Michelle Dedeo, DNP, ARNP-CNS, ACCNS-AG, CCRN, CNRN, SCRNP Cyd Marckmann, DNP, ARNP
<b>Absent:</b>	Bliss Ali, RN, MN, ARNP, CNM, MPH Wendy E. Murchie, DNP, CPNP-AC Aaron Eastman, DNP, CRNA, ARNP Jeffery Ramirez, Ph.D., PMHNP, CARN-AP, CNE, FNAP, FAANP, FAAN Molly Dutton, MS, MN, ARNP-BC
<b>Staff Present:</b>	Mary Sue Gorski, PhD, RN, Director, Advanced Practice and Research Heather Hamilton, Research Assistant Anthony Partridge, Assistant Director, Regulatory Affairs Jessilyn Dagum, Policy Analyst

**I. 7:00 PM Opening – Ajay Mendoza, Interim-Chair  
Call to Order**

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

**II. Standing Agenda Items**

- Announcements/Hot Topic/WABON Business Meeting Updates were given by Ajay Mendoza on telehealth federal guidelines.
- Review of Advanced Practice Draft Minutes: July 17, 2024
  - The subcommittee reviewed with a consensus to bring the minutes to the September 13, 2024 Business Meeting.

**III. Old Business**

- Mary Sue gave an update on AP Compact workgroup that is continuing its work on recommendations.

**IV. New Business**

- Ajay Mendoza introduced an upcoming project involving Nurse Mid-wives in Washington
- Heather Hamilton updated the committee on work for an Advanced Practice questionnaire Form for standardizing inquiries coming in through phone and email.
- Jessilyn Dagum gave a Rulemaking Update about 246-840 Chapter Rewrite.
  - Chapter Rewrite: Phase 1 – Licensing and Continuing Competency
  - Applicants Educated Outside the United States

**V. Ending Items**

- Public Comment was sought after the meeting due to an error in the zoom link invite. Resources, meeting packet, zoom links, and request for feedback and public comments were emailed to public members attempting to attend.
- Date of Next Meeting – September 18, 2024
- Adjournment – The meeting adjourned at 7:28pm

DRAFT



**Washington State Board of Nursing (WABON)  
Advanced Practice Subcommittee Meeting Minutes  
September 18, 2024 7:00 p.m. to 8:00 p.m.**

**Subcommittee  
Members Present:**

Ajay Mendoza, CNM, Interim Chair  
Kelli Camp, MSN, CRNA, ARNP  
Michelle Dedeo, DNP, ARNP-CNS, ACCNS-AG, CCRN, CNRN, SCRN  
Cyd Marckmann, DNP, ARNP  
Wendy E. Murchie, DNP, CPNP-AC  
Aaron Eastman, DNP, CRNA, ARNP  
Jeffery Ramirez, Ph.D., PMHNP, CARN-AP, CNE, FNAP, FAANP, FAAN  
Bianca Reis, DNP, MBA, ARNP, PMHNP-BC

**Absent:  
Staff Present:**

Alison Bradywood, DNP, MPH, RN, NEA-BC, Executive Director  
Mary Sue Gorski, PhD, RN, Director, Advanced Practice and Research  
Heather Hamilton, Research Assistant

**I. 7:00 PM Opening – Ajay Mendoza, Interim-Chair  
Call to Order**

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

**II. Standing Agenda Items**

- Announcements/Hot Topic/WABON Business Meeting Updates
  - Ajay Mendoza gave an update that an anesthetist workforce work has started, the first report is scheduled to come out June 2025
  - Heather Hamilton shared information and the postcard on the WABON Conference on October 2, 2024
- Review of Advanced Practice Draft Minutes: August 21, 2024
  - The subcommittee reviewed and approved the minutes to be brought to the board.

**III. Old Business**

- Ajay Mendoza noted there are no new updates on the Advanced Practice Compact Work group, and work is continuing.
- Heather Hamilton informed the subcommittee the draft inquiry form for advanced practice will send notice via GovDelivery once available for the public.
- MarySue Gorski shared information regarding the ARNP Title Change plan timeline.
  - Alison Bradywood shared information from the WABON licensing page regarding new updates the ARNP Title Change

**IV. New Business**

- Heather Hamilton requested all specialty credentials and certifications be communicated [via the expertise and representation among various roles are](#) 20  
November 8, 2024

present.

- Clare M. Sherley DNP, CNM, ARNP (she/her/hers) shared information on the Mid-Wifery project. The board was given opportunity to comment and ask questions.

**V. Ending Items**

- Public Comment was sought at 7:39pm
  - Louise Kaplan made comments on the Mid-Wifery project on concerns and possible legislation routes. Louise also commented that the APRN Title change is not a legal designation and urged WABON to send communication about the latest update.
- Date of Next Meeting – October 16, 2024
- Adjournment – The meeting adjourned at 7:50pm

DRAFT



**Washington State Board of Nursing**  
**Discipline Subcommittee Minutes**  
**August 20, 2024**  
**3:30 pm to 5:30 pm**

**Click Here to Join the Meeting:** <https://us02web.zoom.us/j/89717096607>

**To Participate by Phone Only:** +2532158782,,89717096607#

**Zoom Meeting ID: 897 1709 6607**

**Committee Members Present:**

Sharon Ness, RN, Chair  
 Dawn Morrell, BSN, RN  
 Quiana Daniels, GCertHealthSc, BS, RN, LPN  
 Tiffany Randich, RN, Pro-Tem  
 Bliss Ali, RN, MN, ARNP, CNM, MPH *absent*  
 Karen Joiner, MS, ARNP *absent*  
 Michelle Dedeo DNP, ARNP-CNS, ACCNS-AG, CCRN, CNRN, SCRNP, Pro-Tem  
 Tracy Rude, LPN, Pro-Tem, ad hoc  
 Adam Canary, LPN *absent*

**Staff Present:**

Catherine Woodard, Director, Discipline and WHPS  
 Karl Hoehn, JD, Assistant Director, Discipline – Legal  
 Grant Hulteen, Assistant Director, Discipline – Investigations and WHPS  
 Renae Powell, Case Manager  
 Barb Elsner, HSC  
 Holly Palmer, HSC  
 Margaret Holm, JD, RN, ad hoc  
 Teresa Corrado, LPN, Complaint Intake Officer, ad hoc  
 Mary Sue Gorski, PhD, RN, ARNP, Director, Research, ad hoc *absent*  
 Lynn Batchelder, Investigations Supervisor, ad hoc *absent*

Angela Nottage, RN -  
 Kelli Camp, MSN, CRNA, ARNP – Pro-Tem  
 Alysha Duggar, LPN – Listening in

1. **3:30 pm opening – Sharon**
  - a. Call to Order – Digital Recording Announcement
  - b. Roll Call of Board Members and Staff
  
2. **June 18, 2024 Minutes – Sharon**
  - a. Approved to be moved to the September 13, 2024 business meeting for final approval
  
3. **Performance Measures – August 2023-July 2024 – Catherine, Grant, Karl**
  - o Thanks to Holly and Emma for adding all the additional data back into the charts, including the raw data for you to see.
  - o We will include only the scaled down version of the charts in the board meeting packet.
  - a. Investigations – Grant gave the highlights.
  - b. Legal – Karl gave the highlights.
  - c. WHPS- Grant gave the highlights for both WHPS and SUDRP. Added that IT was finally able to activate the public-facing ‘yes’ indicator for discipline on Provider Credential Search, which Adena is now removing for nurses who have successfully completed WHPS. Changing the indicator from ‘yes’ to ‘no’ also removes the disciplinary documents. Adena has received emails from grateful nurses!
  - d. SUDRP- Grant provided highlights.
  
4. **Discrimination Statement Draft – Catherine**
  - o This grew from the research Lohitvenkatesh completed earlier this year regarding potential complaints involving discrimination in complaints reviewed at CMT.
  - o Anthony (our regulatory affairs manager) consulted Sierra McWilliams regarding the correct placement of a statement on discrimination.
  - o She described the difference between DOH’s statement on the website and WMC’s policy statement filed with the code reviser. DOH’s statement addresses laws pertaining to discrimination. WMC’s statement refers to specific actions they are taking to address discrimination, which is more in line with our statement.
  - o Once you and the full board approve the draft language, we will go through the process to file the statement with the code reviser’s office, and we will place it on our website.
  - o A clean copy of this statement will be submitted to the full board for review and approval at the September board meeting.
  
5. **Procedure Review – Catherine, Karl** Note: we have not yet finalized the drafts to include in the Board packet – we always find a few more typos or tweaks we need to make when we’re doing the final edits and formatting.
  - Some of these need Dawn Morrell’s credentials corrected.
    - a. A.34.10 Early Remediation Program Main changes include updating and cleaning up the language; adding discrimination to the list of practice deficiencies that may be eligible for ER; eliminating the language for employee monitoring as we no longer require that in action plans; changing the term investigation to review.
      - o Approved to move forward to the September board meeting for final approval.
    - b. A.56.02 Continuing Competency Reviews We updated the language and added the two appendices that the procedure refers to. Those are the letter we send to the respondent notifying them of the audit, and a template to use to organize the records that must submit.
      - o This is a “staff” procedure, not a “board” procedure and as such will be signed by the Executive Director, not approved by the board.

- c. W.30.02 Confidentiality, Records Management, and Security These are the beginning of the WHPS procedure reviews. Expect another glob at the October meeting. Besides updated language (WABON and SUDRP), the major change in this procedure is that we no longer prohibit a case manager from speaking with nurse participants if they are represented by counsel; WHPS scans and tosses documents; and, made mention of confidentiality in a telework environment.
  - o Approved to move forward to the September board meeting.
- d. W.37.02 Practice Approval No substantive changes, only language clean up. (consent agenda on September 13)
  - o Approved to move forward to the September board meeting.
- e. W.47.02 Outreach and Education No substantive changes, only language clean up. (consent agenda on September 13)
  - o Approved to move forward to the September board meeting.
- f. W.48.02 Office Hours and Standards No substantive changes, only language clean up. (consent agenda on September 13)
  - o Approved to move forward to the September board meeting.
- g. W.49.02 Performance Reports and Procedure Review Removed from the agenda – we reviewed this and the board approved revisions in November 2023.
  - o Not discussed

**6. Work Plan – Sharon, Catherine**

- The subcommittee approves of the changes and additions to the performance measures & discipline reports.

**7. Public Comment – Sharon**

- No public comment

**8. Anything For the Good of the Order? – All**

- a. Portion of the agenda during which members may make statements or offer observations about the character or work of the subcommittee without having any particular item of business before the meeting.
- b. CCW – WABON’s conference on October 2<sup>nd</sup> , Voice and Vision: The Possibilities, is now open for registration and is posted on our website.
  - a. WHPS & WABON will both have a table at the conference
  - b. Would be nice to introduce any board members who attend
  - c. Reviewed Agenda for Voice & Vision conference

**9. Adjournment**





**WASHINGTON STATE BOARD OF NURSING (WABON)**  
**Consistent Standards of Practice Sub Committee Minutes**  
**August 6, 2024 12 p.m. to 1 p.m.**

**Join the Meeting on Zoom**  
 from your computer, tablet or smartphone

**You can also dial in using your phone**

United States: +1 (253) 215-8782

Meeting ID: 863 7463 1831

**Committee Members:** Ella Guilford, MSN, M.Ed., BSN, RN, Chair  
 Quiana Daniels, BSN, RN, LPN, Member  
 Heleena Hufnagel, MBA-HCA, BS, Member  
 Tiffany Randich, RN, LPN, Pro Tem  
 Diana Meyer, DNP, RN, NEA-BC, FAEN, Pro Tem

**Staff:** Shana Johnny, DNP, RN, Nursing Practice Consultant  
 Margaret Holm, JD, RN, Nursing Practice Consultant  
 Marlin Galiano, MN, RN, Nursing Practice Consultant  
 Seana Reichold, Staff Attorney  
 Luis Cisneros, Staff Attorney  
 Dennis Gunnarson, Administrative Assistant  
 Deborah Carlson, MSN, RN, Nursing Practice Director

**I. Opening**

- a. Ella called the meeting to Order at 12:01
- b. Ella read the Public Disclosure Statement
- c. Ella/Shana introduced members and staff.

**II. Standing Agenda Items**

Ella: We have the practice performance measures form and the SharePoint transition. Shana, did you want to say anything about that?

Shana: We are transitioning a lot of our documents and projects. Even the CSPSC meeting minutes and agendas will be on SharePoint. We're transitioning to SharePoint with the goal of doing that by the end of August. You will receive orientation for how to access the CSPSC Agenda and packet.

Deborah - WABON: Josh who is leading this work said he will be doing individual orientations. It will be different than the Y/ X drive that you're using now.

Ella: She's sending out links so you can make an appointment with them.

Deborah - WABON: We're still having that interagency task force meeting for aesthetics and IV hydration. You know, that's why we put our informed consent Advisor Opinion on hold and waiting for recommendations from that interagency task

**WASHINGTON STATE BOARD OF NURSING (WABON)**  
**Consistent Standards of Practice Sub Committee**  
**August 6, 2024 12 p.m. to 1 p.m.**

force, and we've broken out into, I want to say 3 or 4 subgroups working on different topics.

Gail McGaffick: Hey, this was just perfect timing, because I had a follow up question for Debbie. I'm curious about this inter-agency task force on informed consent. And I wonder if you could provide any more detail about the four subgroups.

Deborah: There's one on entrepreneurship regarding these cosmetic places opening up medical spa businesses. Then there's one specifically on informed consent. I don't remember the other two.

Gail: If there's an opportunity, either, maybe before the next meeting, if you could send an email. I'm interested in tracking this, and I know that WSHA would as well.

Deborah: Our Jurisprudence (JP) module is in the process of being revised. It's going to sustain significant changes because of the nurse licensure compact. The JP module is not active right now. We've decided to just not have it open for use now, because the licensing section is going to be so different.

Ella introduced the WABON Nursing Conference on **October 2nd**, and the topic will be Voice and Vision, the Possibilities. Next, the Washington State presentation Webinar.

Shana: Margaret, I, and Marlin have a presentation for WSNA tomorrow for a large swath of nurses from all over.

- a. Ella opened the floor for public comment
- b. Ella introduced the **June 4th** minutes for discussion and approval. We will send them to the next BON meeting. June 4<sup>th</sup> meeting minutes approved

III. Draft minutes approved.

IV. Old Business

- a. CAQ Drafts – Debbie

Ella: Next item on the agenda is old business.

Deborah: We had all those commonly asked questions (CAQs) the board and approved. Two were kept out because there was this discussion about the current advisory opinion that says the nurse can delegate giving insulin, but it doesn't say non-insulin. Our advisory opinion was done a few years ago that said they could also give non-insulin for treatment of diabetes. We were going to be revising this, there was a question about whether we really could use the word non-insulin for treatment of diabetes because of the way the way the law is written. I took out non-insulin and just left insulin. Gail had a couple of minor clarifications that are not in the packet. The changes are just grammatical changes.

- i. RN Delegation of Blood Glucose Testing/Monitoring and Administration of Insulin/Non-Insulin for Treatment of Diabetes Mellitus to Non-Credentialed Staff in Schools, Kindergarten-Twelve (K-12) Grades, Public and Private.
- ii. RN Delegation of Blood Glucose Testing/Monitoring and Administration of Insulin/Non-Insulin for Treatment of Diabetes

**WASHINGTON STATE BOARD OF NURSING (WABON)**  
**Consistent Standards of Practice Sub Committee**  
**August 6, 2024 12 p.m. to 1 p.m.**

Mellitus to the Nursing Assistant-Registered/Nursing Assistant Certified (NA-R/NA-C) or Home Care Aide-Certified (HCA-C).

Ella: Shana wanted to say something about the consent agenda?

Shana: I think Debbie really touched on this earlier, and I think you did. And then Gail, of course, had her questions about the interagency task force. I just want to give a little bit of background to the public. The conversation around aesthetics has really shapeshifted due to a lot of depth and complexity to a lot of these issues that keep arising, so a task force was recommended. We brought all these internal agencies first together. They're prioritizing these topics that cascade down from aesthetics. One of those being informed consent. We had drafts in place, but we've placed everything on hold. The task force is really there to help us. Other agencies, the pharmacy and the Medical Board, all have a piece of this.

Deborah : The questions we are getting are difficult to answer because there are no laws or rules around medical spas and cosmetic procedures.

Ella led the vote to approve the CAQS. Approved.

V. Ella presented the new business.

a. Quality Improvement/CSPSC's Prioritization Work Update

Shana: This is a prioritization matrix. And we're at this stage now, where we're really refining and testing it so that it can really enhance our ability to prioritize. Our work activities, the requests that are made to the CSP. The requester can be an internal agency or a public member, and they can fill it out to ask. You know whatever question is supposed to be practice related. We put weight to the actual inquiry, the weight having to do with risk. Is this a risk to the public, and so forth. Thank you, Dennis and Marlin. It calculates the weights that we have placed to the actual task. To the right is our priority value.

The higher number is more of a priority than the lower number. We're looking at improving how we respond to the public and being more efficient in our work. We're in the testing phase. The next step is we will have just a very small work group come together to see

Quiana: I'm loving to see how everything has been organized and I'm loving the scale that let's see what we need to prioritize.

b. Shana: Diane was our consultant. She has had some great ideas. And certainly, Marlin and Dennis developed this form.

VI. Ending Items

a. Ella presented the meeting evaluation.

b. Date of Next Meeting – October 1, 2024



## WASHINGTON STATE BOARD OF NURSING

### Licensing Subcommittee Minutes

August 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 **November 8, 2024**, WABON meeting. For a copy of the actual recording, please contact the Public Disclosure Records Center (PDRC) at [PDRC@doh.wa.gov](mailto:PDRC@doh.wa.gov).

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

- **Roll Call**
- **Call to Order** - Board Member Dawn Morrell, Board Member Helen Myrick, Board Member Adam Canary, Board Member Yvonne Strader, Dr. Shana Johnny, Ms. Miranda Bayne, Ms. Jessilyn Dagum, Mr. Karl Hoehn, Ms. Amber Zawislak-Bielaski, Ms. Lori Underwood.

#### II. Standing Agenda Items

- **Announcements/Hot Topic/WABON Business Meeting Updates** - Board Member Morrell asked the committee if there were any topics or announcements to be discussed. Board member Myrick mentioned that although she was not present at the last business meeting, she knew there was much discussion regarding the addition of the nursing assistants. She shared that she was excited about this because it's been something the Board has been talking about for some years now. It will not take effect for another year and a half, but it is wonderful to see the progress we have made in that regard. She also shared that there may be an additional one to two members added to the WABON for the nursing assistants. Board member Morrell added that legislation must be passed before we can actually start taking action; but the good news is that we are working towards this.
- **Approve Minutes for June 18, 2024** - Board Member Strader moved with a second from Board Member Myrick to approve the minutes for the June 18, 2024 meeting.

### III. Old Business

- **Nurse Licensure Compact Implementation Update** – Ms. Zawislak-Bielaski advised that there was really not anything new to add as an update other than we've been fully implemented now since January 2024. We continue to see both initial applications and conversion applications. With regards to the upgrade/conversion applications, we are still trying to get the word out there about our multistate license. We are still waiting for data as well to see what the trends will be over the course of the first year of implementation. Ms. Zawislak-Bielaski asked if there were any questions regarding the multistate license. None were brought forward.
- **HELMS Update** – Ms. Zawislak-Bielaski provided an update on the HELMS project. She shared that she will be one of our HELMS business subject matter experts, or what they refer to as a BSME. She will be helping with all the testing they are working on in the continued development of HELMS. She also explained that they are in the development of release two. The date changed as far as the implementation of release two as it pertains to our internal credentialing. Release three encompasses more of the discipline side of things. Ms. Zawislak-Bielaski asked Mr. Hoehn if he could share what the date for release three could be. Mr. Hoehn advised that the release of three would be at the end of next year. He also shared that the updated deadlines for release two are now the middle of February 2025. Ms. Zawislak-Bielaski shared that they were able to resolve many of the bugs that were in the first release, HELMS lite. Mr. Hoehn added that there were lots of lessons learned from the first release rollout and that they will not be repeated in release two.

### IV. New Business

- **Governor's Weekly Report** – Ms. Underwood provided an update on the Governor's report. She shared that we were averaging an eight-day processing of temporary practice permits in the month of July. Much of this we attributed to HELMS lite issues, which began to cause bottleneck issues in our process. We revamped our process a bit, and now we are seeing better results. In the beginning of August, we were able to get our processing days down to under seven days. We have been able to keep our processing days between four to five days. Ms. Underwood asked if there were any questions regarding the report. Board member Morrell asked if we knew what new graduates were choosing, multistate license or single state license. Ms. Underwood explained that we are still trying to collect that data. She also shared that the benefits of having a multistate license are included in the exam presentations for new graduates.
- **Phase One of Chapter Rewrite Rules Project Introduction and Approval** – Ms. Dagum introduced herself to the committee as WABON's policy analyst. She also introduced the assistant director of regulatory affairs, Mr. Anthony Partridge. Ms. Dagum presented a power point to the committee sharing information about a new and upcoming rule project, a chapter rewrite of our current chapter of rule 246-840 practical and registered nursing. Ms. Dagum advised that committee that they were not asking for any action from the committee today. Today's presentation was only informational and a preview of what will be shared with the board in September. Ms. Dagum shared background on the project. She explained that boards and commissions are

required to do a five-year formal review of their existing rules in accordance with RCW 43-70-041. The entire project will take about four to five years, it will be divided into phases and these phases will take about twelve to eighteen months. Ms. Dagum continued to present the phases to the committee. After the presentation, Ms. Dagum asked if there were any questions. None were brought forward.

- **Canadian English Language Benchmark Assessment for Nurses – NPAP approval** – Ms. Underwood explained to the committee that the Nursing Program Approval Panel (NPAP) reviewed, evaluated and have recommended that the Licensing subcommittee consider presenting CELBAN to be approved by the full WABON. Board member Strader asked how many of the other approved providers we had. Ms. Underwood shared that we also use TOEFL, MET, OET, and IELTS as approved providers for the English proficiency examination. Mr. Hoehn further explained that we have had conversations with the British Columbia Board of Nursing over the past few months and have tried to figure ways that we can streamline the process for our nurses to become Canadian nurses and vice versa. Board member Morrell asked for a motion to approve bringing CELBAN to the full board. Board member Strader moved with a second from Board member Myrick to approve. All were in favor, and motion was approved.
- **International Education Evaluations, LLC – NPAP approval** - Ms. Underwood explained to the committee that the Nursing Program Approval Panel (NPAP) reviewed, evaluated and have recommended that the Licensing subcommittee consider presenting IEE, LLC to be approved by the full WABON. Board member Morrell asked if there were any questions regarding the IEE documents. None were brought forward. Board member Morrell asked for a motion to approve bringing IEE to the full board. Board Member Myrick moved with a second from Board member Strader to approve. All were in favor, and motion was approved.

## V. Ending Items

- **Public Comment** - None
- **Review of Actions** -
- **Meeting Evaluation** - All
- **Date of Next Meeting** - October 15, 2024
- **Adjournment** 1:41 PM





**Washington State Board of Nursing (WABON)  
Research Subcommittee Meeting Minutes  
July 15, 2024 5:00 p.m. to 6:00 p.m.**

**Subcommittee Members:** MaiKia Moua, RN, BSN, MPH, Chair  
Heleena Hufnagel, BS, MBA-HCA  
Sharon Ness, RN

**Absent:** Mary Baroni, PhD, RN

**Staff Present:** Mary Sue Gorski, PhD, RN, Director of Advanced Practice and Research  
Emma Cozart, Data Consultant  
Lohitvenkatesh Oswal, Research Assistant  
Heather Hamilton, Research Assistant

**I. 5:00 PM Opening**

- Call to Order, Introduction, Public Disclosure Statement, Roll Call
  - Maikia Moua called the meeting to order at 5:03pm and introduced the Research subcommittee and staff members. The Public Disclosure statement was read aloud for the meeting attendees.

**II. Standing Agenda Items**

- Announcements/Hot Topic/NCQAC Business Meeting Updates
- Review of Draft Minutes: April 15, 2024
  - The April 15, 2024 minutes were reviewed with consensus to bring to the WABON business meeting approval on September 13, 2024.

**III. Old Business**

- HELMS Update
  - MarySue Gorski gave an update on current progress on HELMS
- Update on Discrimination in Discipline Cases presentation (Lohitvenkatesh Oswal)
  - Lohitvenkatesh Oswal gave a debrief about presentation at the *National Forum of State Nursing Workforce Centers Conference*.

**IV. New Business**

- Performance Measures
  - Emma Cozart shared a summary of work progress in WABON on performance measures and model of standardized performance measures using volume, turnaround time, and customer satisfaction.
- Future Directions for the subcommittee



- The subcommittee looked at the work plan, discussed revised priorities, and updated research questions for the next year.
- The subcommittee discussed meeting bi-annually for a 2-hour period.

**IV. Ending Items**

- Public Comment
  - The public was given the opportunity to comment on the agenda items.
- Summary of Meeting
  - Maikia Moua gave a summary of the meeting.
- Date of Next Meeting – October 14, 2024
- Adjournment – Meeting adjourned at 5:45pm

DRAFT



## Washington State Board of Nursing

### Education Subcommittee Meeting Minutes

Tuesday, September 3, 2024 at 9:00am-10:00am

#### Committee Members:

Kim Tucker PhD, RN, CNE, Chair  
 Ajay Mendoza PhD, CNM, ARNP, CM  
 Norma Perez, M.Ed, CM  
 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  
 Helen Myrick, Public Member (Ad-HOC)  
 Tracy Rude, LPN Member (Ad-HOC)

#### Staff:

Alison Bradywood, DNP, MN/MPH, RN, NEA-BC, Executive Director  
 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  
 Anita Nath, WABON Attorney  
 Judy Soeum, BA, Health Services Consultant

#### 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**

- Discussion of Limiting NCLEX Attempts- Dr. Alison Bradywood

#### **Ending Items**

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

### **New Business**

#### **Discussion of Limiting NCLEX Attempts:**

Presentation by Dr. Alison Bradywood:

Prior to 2007, Washington limited attempts to 2 years post-graduation or 3 attempts, whichever came first.

Operation Nightingale was noted as one impetus for this discussion.

The FBI opened Operation Nightingale investigation looking at information from 2016.

As of 2023, at least 7600 fraudulent diplomas have been issued nationwide.

As of 2024, 19 programs have been identified and the list continues to grow.

One additional consideration for the discussion was Washington has entered the Nurse Licensure Compact. Transcripts are not reviewed for those practicing in Washington with a Multistate License (MSL).

Transcripts are reviewed for all initial applications to Washington and for single state endorsements when from unfamiliar education programs.

One possible way to protect patients and limit licensure if an individual has not attended a nursing program that provides adequate nursing education would be to limit testing time or limit the number of testing attempts.

Limiting may deter those with fraudulent transcripts from testing in Washington but since other states have unlimited attempts at this point in time, applicants may shop around and test elsewhere. Limiting testing in Washington could have minimal impact as a single state at this point.

NCSBN 2022 NCLEX Attempt Data presented.

NCSBN 2022 NCLEX Nightingale Attempt Data presented.

Data from other states presented.

Remediation approach used by other states discussed.

Subcommittee comment: Could applicants state what school they attended then if from a legitimate school, the applicant would have unlimited attempts but if from a Nightingale identified school, limited attempts? Is there data addressing the pass rates after remediation?

Recommendations for the Subcommittee to consider:

1. Washington limits testing by time from graduation?
2. Washington limits testing by number of attempts?
3. Remediation: ATI/Kaplan or individualized plan.

Note: Nightingale data hasn't been shared widely yet so other states may make changes when fully informed with the data.

### **Subcommittee Discussion:**

- Unintended impacts to students with test anxiety?
- With unlimited number of attempts does the person testing retain the knowledge over time to be able to pass NCLEX? Wouldn't there be a decreased knowledge base?
- Remediation comment: If mandated, but a financial burden on the people who are trying to be licensed as products are not cheap.
- Focused on licensed nurses, but does this include CNAs?  
Response: No – LPN and RN discussion today.
- Test anxiety – Would need a process in place for student to prove they have test anxiety and had accommodations such as extended testing time. Is there a way to have a different process for single state vs multistate? Maybe don't limit the number of attempts but at 3 or 5 attempts (for example), would trigger remediation but could keep testing. It was noted that current process does allow those with accommodation during the nursing program to have the accommodation recognized during the NCLEX.
- With MSL, only as strong as weakest link, so shopping students will find a state to test. What are other states in compact going to do?
- Is there data on the sweet spot for allowing testing attempts related to the number of years out of school? Could there be different rules for those graduating from Washington schools than from out of state schools? Does NCSBN have best practices to share?
- Are any states limiting the number of attempts and the time from graduation?  
Dr. Bradywood provided names of a handful of states.

### **Public Comment:**

- Excited about the conversation. Students challenged with test taking is a concern. Operation Nightingale/fraudulent schools presentation supports this as a relevant topic for consideration. If limit time or the number of attempts, would there be state funds students could access to help with remediation costs? Or possibly schools who offer remediation?

- Interesting there isn't a lot of research on the topic. It would be helpful to have additional data from other states in relation to the decision. It's interesting that the focus is on MSL and Nightingale, but not necessarily connected with disciplinary issues WABON has seen. There was concerns about the financial impact for students with required remediation.

**Subcommittee Discussion of Recommendations:**

How do other disciplines address this issue in Washington? Physical Therapy can test up to 6 times, Physicians and Pharmacists up to 3 times.

1. Washington limits testing by time from graduation?
2. Washington limits testing by number of attempts?
3. Remediation: ATI/Kaplan or individualized plan.

Discussion included the following:

- Newness of the topic and the lack of available data;
- The role of WABON in protection of the public;
- The need to be inclusive and equitable and consider resources for students who may need them;
- The difficulty with defending protection of the public with the current process (lack of limits to number or years from graduation and lack of limits to number of attempts); and
- Consideration of timeliness of receiving testing dates.

**Education Subcommittee recommendation to WABON:**

Open the rulemaking process at the Sept 13, 2024, meeting to set limits on NCLEX testing.

**Meeting adjourned at 9:55am**



# Letter FROM THE President

## POST-BOARD MEETING UPDATE

Oct. 3, 2024

Greetings Colleagues:

The NCSBN Board of Directors (BOD) convened in Chicago Sept. 23–25, 2024. A significant component of the first meeting for fiscal year 2025 (FY25) was the welcoming of new BOD members, Ann Oertwich (Nebraska), Missy Poortenga (Montana) and Tammy Vaughn (Arkansas). Their addition to the BOD is a crucial step as we navigate the path for regulators, reinforcing the importance of our mission to empower and support nursing regulators in their mandate to protect the public. It is the shared knowledge, innovation, commitment and sound decision making of our members that illuminates the path forward and embodies public protection. As we reflect on the past year, we not only celebrate our past accomplishments, but look forward to a new year filled with innovation, growth and opportunities. The regulatory landscape continues to change and evolve. NCSBN is committed to leading the way, ensuring that public protection remains an essential component of its strategic initiatives in fulfillment of its mission.

A significant responsibility of the BOD is to consider the Finance Reports. The BOD, in its commitment to transparency and sound financial management, accepted the financial statements for the period ended June 30, 2024, and approved the audit plan for FY24 engagements. Additionally, the BOD approved the budget for FY25, ensuring that our financial resources are allocated in a manner that best serves our mission and members.

The BOD received staff reports on remote proctoring and strategic initiative outcomes. Federal Affairs staff reported on federal legislation since July 2024. The staff continues to work to promote a multitude of issues that align with the organization's policy priorities. As the BOD and NCSBN leadership determine the priorities for 2025, the Federal Affairs staff will formulate a policy agenda to work toward the organization's goals and continue raising awareness of NCSBN as the voice for nursing regulation and workforce issues.

A welcome addition to the agenda was a report from the State Affairs staff. The staff continues to track legislation impactful to nursing regulation, strengthen public policy knowledge and skills of our members, and build relationships with key policy partners. Moreover, State Affairs continues to promote our legislative campaigns (NLC, APRN Compact and Nursing America).

The proposed agenda topics for the Midyear Meeting were discussed. The BOD provided input and direction regarding these meetings. It was emphasized that presentations should ensure we were responding to topics of interest to the membership.

With the election of Jose Castillo, III to the President-elect role, the Area III Director position became vacant. In accordance with the bylaws, the BOD appointed Jenny Barnhouse, DNP, RN, executive director, Oklahoma Board of Nursing to fill the Area III Director vacancy. She will serve a one-year term.

# Letter FROM THE President

## POST-BOARD MEETING UPDATE, CONTINUED

The BOD will meet in October for a strategic thinking session, a crucial step in planning the initiatives that will move the organization forward in leading regulatory excellence worldwide.

Kindest Regards,

*Phyllis Johnson, DNP, RN, FNP-BC*

**Phyllis Polk Johnson, DNP, RN, FNP-BC**

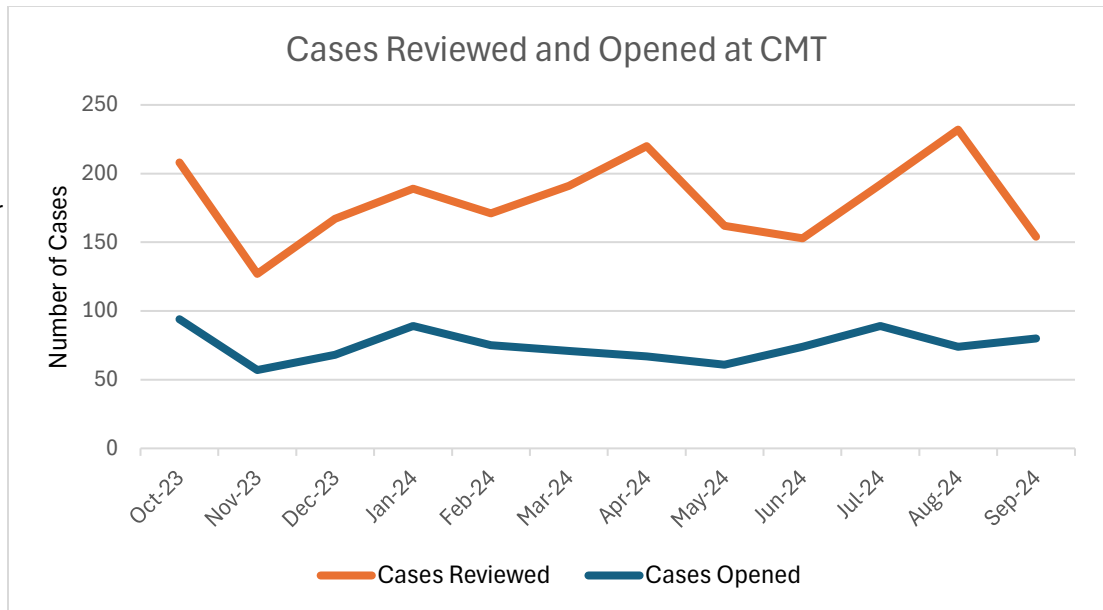
President

pjohnson@msbn.ms.gov

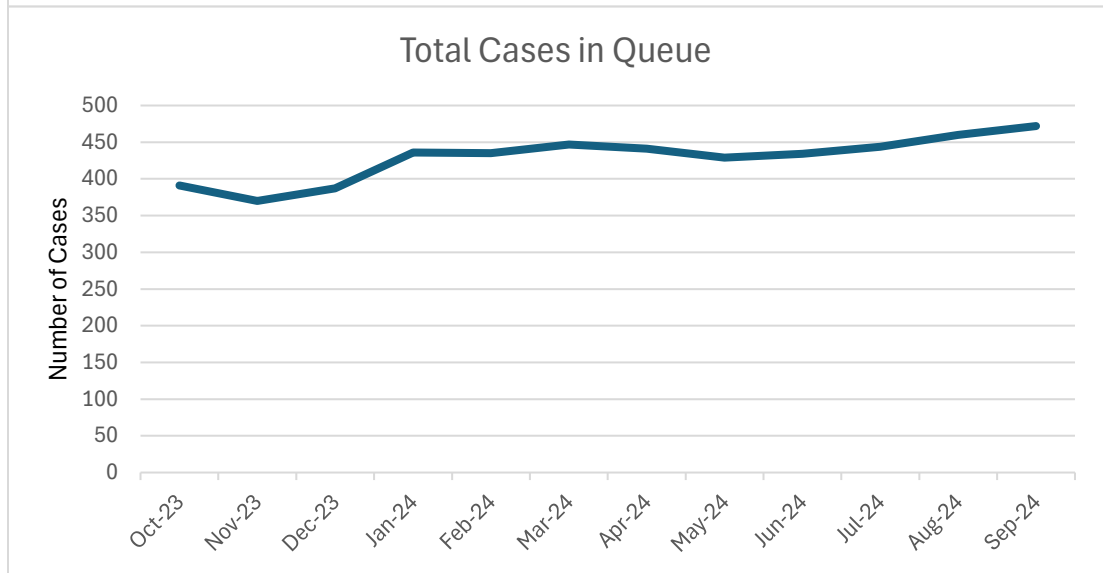


# Investigations Performance Measures

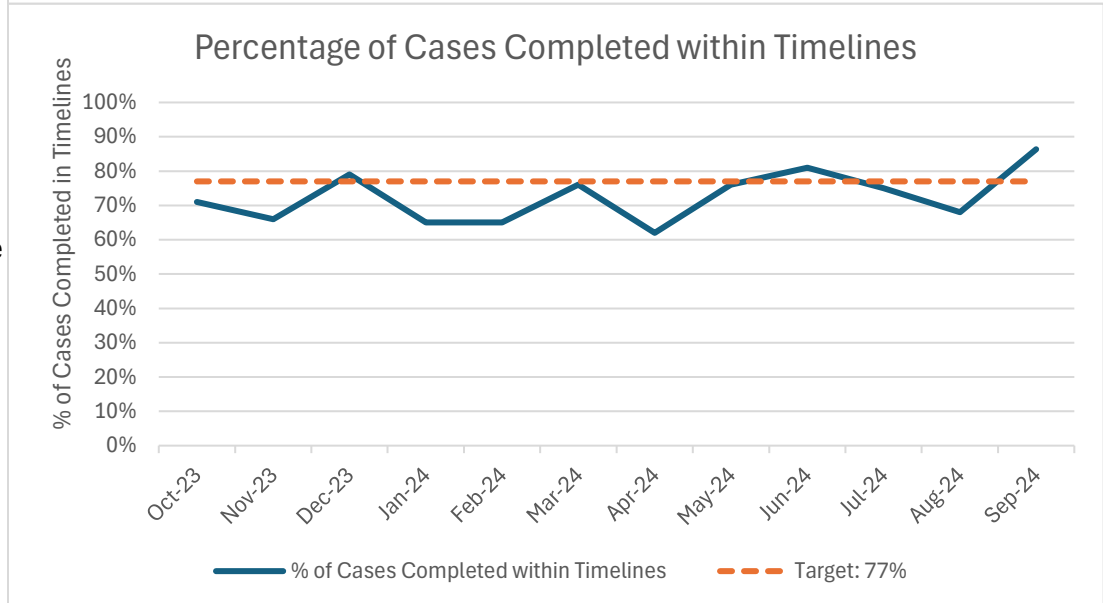
**Volume.** The number of cases reviewed and opened each month in the last 12 months by the Case Management Team.



**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%.



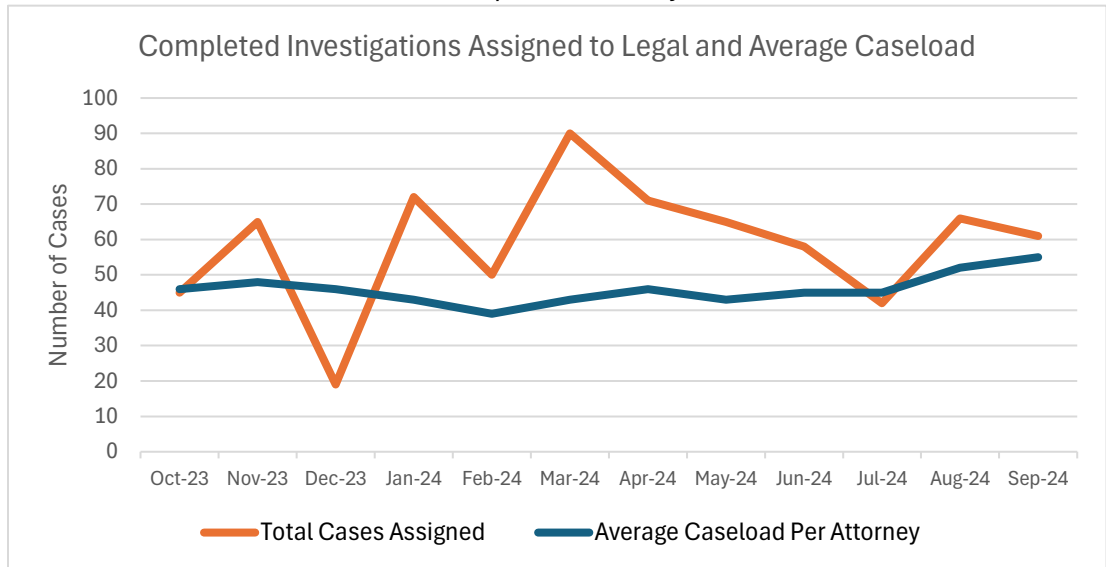


# Legal Unit Performance Measures

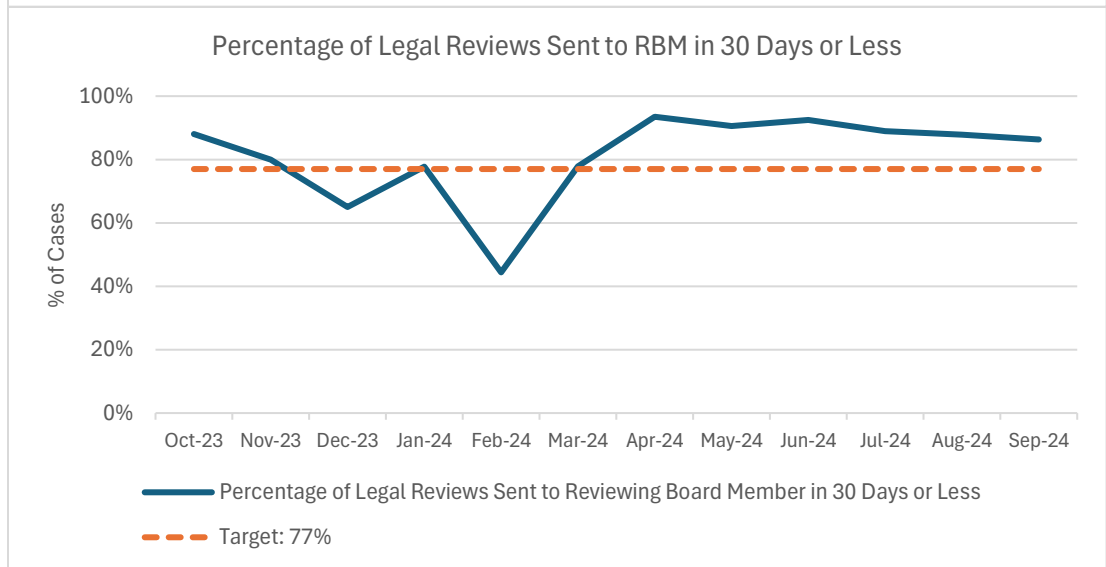


*These measures reflect discipline cases only.*

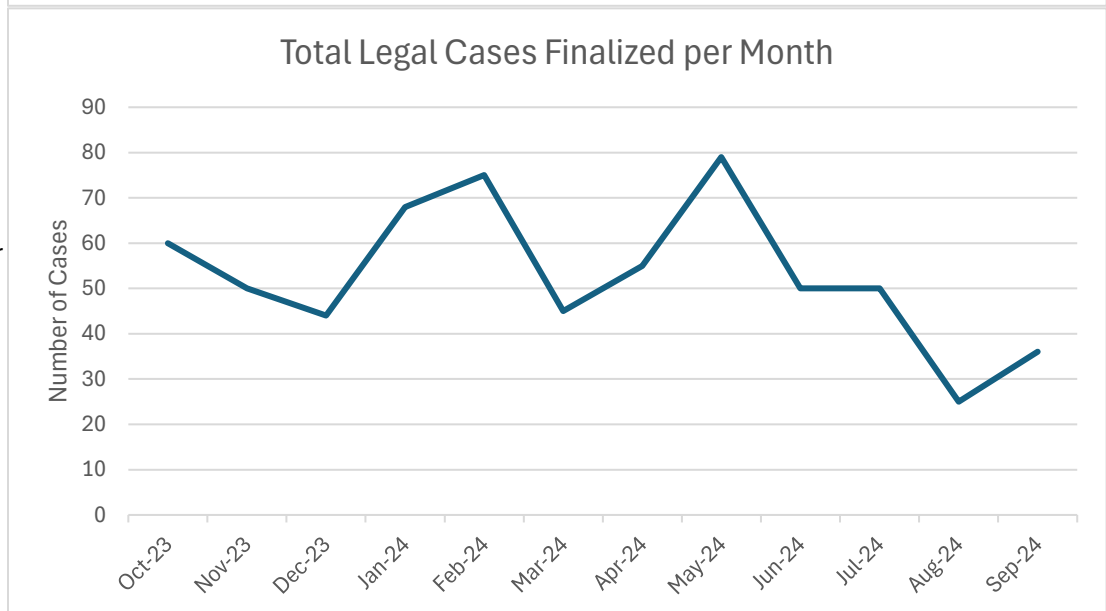
**Volume.** The total number of cases completed by investigations and assigned to legal and the average caseload per attorney each month. The goal is a flat average caseload to show similar amounts of cases opened and closed.



**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.

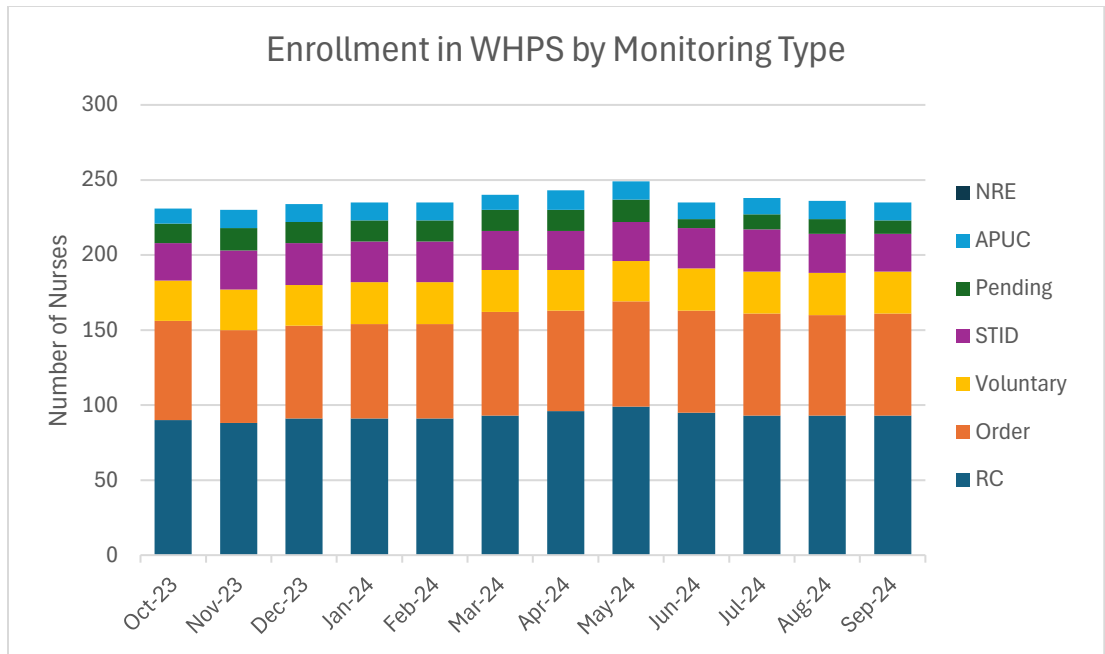


# WHPS and SUDRP Performance Measures



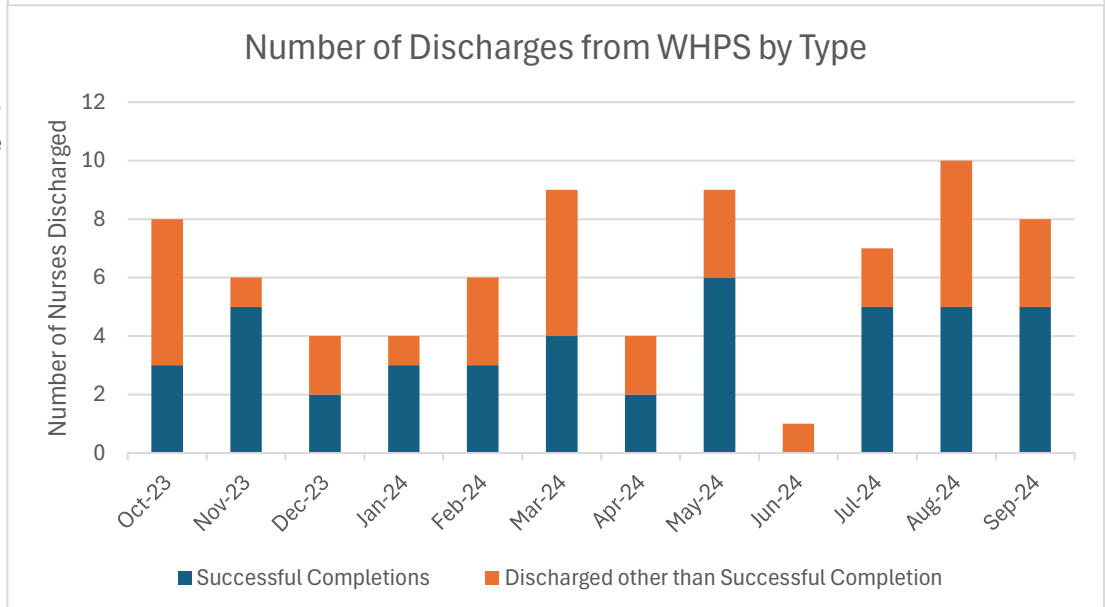
**Volume.** The number of nurses enrolled in WHPS by entry type. Entry types include:

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

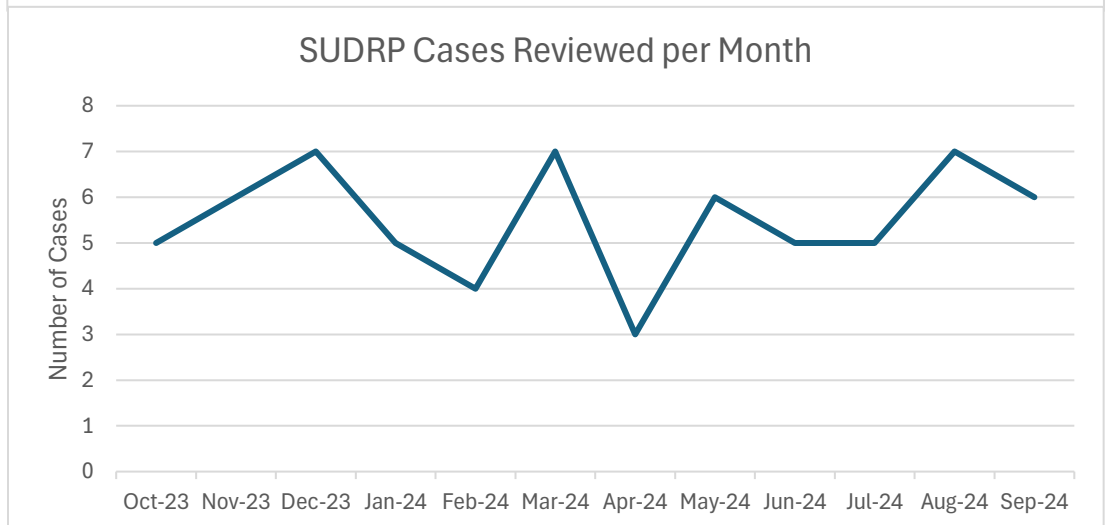


**Satisfaction.** Discharges from WHPS each month by the type of discharge it was. "Other" discharge reasons include:

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



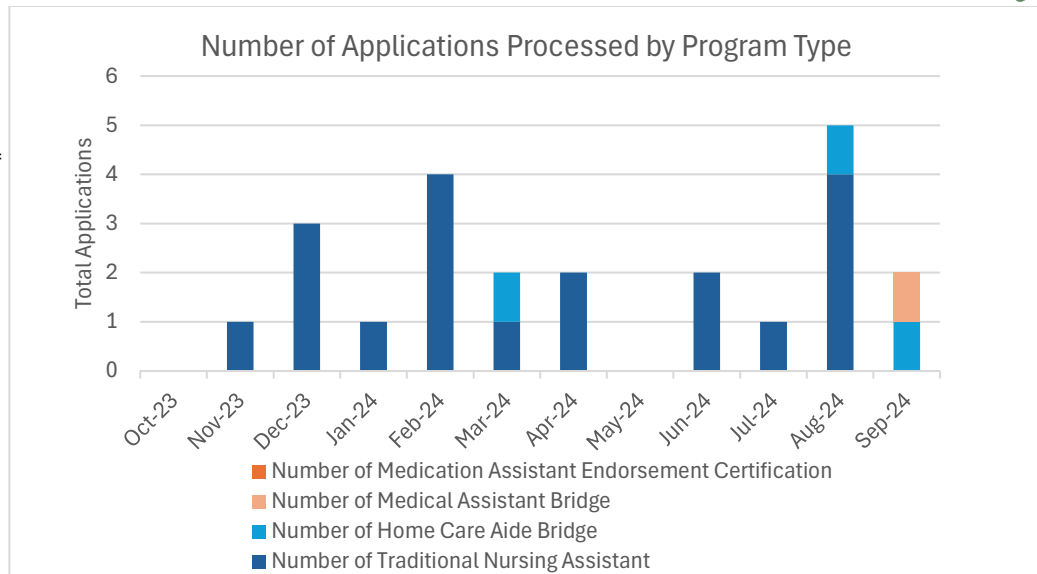
**Volume/ Satisfaction.** The number of SUDRP cases reviewed each month in the last 12 months. The goal of the program is to need to review no SUDRP cases.



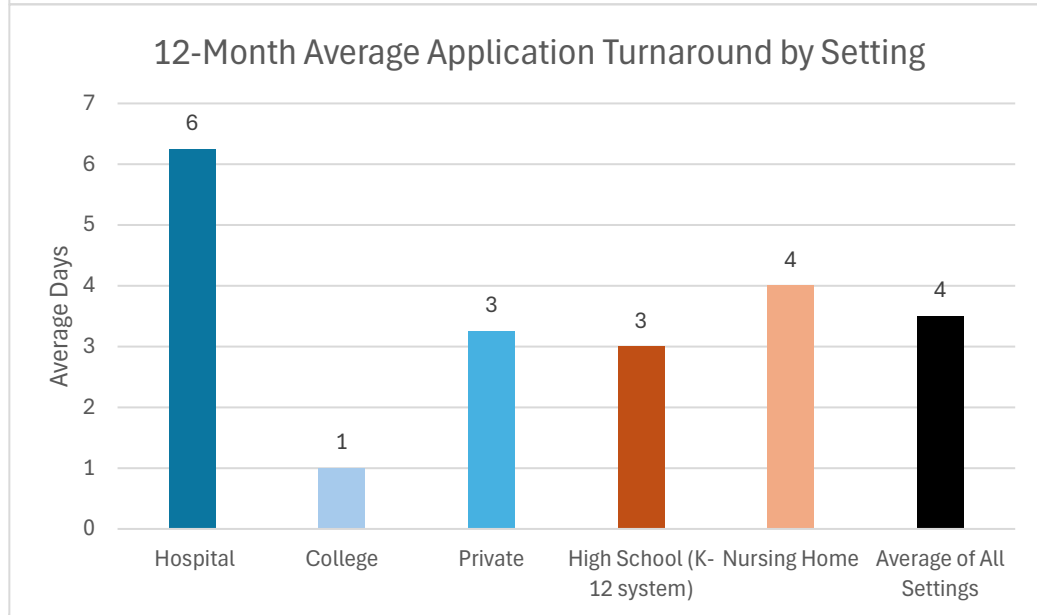


# Nursing Assistant Performance Measures

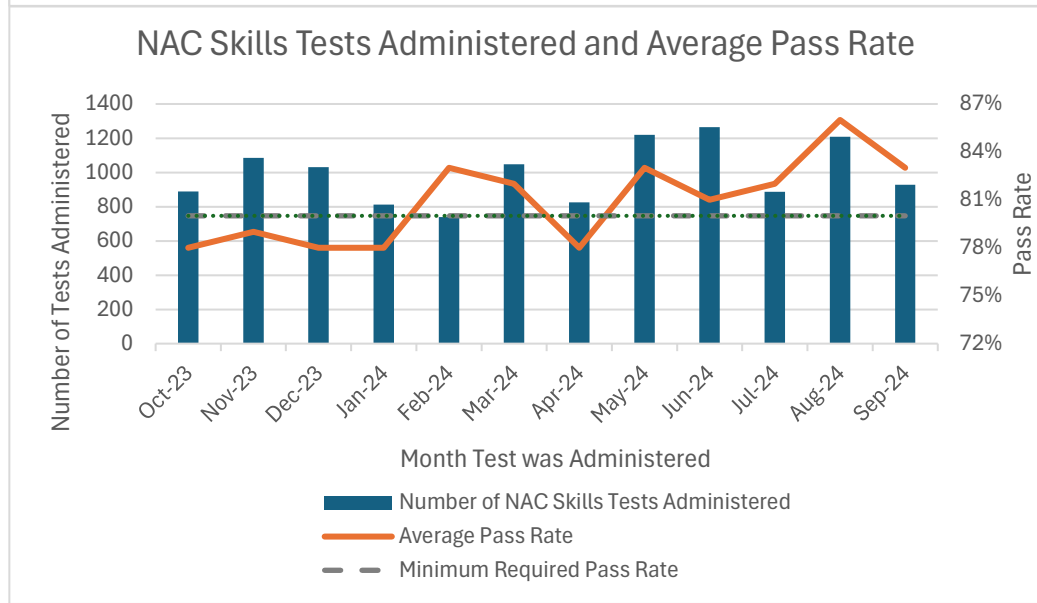
**Volume.** The volume of Nursing Assistant Program applications processed each month by month the applications was received and the type of program it was.



**Turnaround Time.** The turnaround time for new program applications to be processed and returned to new programs. The target is 30 calendar days.

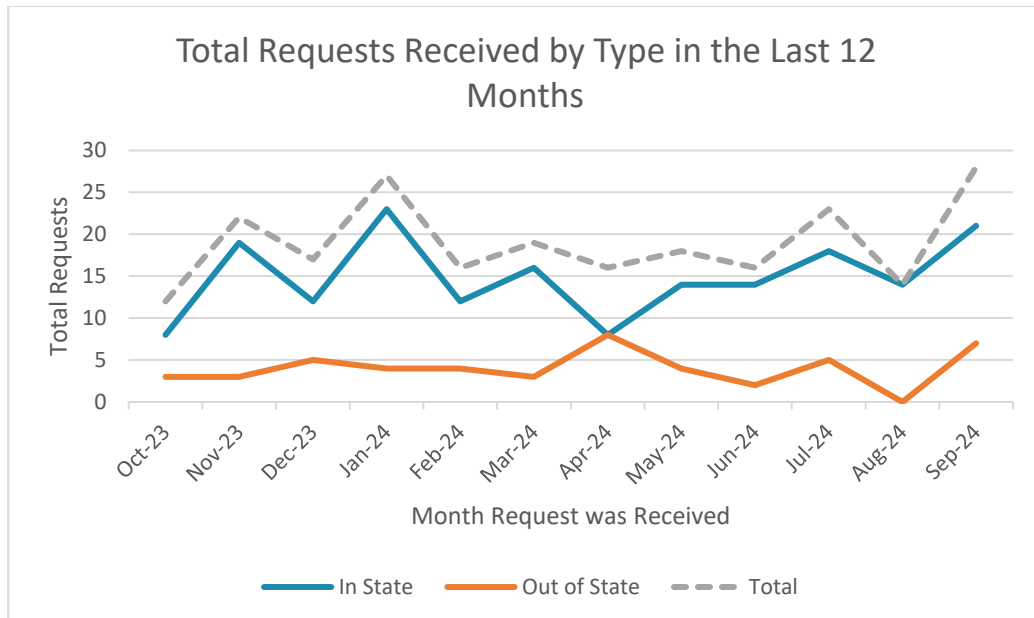


**Satisfaction.** The number of NAC skills tests administered and the average pass rate of the test per month. The program standard for pass rates is 80%.

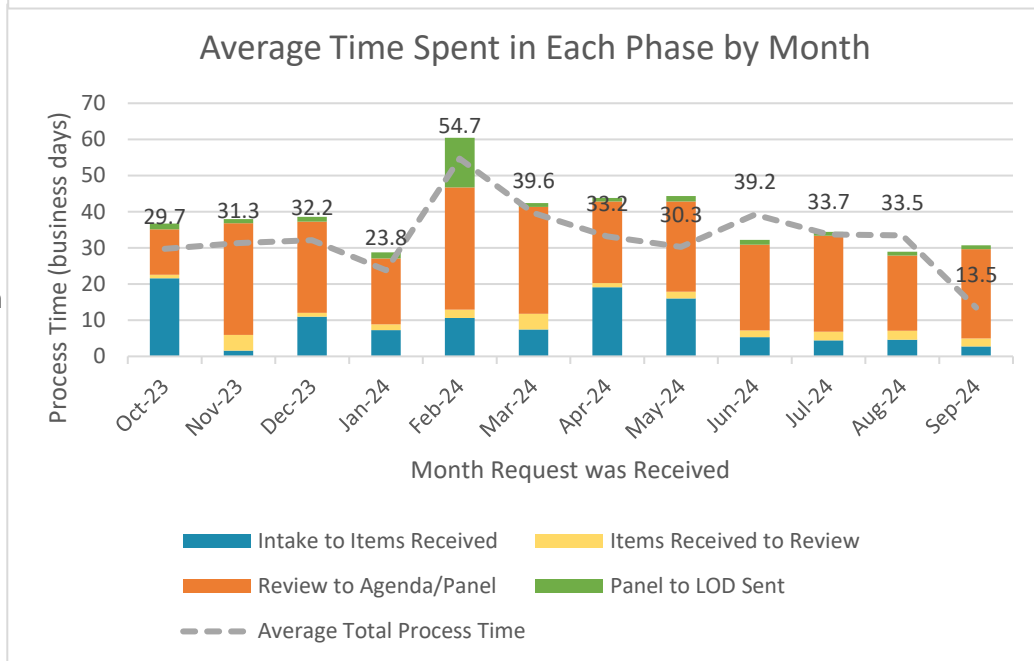


# Education Performance Measures

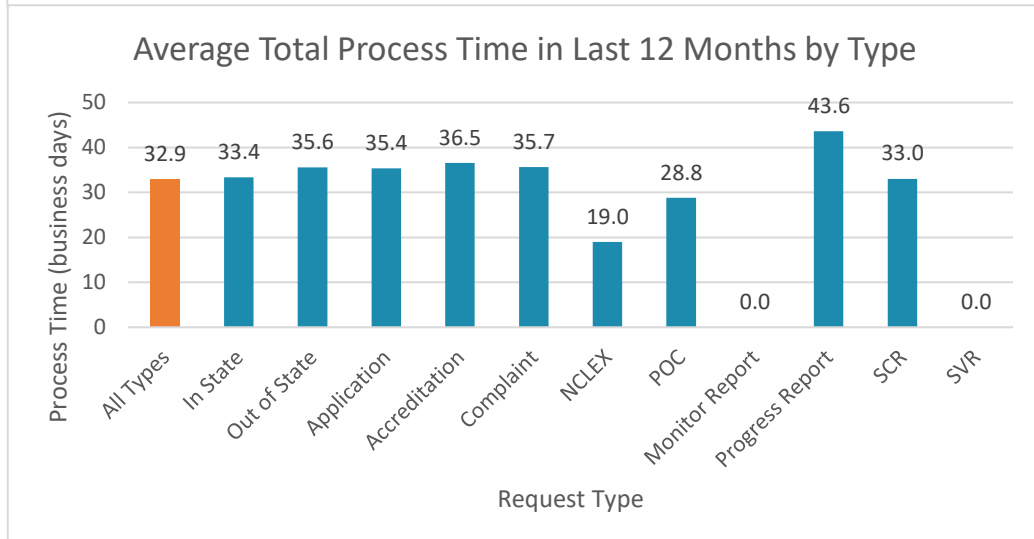
**Volume.** The total number of requests received in the education inbox by whether they were in state or out of state requests.



**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.



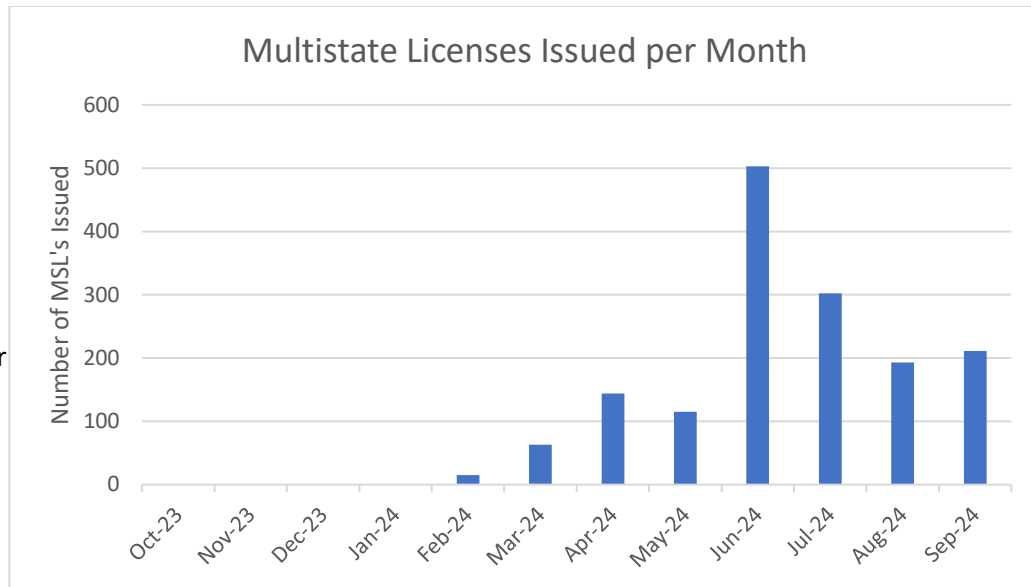
**Turnaround.** The average total process time that it took to process an education inbox request in the last 12 months by the type of request it was. The average time for all types is shown in orange.



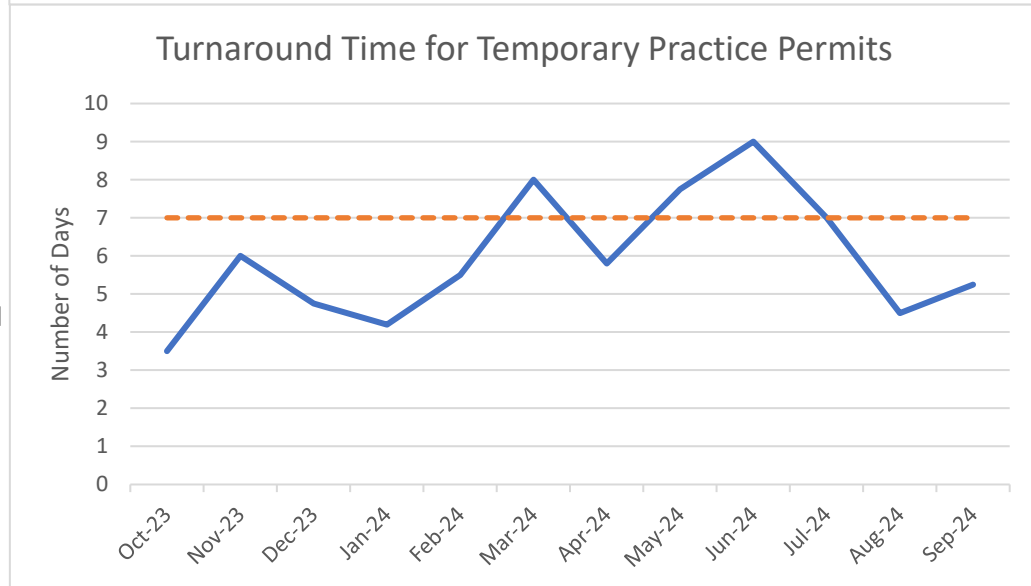


# Licensing Performance Measures

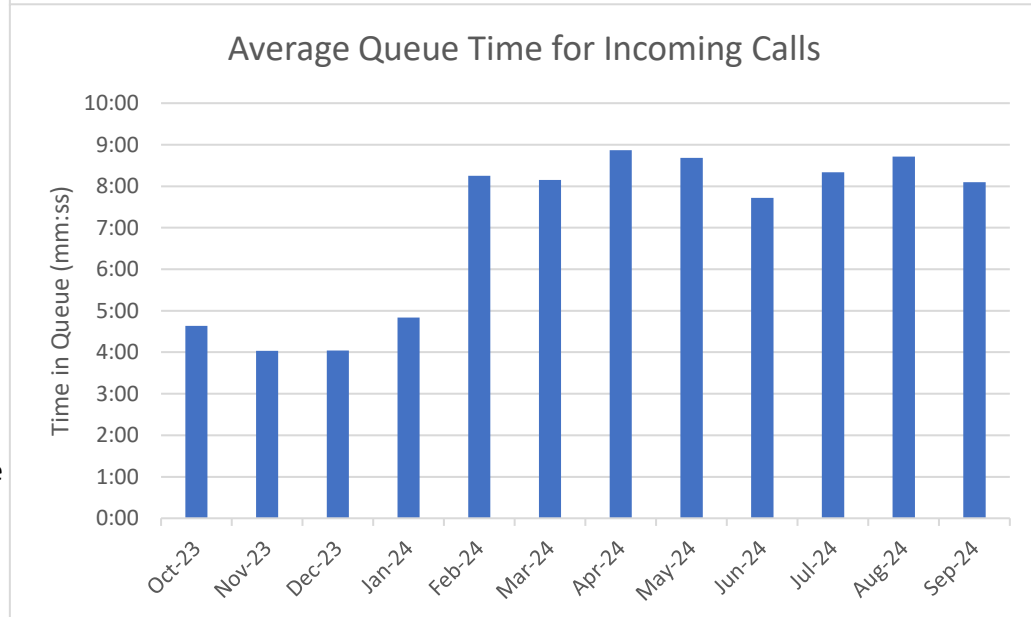
**Volume.** The number of Washington state multistate licenses (MSLs) issued monthly in the last 12 months. The current goal is to increase the number of multistate licenses issued. WABON began issuing MSLs February 2024.



**Turnaround.** The average turnaround time for issuing temporary practice permits in the last 12 months. The goal is to issue licenses within 7 days of receiving complete applications.



**Turnaround Time/ Satisfaction.** The total amount of time phone callers spent in queue in the last 12 months. The goal is to reduce the amount of time that callers have to spend in the queue.



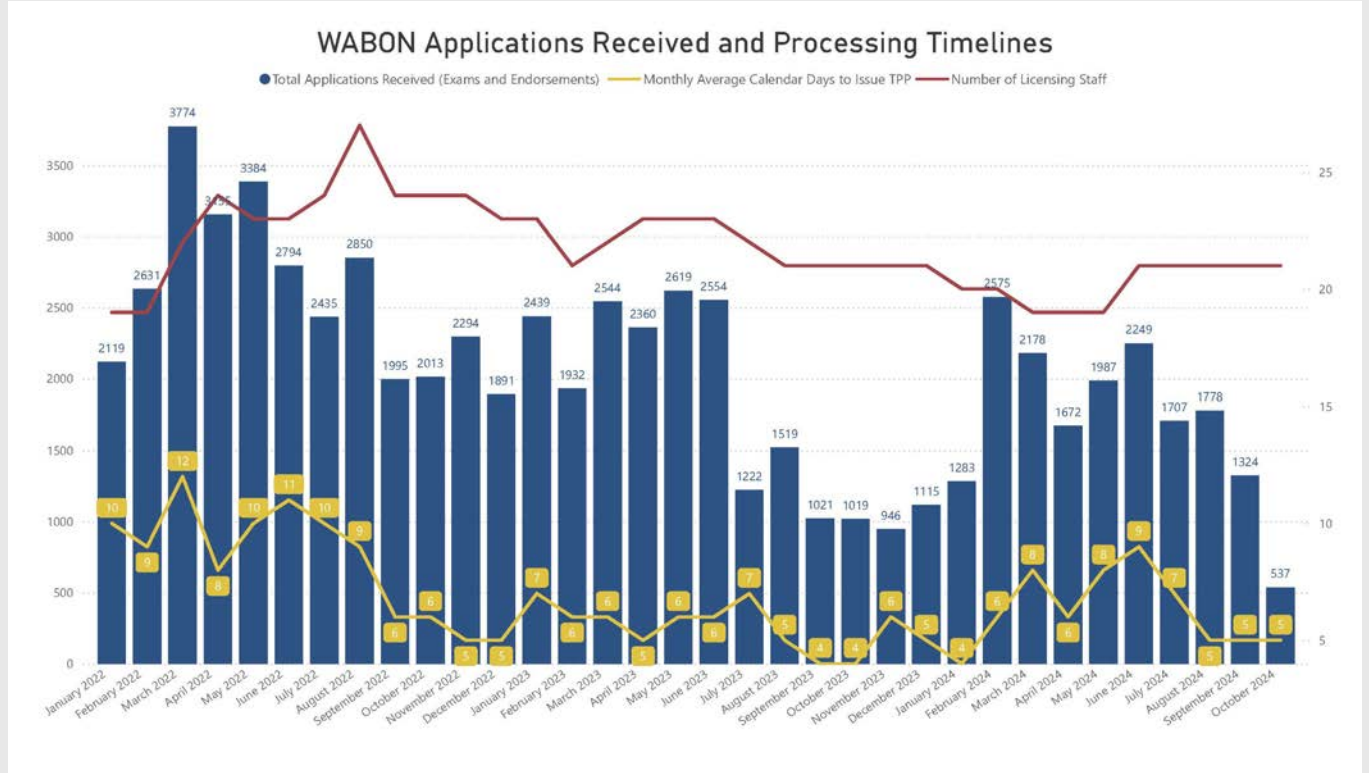
# Washington State Board of Nursing (WABON)

## Nurse Licensure Timelines

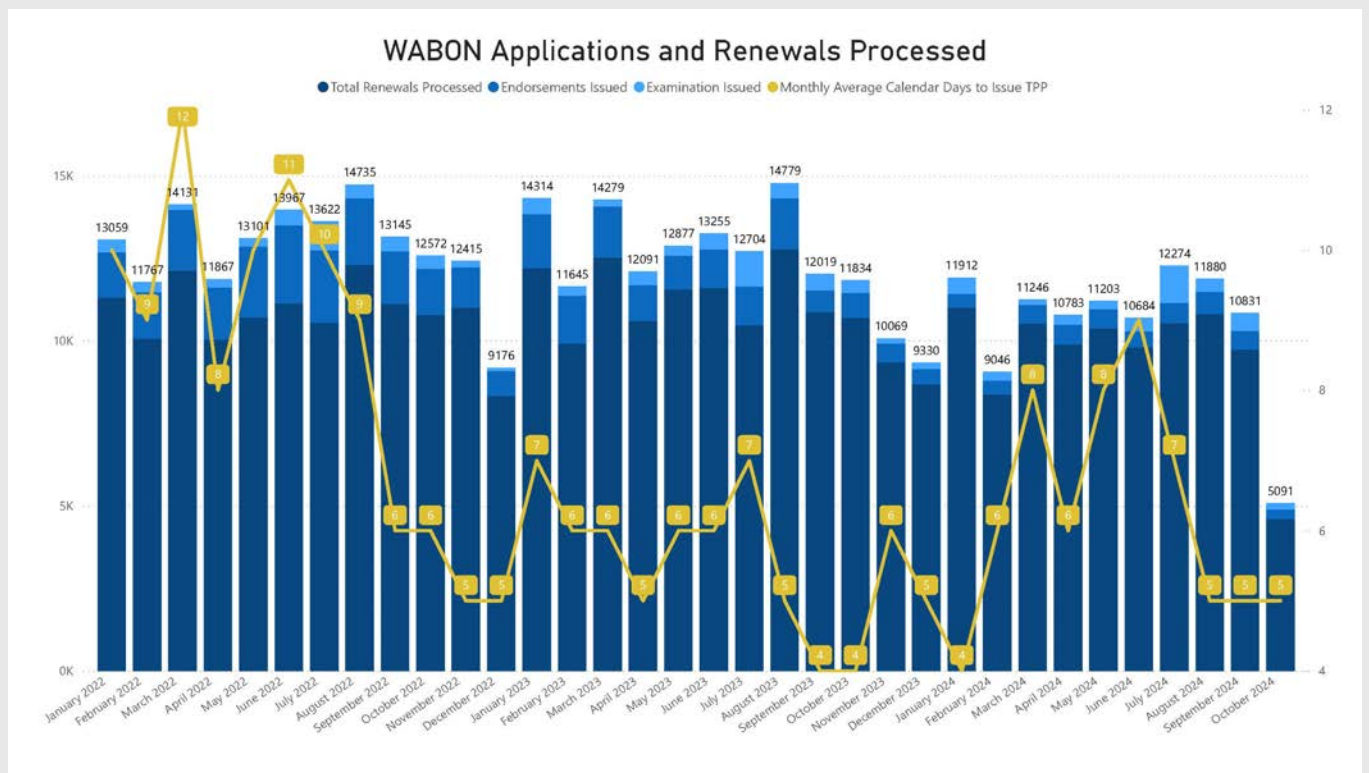
Update: Monday, October 14, 2024

For the week of October 14, 2024, the current processing time to issue a complete temporary practice permit (TPP) was five days (including weekends and holidays). For the month of September 2024, the average time to issue a complete TPP was five days.

The first chart below reflects the monthly nursing application volumes, application processing times, and staffing levels for WABON since January 2022. The WABON received 1,324 new applications during September 2024. Of the applications received, 326 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 September 2024, the WABON issued a total of 1,149 new nursing licenses. In addition, 9,728 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 background check. Applications that require a deficiency email are omitted from the report since this delay is outside of the WABON's control.

WABON Business Meeting  
November 8, 2024

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

<b>Title:</b>	Work Site Monitoring	<b>Number:</b>	W38.02
<b>Reference:</b>	<p><a href="#">RCW 18.130.160</a> - Finding of unprofessional conduct—Orders—Sanctions—Stay—Costs—Stipulations.</p> <p><a href="#">RCW 18.130.175</a> - Physician health and voluntary substance use disorder monitoring programs (<i>as amended by 2023 c 425</i>).</p> <p><a href="#">RCW 18.79.440</a> - Public posting of enforcement actions restricted—Substance use disorder monitoring stipend program.</p> <p><a href="#">WAC 246-840-750</a> - Philosophy governing voluntary substance use monitoring programs.</p> <p><a href="#">WAC 246-840-760</a> - Definitions of terms used in WAC <a href="#">246-840-750</a> through <a href="#">246-840-790</a>.</p> <p><a href="#">WAC 246-840-770</a> - Approval of substance use monitoring programs</p> <p><a href="#">WAC 246-840-780</a> - Conditions for participants entering the approved substance use monitoring program.</p> <p><a href="#">WAC 246-840-790</a> - Substance use disorder monitoring stipend program</p>		
<b>Contact:</b>	Catherine Woodard Director, Discipline and Washington Health Professional Services Washington State Board of Nursing (WABON)		
<b>Effective Date:</b>	November 8, 2024	<b>Date for Review:</b>	November 8, 2026
<b>Supersedes:</b>	W38.01- November 4, 2022 W14.01- January 8, 2016		
<b>Approved:</b>	Dawn Morrell, BSN, RN Chair Washington State Board of Nursing (WABON)		

**PURPOSE:**

Washington Health Professional Services (WHPS) requires all nurses in the program employed in healthcare positions have a work site monitor (WSM).

## **PROCEDURE**

### I. WSM Responsibilities and Orientation

- A. The WSM and an employer representative (e.g., Human Resources, Director of Nursing Services) reviews and signs the employment contract, evaluates the nurse's job performance, ensures adherence to work restrictions, and acts as WHPS's primary point of contact with the employer. The employment contract contains WSM criteria. The WSM signature verifies compliance with these criteria.
- B. WHPS specifies work place restrictions in the employment contract, with lines for the nurse and WSM to initial.
- C. The WSM verifies completion of the WHPS Orientation Module within seven working days prior to starting duties. The nurse will not begin working until WHPS receives the WSM's verification of completion of the WHPS Orientation Module.
- D. WHPS strongly encourages the employer to identify alternate WSMs who have completed the Orientation Module to act as a temporary replacement when necessary.
- E. In the event there are a limited number of people who can perform as a WSM, the employer will identify an alternate WSM with WHPS approval.

### II. WSM Duties

- A. It is preferred that the WSM be in a supervisory position; however, WHPS may approve another person as an alternate monitoring relationship.
- B. The WSM provides monthly reports to WHPS on the status of the nurse's job performance and behavior.
- C. In the event the nurse must cease practice, the WHPS case manager communicates directly with the WSM or employer representative. WHPS must approve the nurse's return to practice.
- D. When the employer assigns a new WSM or makes changes to the nurse's duties, WHPS issues a new employment contract which the WSM must return within seven business days.





**WCN/WABON CHECK IN Meeting  
September 26, 2024  
Minutes**

Present: Alison Bradywood, Bethany Mauden, Frank Kohel, Angelina Flores-Montoya  
 Regrets: Sofia Aragon

<b>Topics</b>	<b>Discussion</b>	<b>Action Needed</b>
Call to Order	11:00 AM	
1. Review of Deliverables	8.1 - Frank addressed concerns from Ms. Hufnagel on the timeframe of the meetings and an explanation. 4.6 - Angelina addressed concerns to add clarity by calling out successes and suggestions. It was also suggested to add page numbers and bookmarks to assist in the call out.	Frank and Angela will update and send the deliverable next week.  Frank to schedule meeting with Sofia and Alison to discuss additional outstanding deliverables.
2. Performance Measures	Alison shared scorecard and performance measures with Angela and Frank.	

	<p>Quantity #</p> <p><b>Effort</b></p> <p><b>How much did we do? #</b></p> <p># of clients/customers served # of activities \$ amount spent</p> <p>Examples: # students served # students with disabilities served # of classes or sessions held # grants given # policies/rules passed \$ distributed to partners</p>	<p>Quality %</p> <p><b>How well did we do it? %</b></p> <p>Timeliness Ratio Attendance Completion to Task Standards/Satisfaction Rate</p> <p>Examples: % served within x amount of time Trainer to participant ratio % parents who attended 10 sessions % of policies/rules through equity review % of grants awarded to organizations run by women</p>	
	<p><b>Effect</b></p> <p><b>Is anyone better off? #</b></p> <p># with improvement in: Behavior   Attitude   Circumstance   Knowledge   Skill</p> <p>Examples: # of women delivering full term babies in birth centers funded by DOH birth equity program # of families ↑ fruit and vegetable intake</p>	<p><b>Is anyone better off? %</b></p> <p>% with improvement in Behavior   Attitude   Circumstance   Knowledge   Skill</p> <p>Examples: % of smokers quit for x amount of time % of full-term births (or preterm births) of women served by birth equity project grantees % of pregnant women using opioids % of WIC program staff that advance in their careers</p>	
3. Next Contract	Define clear measurable goals and acceptance criteria.		
4. Next Steps	<p>Training for reviewers, WCN and WABON Staff.</p> <p>Alison has met with DOH to discuss a facilitator.</p> <p>Funding has been released for Q3 and Q4.</p> <p>Angelina requested deliverables templates clarity and Alison &amp; Bethany shared the tracking tool.</p> <p>Contract extension from June 2025 – December 2025.</p>		<p>Alison has a meeting set up with a 3<sup>rd</sup> party contractor for training consultation. Cost information is pending,</p> <p>SharePoint site to be explored to assist in data sharing. Bethany to send the tracking tool to Frank.</p> <p>Alison will be working with contracts and discuss the contract extension with Sofia and the WCN Board.</p>
5. Next Meeting	October 31, 2024		

Adjourned: 11:45 AM.

## WCN/DOH/WABON QUARTERLY MEETING

October 21, 2024

**Attendees:**

- Alison Bradywood
  - Bethany Mauden
  - Dawn Morrell
- Frank Kohel
  - Jonnita Thompson
  - Melissa Hutchinson
- Sheryl Hilt
  - Sofia Aragon
  - Tracy Rude

**Regrets:**

- Antwinett Lee
  - Debbie Brinker
  - Heleena Hufnagel
  - Jacob Garcia
- Fawzi Belal
  - Michelle James
- Patricia Moulton
  - Theresa Berry

Called to order – 1:01 PM

**Welcome and Introductions**

All

**Finance Update**

Sheryl Hilt

Surcharge revenue projections

HEALTH SUPPLEMENTAL ACCT ONLY				
<b>DIVISION # AND TITLE:</b>		060 - HSQA		
<b>OFFICE:</b>		Office of the Assistant Secretary		
<b>PROGRAM:</b>		Nursing Resource Center Account		
<b>CONTACT:</b>		Sheryl Hilt	PHONE #:	Teams
<b>WAC/RCW Reference:</b>		RCW 18.79.202		
<b>REVENUE SOURCE:</b>		02.58.200000		
<b>CURRENT BIENNIUM (23-25)</b>				
23-25 BEGINNING	YR 1 ACTUAL	YR 2 PROJECTED	23-25 PROJECTED	23-25 PROJECTED
BALANCE	REVENUE	REVENUE	EXPENDITURES	ENDING BALANCE
506,188	973,673	1,056,000	2,019,673	516,188
<b>ENSUING BIENNIUM (25-27)</b>				
25-27 BEGINNING	YR 1 PROJECTED	YR 2 PROJECTED	25-27 PROJECTED	25-27 PROJECTED
BALANCE	REVENUE	REVENUE	EXPENDITURES	ENDING BALANCE
516,188	1,056,000	1,056,000	2,618,188	10,000
<b>COMPLETE THIS SECTION FOR FEDERAL GRANTS</b>				
<b>Federal Program Name</b>		<b>Federal Agency</b>		<b>Match Percentage</b>
CFDA NO.	Fiscal Year	Federal Fiscal Year	State Fiscal Year	State Match Amounts
	2024	-		
	2025			

This information has been shared with Theresa Berry at WCN previous to the meeting as Theresa was unable to attend. Sofia suggested revising the meeting dates to accommodate Theresa’s schedule who is off on Monday’s.

## Fiscal year end 2024

Current Revenue and Expenditures - July 1, 2023 to September 30, 2024

	Fiscal Year 2024								Year End Balance True Up	
	FY23 Reconcile	July - December 2023				January - June 2024				
		QTR 1 Payments Due	QTR 1 Activity	QTR 2 Payments Due	QTR 2 Activity	QTR 3 Payments Due	QTR 3 Activity	QTR 4 Payments Due		QTR 4 Activity
Beginning Balance	506,188									Through 6-30-2024
Revenue		240,520		230,307		253,066		259,782		
Agency Expenditures		371	371	534	534	9,537	9,537	2,573	2,573	
WCN Payment		137,600	137,600	137,600	486,109	137,600	-	137,600	137,600	
Balance Payment Reserve	10,000		10,000		10,000		10,000		10,000	275,200
<b>Running Balance</b>	<b>496,188</b>		<b>598,737</b>		<b>342,401</b>		<b>585,930</b>		<b>705,539</b>	<b>430,339</b> 2024
Credential Count			30,065		28,788		31,633		32,473	

Sheryl is processing remaining payments and end of year payments.

## Fiscal year 1<sup>st</sup> quarter 2025

	Fiscal Year 2025								Running Year End Balance True Up	
	FY24 Reconcile	July - December 2024				January - June 2025				
		QTR 1 Payments Due	QTR 1 Activity	QTR 2 Payments Due	QTR 2 Activity	QTR 3 Payments Due	QTR 3 Activity	QTR 4 Payments Due		QTR 4 Activity
Beginning Balance	-									
Revenue		258,378		-		-		-	-	
Agency Expenditures		503	503	-	-	-	-	-	-	
WCN Payment		137,600	-	137,600	-	137,600	-	137,600	-	
Balance Payment Reserve	10,000		10,000		10,000		10,000		10,000	
<b>Running Balance</b>	<b>-</b>		<b>120,275</b>		<b>120,275</b>		<b>120,275</b>		<b>120,275</b>	<b>(154,925)</b> 2025
Credential Count			32,297		-		-		-	

Alison discussed Oregon joining the compact which may affect the bottom line for Washington, but not likely to effect the surcharge as they may already have a multistate licensure.

### Evaluation Training

Alison Bradywood

Contract Training – Alice and Brad Dykstra on November 22.

Documentation of the outcomes

The “now what”

### Facilitator Options

Alison Bradywood

Character looking for in facilitator

Roles

DEI

Mediation

Leadership

CLEAR – evaluation with DEI focus

Understanding contracting process with DOH

Top Three

Carter

Leadership Academy

Marcus

Questions to be developed with the same team completing the interviews, Sofia will send some example questions to Alison and Jonnita for feedback. Questions to be sent once agreed upon by Friday October 25, final approval by Sofia and Alison.

Interview Team: Sofia Aragon, Alison Bradywood, Melissa Hutchinson

**DOH contract monitoring, evaluation, performance approaches**

Sofia Argon

**Other Business:**

Contract planning timeline – November 22, 2024

Contract 6-month extension - Sofia requested a written contracting timeline for the six months as well as the minutes from the business meeting. Alison will draft a brief timeline.

Sofia asked for clarity regarding contract changes previously discussed.

Request for technical assistance

Partner on Efforts

Shift Racism in Nursing Video – hosting on a public screening for health equity credits.

Listening sessions – across the state in partnership on the work what we and WCN does.

Alison will follow up via email. Dawn suggested having a table at events.

Bethany and Frank will send updated invitation lists to Jonnita for future meetings.

**Trip Report**  
**2024 NCSBN ANNUAL MEETING**  
**AUG. 28–30, 2024**  
**Chicago, Illinois**

**Anita Nath and Sara Kirschenman**

**PURPOSE:** This is the annual NCSBN meeting in which representatives from each state member-board gather for education and official NCSBN business. Attendees participate as delegates if applicable and as observers. The annual meeting presentations and sections provide observers with the opportunity to be informed and updated on all NCSBN business and relevant issues related to nursing regulation and the nursing profession in general.

**OUTCOME:** The above participants attended all relevant and public conference sessions on the following topics:

President Address

CEO Address

Global Leaders in RN: America’s Health Responders - Presented by RDML Jennifer Moon, DNP, MPH, MSN, FNP-BC, Chief Nurse Officer, United States Public Health Service Commissioned Corps

Measuring Impact Presented by Gregory Nielsen, JD, President and CEO, Training and Consulting LL

Measuring Impact Panel Q&A

Member Engagement: Fully Engaged, Creating Tomorrow’s Experience Presented by Alicia Byrd, RN, Director, Member Engagement, NCSBN

Knowledge Network Lunches NCSBN Knowledge Networks are brainstorming discussions regarding regulatory trends in Simulation

All NCSBN sponsored off-site activities and group meals to support development and networking

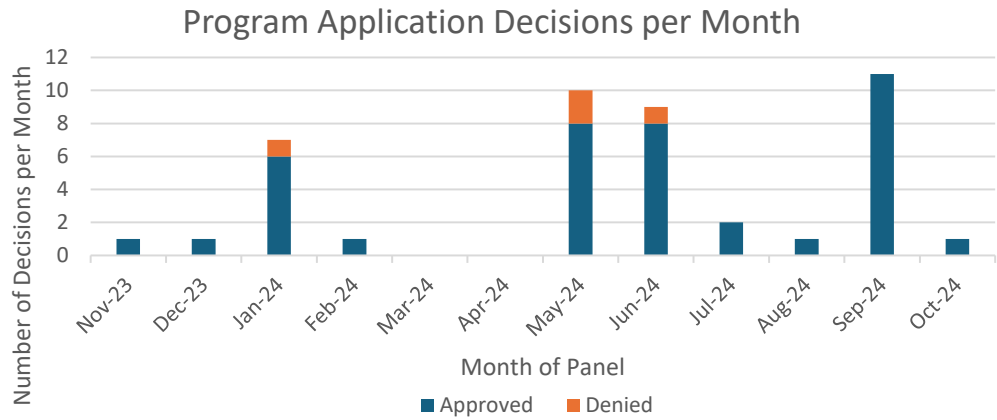
**RECOMMENDATION:** The meeting was engaging, inspiring, and provided valuable information to the attendees who were member board staff. I recommend continuing to support this conference by sending WABON staff to both attend, and if possible, participate and present at the meeting.



# NPAP Summary Report

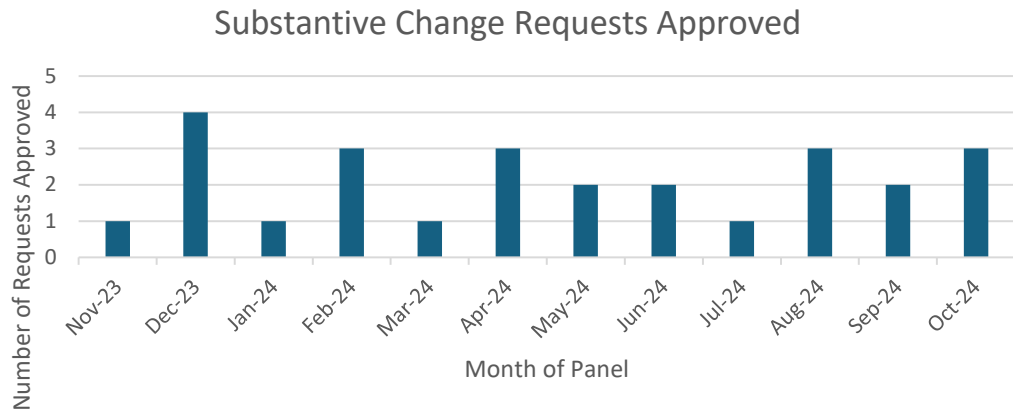
## Program Applications.

The number of decisions reached and letters of decision sent to programs regarding applications by the month of the NPAP panel, and whether those applications were approved or denied.



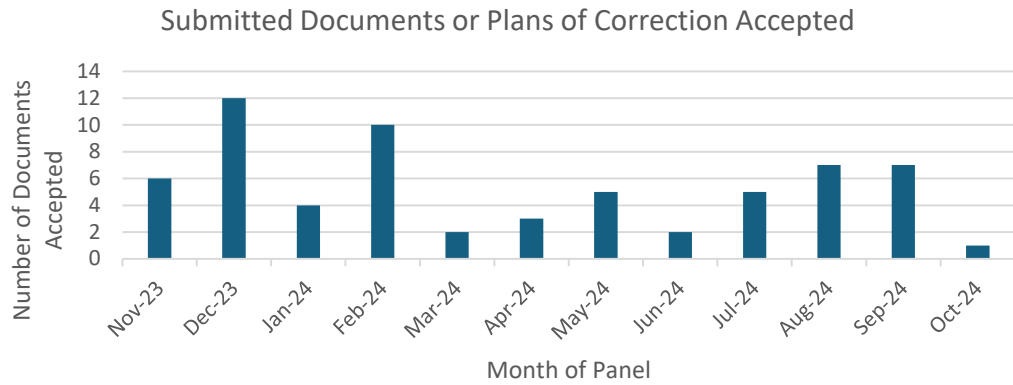
## Change Requests.

The number of decisions reached and accompanying letters of decisions sent to programs regarding substantive change requests by the month of NPAP panel.



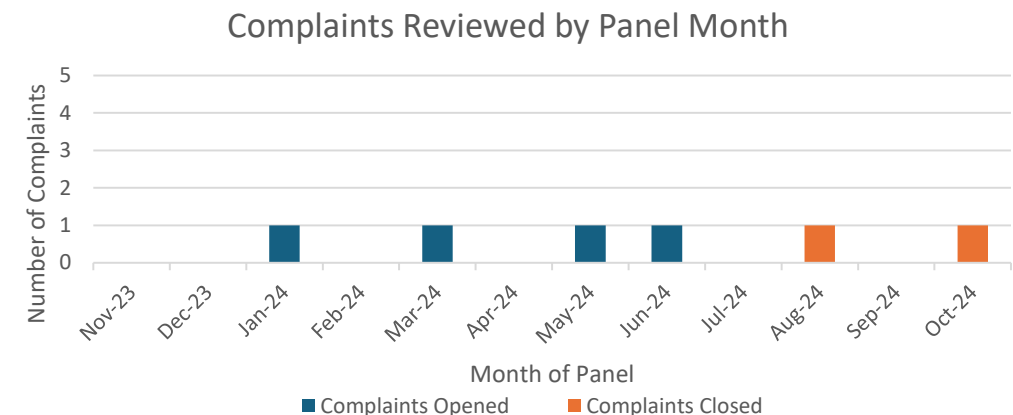
## Accepted Documents.

The number of submitted documents or plans of correction that were accepted at NPAP meeting panels per month.



## Program Complaints.

The number of complaints that were either opened or closed at NPAP meetings by panel month.



**Washington State Board of Nursing  
NPAP DECISION SUMMARY REPORT**


**Date: October 3, 2024 & October 22, 2024 Updated: October 22, 2024**

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:						8 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	122 Post BSN Programs	459 MSN Programs
Letter of Decision:						4 Refresher Programs	22 DNP Programs
Approval – Programs	(2) 3	42	80	21	30	7 LPN to BSN	1 RN Refresher Program
Deny Approval – Program		4					6 PMC Programs
Approval – Sub Change Request	(3)	21	34	35	20	5 PVR	1 LPN Refresher Program
Plan of Correction (POC) Required		3	8	4	2	8 LPN to ADN	11 Nurse Tech
Acceptance of Submitted Documents or POC	(1) 2	46	75	60	64		
Additional Documents or Actions Required		1	2	1	4		
Deferred Action		18	10	9	12		
Removal of Conditional Approval							
Limit Student Enrollment			1	1	1		
Voluntary Closure			1		1		
Require Monitoring Report		6	13	8			
Site Visit Report		9	11	10	3		



Removal of Moratorium on admissions					
Covid-19 Curriculum Adjustments					7
Other		4	1	3	2
Other-Acknowledge Receipt of POC			2		
Letter of Concern				1	
Approvals-Miscellaneous (non-program)	(3)	10	3	3	2
<b>Monitoring Report:</b>					
Accept			22	1	
Not Accept					
Deferred					
<b>Out-of-State DL Student Waivers:</b>					
Accept					
Deny					
Deferred					
<b>Complaints:</b>					
Open	1	6	8	2	3
Closed	(1)	1	3	3	3
Defer		1			
<b>Complaint Investigation Reviewed:</b>					
Accept Investigation Report		3	4	1	3
No Action Required		1	1	1	
Action required		2			
<b>Licensing Education Exemption (Waiver) Request:</b>					
Exemption Request Approved		6	1	4	5
Exemption Request Denied				2	1

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

<b>Title:</b>	Officer Nominations	<b>Number:</b>	H01.04
<b>Reference:</b>	<a href="#">RCW 18.79.100</a>		
<b>Author:</b>	Chris Archuleta Director, Operations and Finance Nursing Care Quality Assurance Commission		
<b>Effective Date:</b>	May 12, 2023	<b>Date for Review:</b>	May 12, 2025
<b>Supersedes:</b>	H01.01 – November 18, 2011 H01.02 – March 1, 2016 H01.03 – March 10, 2017		
<b>Approved:</b>			
	Yvonne Strader, RN, BSN, BSPA, MHA Chair 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. This procedure describes the responsibilities of the nominations committee. The nominations committee selects qualified members of the NCQAC who are willing to serve in leadership positions. The nominations committee presents a slate of qualified candidates to the NCQAC for the annual election.

**PROCEDURE:**

- I. During the November meeting each year, the chair of the NCQAC appoints three members of the NCQAC to the nominations committee. Members serve a one-year term on the nominations committee. No member should serve more than two consecutive terms on the nominations committee. The Executive Director may appoint a staff member to support the work of the nominations committee.

- A. Members of the nominations committee review the position descriptions for the chair, vice chair, and secretary/treasurer positions. Questions, edits and revision to the position descriptions must be presented to the NCQAC at the January meeting.
  - B. Committee members approach every member of the NCQAC requesting interest in candidacy for an office. Every member of the NCQAC is eligible as a candidate for an officer position.
  - C. Committee members review the position descriptions with each NCQAC member. Committee members determine if interviews are needed to evaluate candidate's competencies for the chair, vice chair, and secretary/treasurer positions.
  - D. Committee members contact each candidate with the results of the evaluation. If the candidate meets the qualifications and continues to be willing to serve, their name is placed on the slate of candidates.
  - E. The committee is charged with selecting at least two candidates for each officer.
- II. At the March meeting, the committee verbally presents the slate of candidates to the NCQAC. The slate of candidates is included in the business-meeting packet of materials. If there are any questions on the slate, questions for the individual candidates, or challenges to the slate, these must be presented to the NCQAC prior to the election of officers.
- A. The NCQAC chair reads the slate of candidates. The chair asks if there are any nominations from the floor. Three members of the NCQAC must support candidates from the floor.
  - B. The NCQAC chair asks all nominees from the floor if they are qualified and willing to be placed on the slate of candidates.
  - C. The nominations committee interviews candidates from the floor prior to placing their name on the final slate of candidates.
  - D. Each candidate and nominees from the floor present a brief statement. The presentation must include their purpose for seeking an office and goals.
  - E. Each nominee may contact all NCQAC members by telephone, email or in person to discuss their desire to serve as an officer.
  - F. Nominees cannot offer any perceived benefits to sway votes. Perceived benefits include promises to assign out of state travel, gifts, monetary rewards, or preferential treatment.
  - G. Nominees are prohibited from consulting with staff related to the election, nominees and offering perceived benefits.
- III. At the May meeting, the nominations committee presents the final slate of candidates to the NCQAC from the committee with a second. Once the slate of candidates is adopted by the NCQAC, then the NCQAC proceeds with the election of officers.



## Washington State Board of Nursing

### Position Description

#### **Nominations Committee**

##### **Purpose:**

1. Select members of the Washington State Board of Nursing who are qualified and willing to serve in leadership positions.
2. Select members of the WABON and staff to be nominated for awards. Complete applications as necessary.

##### **Membership:**

1. At least three members of the WABON appointed by the Chair.
2. No member should serve more than two consecutive years on the nominations committee.

##### **Duties and Responsibilities:**

1. Select at least two candidates each for the position of WABON Chair, Vice Chair, and Secretary/Treasurer.
2. Nominate WABON members and staff for awards, such as the NCSBN annual awards. Complete and submit applications.

##### **Timeline for leadership nominations and elections:**

1. November meeting -  
WABON Chair appoints new members to the Nominations Committee.
2. January meeting –  
Announces opening for nominations for the WABON annual award.
3. March meeting –
  - a. Verbally presents the slate of candidates to the WABON. The WABON approves the slate of candidates.
  - b. Candidates may speak to the WABON.
4. May meeting –
  - a. Election of the Officers, according to Procedure H02.
5. July meeting –
  - a. New officers take office.
  - b. Presents the WABON annual award.

##### **Staff:**


Executive Director or designee

Adopted: 7/06, 7/08

Revised: 6/08, 9/10, 11/11, 3/13, 3/17

Approved: 7/06, 7/08, 3/13, 3/17

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

<b>Title:</b>	Election of Officers	<b>Number:</b>	H02.04
<b>Reference:</b>	<a href="#">RCW 18.79.100</a> <a href="#">RCW 42.30.060</a>		
<b>Author:</b>	Chris Archuleta Director, Operations and Finance Nursing Care Quality Assurance Commission		
<b>Effective Date:</b>	May 12, 2023	<b>Date for Review:</b>	May 12, 2025
<b>Supersedes:</b>	H02.01 - May 8, 2015 H02.02 - November 18, 2011 H02.03 - March 1, 2016		
<b>Approved:</b>			
	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)		

**PURPOSE:**

The NCQAC shall annually elect officers from among its members. The NCQAC elects a chair, vice chair, and secretary/treasurer.

**PROCEDURE:**

- I. 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.
- II. 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.*

- III. The election proceeds with a ballot. The ballot includes the names of all nominees, including nominations from the floor. Since the Open Public Meetings Act prohibits a secret ballot, all voting NCQAC members must sign their ballots. NCQAC members attending virtually make their selection(s) by voice vote.
  - A. The presiding officer directs the NCQAC members to cast their ballots. Only members attending the May NCQAC meeting in person or virtually may vote. Absentee ballots are not allowed.
  - B. 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.
  - C. The presiding officer reads the final tally and announces the new officers for chair, vice chair, and secretary/treasurer.
  - D. The staff member then places ballots and the documented count on a tabletop in the meeting area for public view.
  - E. The ballots and documented count remain on the tabletop until the meeting is adjourned. The count totals and individual selections are recorded in the minutes of the meeting.
- IV. 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.

## Washington State Board of Nursing

### Position Description

#### Chair

#### Qualifications:

Served on the Washington State Board of Nursing (WABON) a minimum of one year at the time the term as the chair is to begin.

Demonstrated leadership characteristics by serving at least one of the following:

Chair of a sub-committee

Chair of a panel

Leadership in employment, association or community work

#### Duties and Responsibilities:

1. Provides strategic vision and leadership to the WABON, in collaboration with the Executive Director, determining WABON priorities, policy, and practice.
2. Conducts meetings of the WABON according to Roberts Rules of Order. Votes when necessary to make or break a tie.
3. Appoints chairpersons and members of all regular and special committees, panels, and task forces.
4. Participates as a member of the Legislative Panel.
5. Represents the WABON in public forums.
6. Appoints members to the Nominating Committee at the November meeting, receives the list of nominations in March, and oversees the election of officers in May.
7. Plans for succession and smooth transition to the next chairperson.
8. Addresses WABON member performance issues.
9. Uses signatory authority on documents as required.
10. Serves as a delegate to the National Council of State Boards of Nursing for the annual delegate assembly held each August.

Approved: 7/06, 7/08

Revised: 10/08

03/11

03/13/15

01/11/19



## Washington State Board of Nursing

### Position Description

#### Vice Chair

#### Qualifications:

Served on the Board a minimum of one year at the time the term begins as vice chair.  
Demonstrated leadership characteristics by serving at least one of the following:

- Chair of a sub-committee
- Chair of a panel
- Leadership in employment, association or community work

#### Duties and Responsibilities:

1. Assumes the duties of the Chair as needed.
2. Chairs the Legislative Panel.
3. Provides assistance to the Chair and Executive Director as needed.
4. Participates at the HSQA Boards and Commission Forum as a representative of the WABON.
5. Participates in National Council of State Board of Nursing meetings and events as available.
6. Participates on WABON duties with various task forces, committees, charging panels, hearings.

Approved: 07/06, 07/08

Revised: 06/08  
03/11  
09/13  
03/13/15

## Washington State Board of Nursing

### Position Description

#### **Secretary Treasurer**

#### **Qualifications:**

Served on the Washington State Board of Nursing (WABON) a minimum of one year at the time the term is to begin.

Demonstrated leadership characteristics by serving at least one of the following:

- Chair of a sub-committee
- Leadership in employment, association or community work

#### **Duties and Responsibilities:**

1. Reviews the minutes from the WABON business meetings prior to publishing in the packet of materials for the next business meeting. Editorial comments and substantive comments are forwarded to the executive director's administrative assistant within two weeks of receipt of the draft minutes.
2. Gathers input from WABON members on budgetary priorities through the strategic planning process.
3. Reviews the biennial budget proposals with the executive director prior to being submitted through the Department of Health.
4. Reviews the monthly budget reports with the budget manager.
5. Presents the budget reports at the WABON business meetings.
6. Participates in state budget meetings as directed by the chair.
7. Conducts the WABON business meeting in the absences of the Chair or Vice Chair.

Approved: 03/13/15

Revised: 03/13/15

Revised: 09/09/16

## NURSING BUDGET STATUS REPORT – September 2024

### 2023-2025 BIENNIUM:

This report covers the period of July 1, 2023, through September 30, 2024, fifteen months into the biennium, with nine months remaining. The WABON budget is underspent by about 15% or just over \$3.7M and the current revenue balance is just over \$94K.

### **REVENUES FROM FEES:**

The recommended revenue balance or “reserve” should be 12.5% of biennial budgeted allotments, or approximately \$4.7M. Revenue projections for the biennium were adjusted to account for the anticipated \$2.5M annual loss in fee revenues from implementation of phase one of the NLC in July 2023 (actual loss in FY24 was \$2.2M). 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). Revenues from fees in recent months have lagged adjusted projections and YTD revenues are 4.6%, or just over \$933K short of adjusted projections.

### **EXPENDITURES:**

#### Highlights:

- Direct Charges: Actual direct expenditures are trending below budget as anticipated. Salaries and Benefits savings are due to open positions; Rent due to reduction of WABON footprint in Tumwater; and AG costs continue to come in below estimates.
- 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, actual expenditures 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 and 90% of new applications would upgrade or select the MSL each month. Since full implementation, those predictions have been adjusted down to 10% of eligible single state license holders and 50% of new applicants would convert monthly. The actual conversion rates have been closer to 8.3% and 17.8% respectively. WABON is actively promoting the benefits of MSL in hopes of increasing these rates. To prevent a negative fund balance, WABON will continue to evaluate all future expenditures and limit unnecessary spending where possible.

**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.



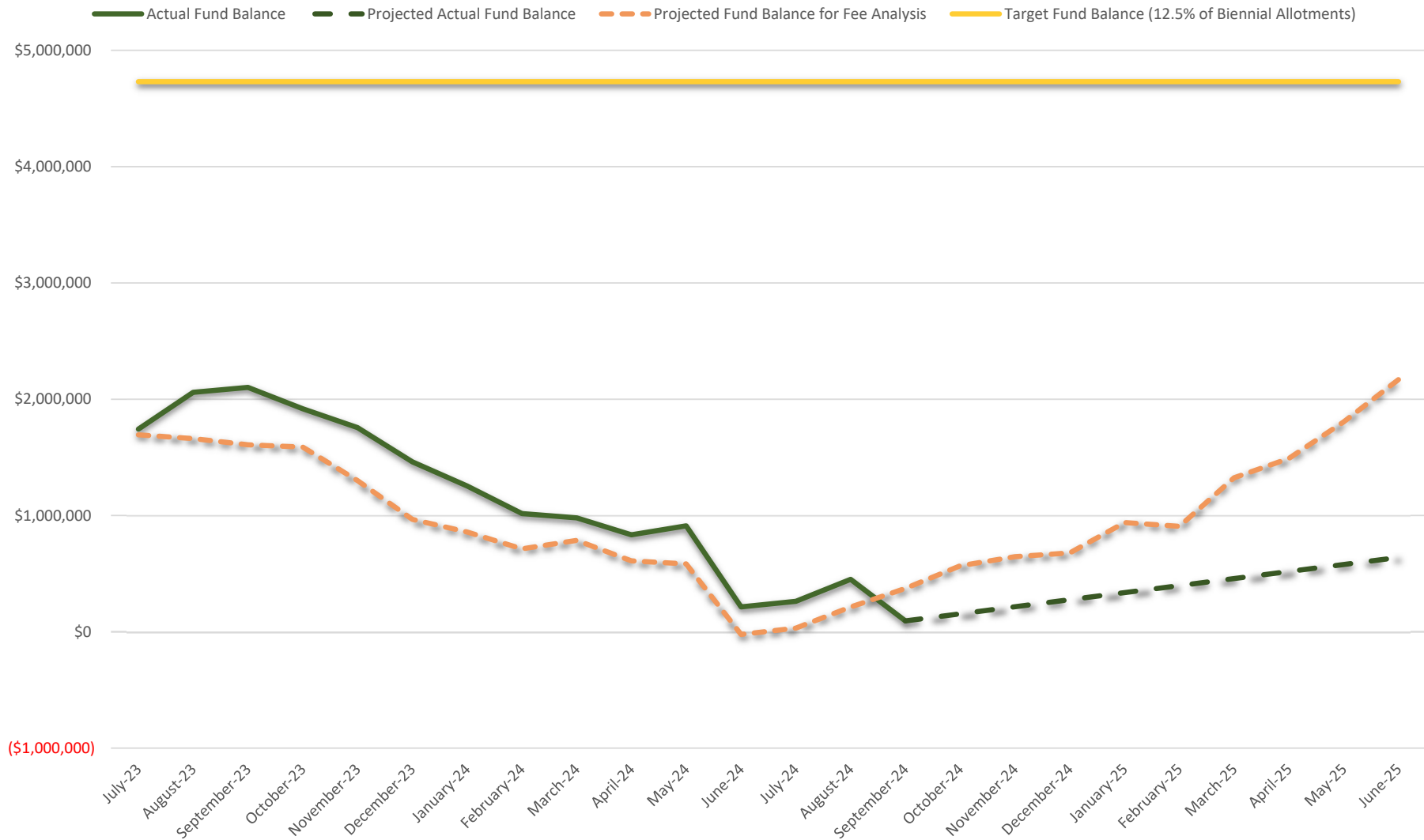
**Washington State Board of Nursing**  
**Monthly Expenses for Commission + Staffing, Long Term Care, and Compact Provisos**  
**02G Health Professions Account**  
 For the period July 1, 2023 through September 30, 2024

EXPENDITURES TYPES	BIENNIAL BUDGET	ALLOT BTD thru FM13	EXP BTD thru FM13	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
<b>DIRECT EXPENDITURES:</b>											
FTEs (total)	1,954.73	127.22	132.64	86.23	84.48	86.23	85.10	119.02	123.18	-4.16	103.50%
Staff Salaries & Benefits	21,796,288	11,540,318	10,601,373	943,238	858,086	943,240	865,233	13,426,796	12,339,169	\$ 1,087,627	91.90%
Commission Salaries	611,112	330,920	298,170	25,472	19,419	25,472	17,138	381,864	334,727	\$ 47,137	87.66%
Goods & Services	890,310	516,377	320,108	33,904	31,563	34,204	40,558	584,485	461,447	\$ 123,038	78.95%
Rent	1,059,195	549,466	280,858	46,893	24,516	46,893	0	643,252	301,970	\$ 341,282	46.94%
Attorney General (AG)	1,705,439	932,439	680,260	70,000	151,507	70,300	54,531	1,072,739	740,252	\$ 332,487	69.01%
Travel	140,664	75,753	76,428	5,901	3,004	5,901	2,807	87,555	82,085	\$ 5,470	93.75%
Equipment	154,134	154,134	103,675	0	8,453	0	12,293	154,134	124,203	\$ 29,931	80.58%
IT Support & Software Licenses	496,238	251,185	236,504	22,544	5,688	22,544	38,008	296,273	280,374	\$ 15,899	94.63%
<b>TOTAL DIRECT</b>	<b>\$ 26,853,380</b>	<b>\$ 14,350,592</b>	<b>\$ 12,597,376</b>	<b>\$ 1,147,952</b>	<b>\$ 1,102,235</b>	<b>\$ 1,148,554</b>	<b>\$ 1,030,569</b>	<b>\$ 16,647,098</b>	<b>\$ 14,664,228</b>	<b>\$ 1,982,870</b>	<b>88.09%</b>
<b>SERVICE UNITS:</b>											
FBI Background Checks (TA090)	\$ 767,864	\$ 503,650	\$ 436,573	\$ 39,710	\$ 2,105	\$ 38,848	\$ 120,258	\$ 582,208	\$ 556,831	\$ 25,377	95.64%
Office of Professional Standards (TA020)	\$ 571,764	\$ 305,846	\$ 145,435	\$ 24,032	\$ 558	\$ 24,032	\$ 38,742	\$ 353,910	\$ 184,177	\$ 169,733	52.04%
Adjudication Clerk (TA010)	\$ 346,400	\$ 185,299	\$ 69,635	\$ 14,601	\$ 163	\$ 14,699	\$ 8,603	\$ 214,599	\$ 78,237	\$ 136,362	36.46%
HP Investigations (TA040, 070, 100)	\$ 81,092	\$ 48,473	\$ 21,940	\$ 3,832	\$ 111	\$ 3,832	\$ 5,586	\$ 56,137	\$ 27,526	\$ 28,611	49.03%
Legal Services (TA140, 150, 210)	\$ 44,864	\$ 29,968	\$ 14,677	\$ 2,320	\$ 4	\$ 2,320	\$ 6,976	\$ 34,608	\$ 21,653	\$ 12,955	62.57%
Call Center (TA030)	\$ 58,038	\$ 33,761	\$ 34,087	\$ 2,667	\$ 117	\$ 2,555	\$ 8,748	\$ 38,983	\$ 42,835	\$ (3,852)	109.88%
Public Disclosure (TA180)	\$ 504,940	\$ 262,332	\$ 176,103	\$ 21,920	\$ 728	\$ 21,935	\$ 43,490	\$ 306,187	\$ 219,592	\$ 86,595	71.72%
Revenue Reconciliation (TA200)	\$ 126,343	\$ 81,194	\$ 82,366	\$ 6,400	\$ 376	\$ 6,400	\$ 23,813	\$ 93,994	\$ 106,178	\$ (12,184)	112.96%
Online Healthcare Provider Lic - Staff (TA130)	\$ 507,012	\$ 271,842	\$ 217,018	\$ 21,379	\$ (70,961)	\$ 21,379	\$ 25,465	\$ 314,600	\$ 242,483	\$ 72,117	77.08%
Online Healthcare Provider Lic - Contract (TE8000)	\$ 289,734	\$ 142,850	\$ 71,425	\$ -	\$ -	\$ -	\$ -	\$ 142,850	\$ 71,425	\$ 71,425	0.00%
Suicide Assessment Study (TA120)	\$ 30,927	\$ 16,544	\$ -	\$ 1,307	\$ -	\$ 1,307	\$ -	\$ 19,158	\$ -	\$ 19,158	0.00%
<b>TOTAL SERVICE UNITS</b>	<b>\$ 3,328,978</b>	<b>\$ 1,881,759</b>	<b>\$ 1,269,257</b>	<b>\$ 138,168</b>	<b>\$ (66,799)</b>	<b>\$ 137,307</b>	<b>\$ 281,681</b>	<b>\$ 2,157,234</b>	<b>\$ 1,550,938</b>	<b>\$ 606,296</b>	<b>71.89%</b>
<b>INDIRECT CHARGES:</b>											
Agency Indirects (16.9%)	\$ 5,071,253	\$ 2,719,664	\$ 2,137,305	\$ 216,826	\$ 161,122	\$ 216,736	\$ 203,399	\$ 3,153,227	\$ 2,501,826	\$ 651,401	79.34%
HSQA Division Indirects (11.3%)	\$ 3,389,052	\$ 1,817,048	\$ 1,405,637	\$ 144,947	\$ 105,996	\$ 144,884	\$ 133,849	\$ 2,106,878	\$ 1,645,482	\$ 461,396	78.10%
<b>TOTAL INDIRECTS (28.2%)</b>	<b>\$ 8,460,306</b>	<b>\$ 4,536,712</b>	<b>\$ 3,542,941</b>	<b>\$ 361,773</b>	<b>\$ 267,118</b>	<b>\$ 361,620</b>	<b>\$ 337,248</b>	<b>\$ 5,260,105</b>	<b>\$ 4,147,308</b>	<b>\$ 1,112,797</b>	<b>78.84%</b>
<b>GRAND TOTAL</b>	<b>\$ 38,642,664</b>	<b>\$ 20,769,063</b>	<b>\$ 17,409,575</b>	<b>\$ 1,647,893</b>	<b>\$ 1,302,555</b>	<b>\$ 1,647,481</b>	<b>\$ 1,649,497</b>	<b>\$ 24,064,437</b>	<b>\$ 20,362,474</b>	<b>\$ 3,701,963</b>	<b>84.62%</b>

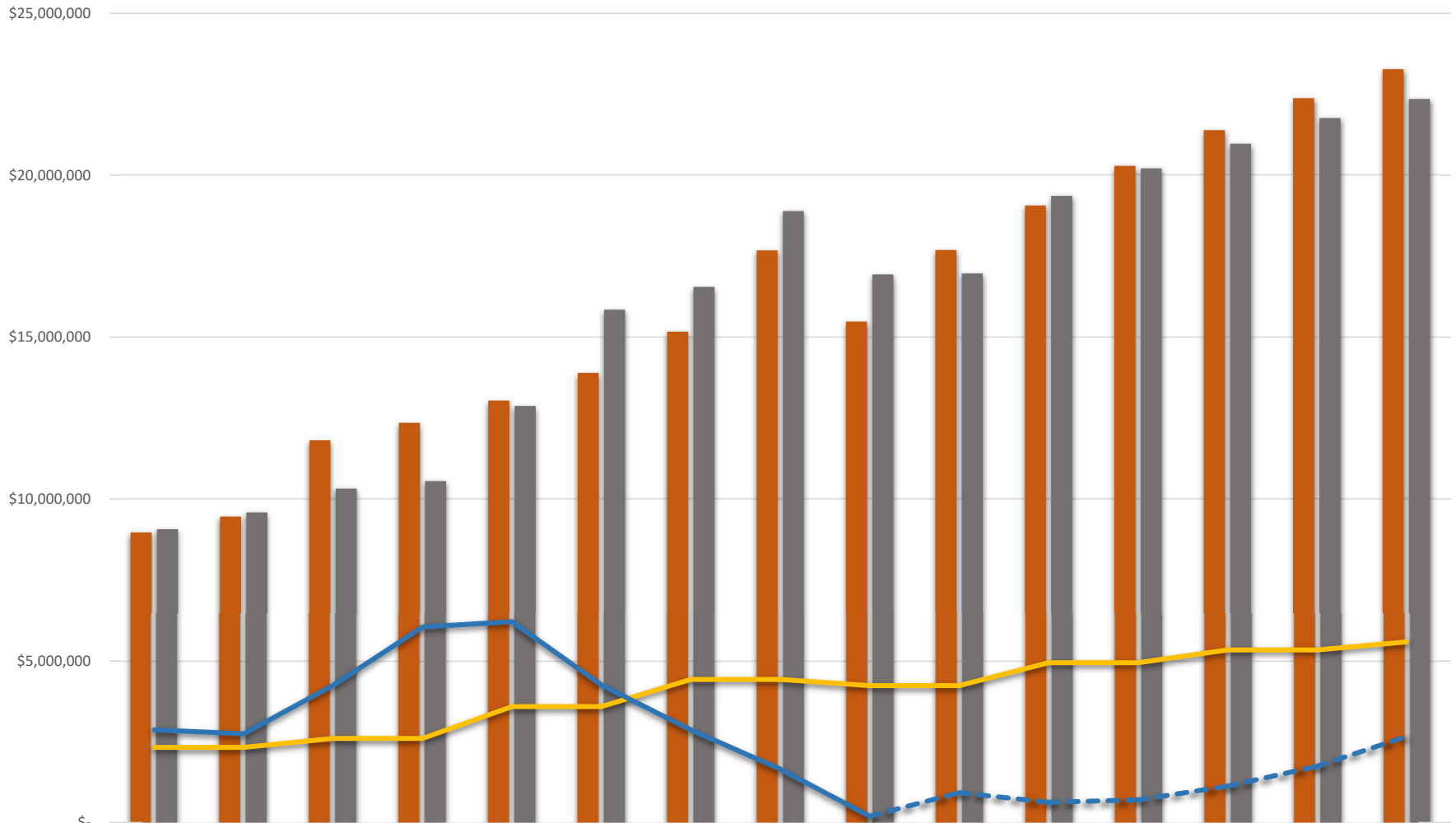
**NURSING REVENUE**

BEGINNING REVENUE BALANCE	\$ 1,659,304
21-23 REVENUE TO-DATE	\$ 19,576,707
21-23 HELMS ASSESS. TO-DATE	\$ 779,532
21-23 EXPENDITURES TO-DATE	\$ 20,362,474
<b>ENDING REVENUE BALANCE</b>	<b>\$ 94,005</b>

### 23-25 WABON Fund Balance Through FM15 + Projected



### WABON Financial Forecast Through FY30

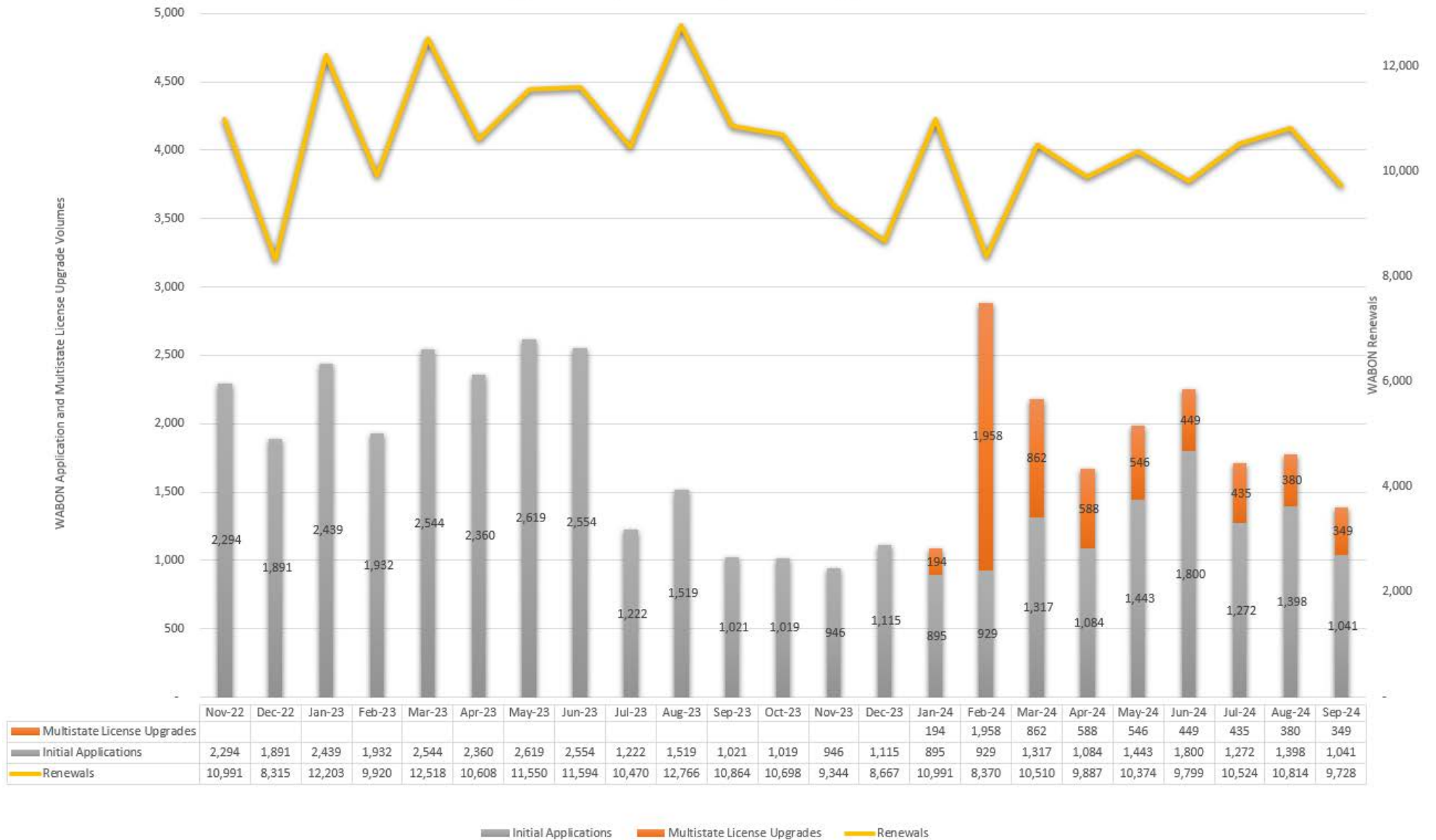


	FY16	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30
Revenue	8,968,627	9,460,426	11,813,707	12,353,477	13,042,446	13,893,210	15,171,442	17,679,890	15,484,345	17,693,551	19,064,407	20,290,486	21,390,594	22,380,649	23,274,377
Expenditure	9,069,664	9,582,807	10,318,652	10,552,286	12,874,913	15,851,083	16,554,354	18,894,820	16,939,349	16,966,516	19,362,887	20,214,287	20,971,263	21,764,048	22,356,490
Target Reserve (12.5%)	2,331,559	2,331,559	2,608,867	2,608,867	3,590,750	3,590,750	4,431,147	4,431,147	4,238,233	4,238,233	4,947,147	4,947,147	5,341,914	5,341,914	5,589,122
Fund Balance	2,873,627	2,751,246	4,246,302	6,047,492	6,215,025	4,257,152	2,874,240	1,659,310	204,305	931,340	632,860	709,059	1,128,389	1,744,990	2,662,877

# 2025 WABON/WCN Contract Timeline



### WABON Applications, Renewals, and MSL Upgrade Volumes



The grey bar reflects the total volume of applications received between November 2022 through September 2024. This includes registered nurses (RNs), licensed practical nurses (LPNs), advanced registered nurse practitioners (ARNPs), and nursing technicians (NTECs). The orange bar reflects the total volume of RNs and LPNs with an active Washington single state license, who have applied to upgrade/convert to a Washington multistate license (MSL) since January 31, 2024. Please note, these nurses are not new to the Washington state nursing population. As of January 2024, 17.8% of new (exam or endorsement) RNs and LPNs have applied for an MSL and 82.2% have applied for a single state license.



# GovDelivery Performance: Bulletin Report Analytics

Compiled October 4th, 2024

Data Range: July 1<sup>st</sup>, 2024 through September 30<sup>th</sup>, 2024

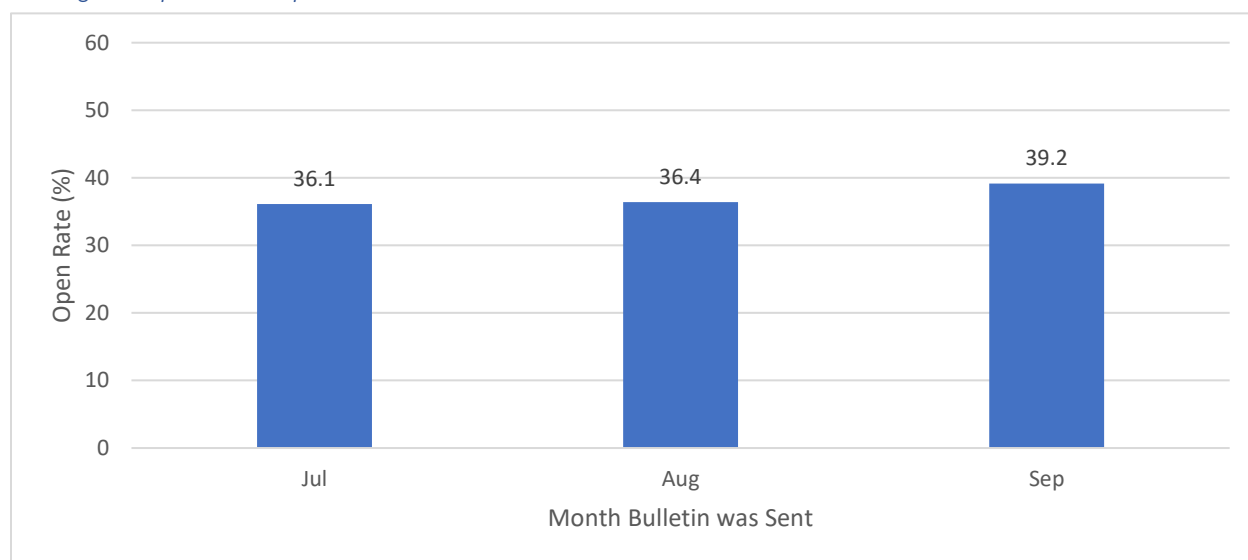
## Summary

Data is collected by GovDelivery on all bulletins sent out. This report compiles some of that data from the date range: July 1st, 2024 through September 30th, 2024. The data shows that email open rate was the highest in September, and the highest for the Legislation and Rules category. News and Alerts had the highest number of total opens, and the bulletin "CR103 FILED - Military Spouse Temporary Practice Permit, WAC 246-12-051" had the most total opens.

## Highest Viewed Bulletins

Bulletin Subject	Total Opens
CR103 FILED - Military Spouse Temporary Practice Permit, WAC 246-12-051	226,794
Telehealth New Laws	195,609
Naturopathic scope of practice sunrise - sharing draft report for public comments - due August 31	183,317
Collecting Health Care Professionals' Demographic Information	132,385
988 Lifeline and the Veterans Crisis Line	118,973

## Average Unique Email Open Rate

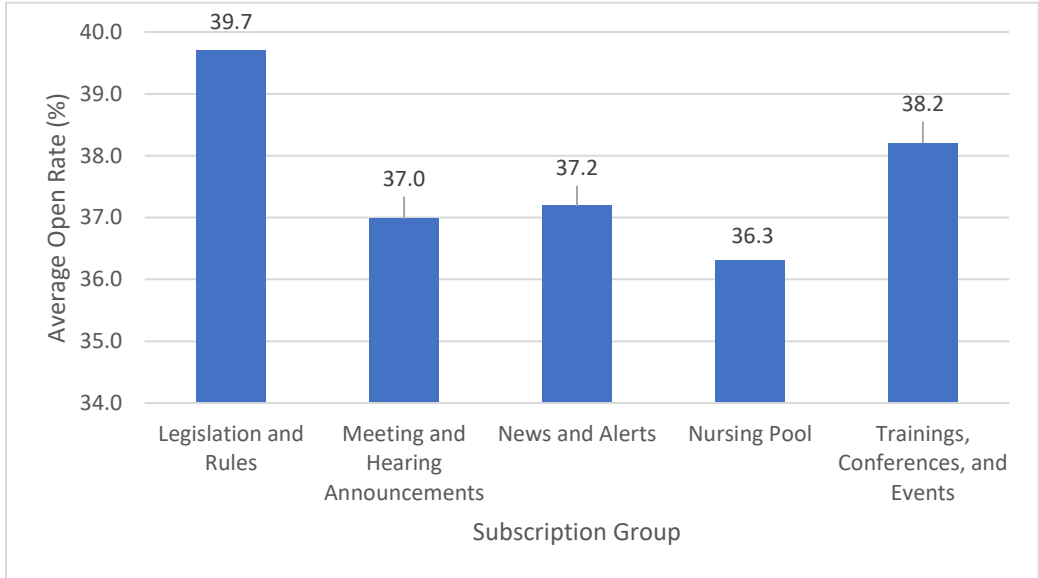


## Total Opens by Month and Subscription Group

Subscription Group	July	August	September	All Quarter
Legislation and Rules	60,610		62,148	122,758
Meeting and Hearing Announcements	254,162	644,827	345,779	1,244,768
News and Alerts	271,180	673,447	312,103	1,256,730
Nursing Pool	132,385	1,541	118,973	252,899

Trainings, Conferences, and Events		56,972	65,352	122,324
Grand Total	718,337	1,376,787	904,355	2,999,479

*Average Unique Email Open Rate by Subscription Group in the Last 12 Months*



# Social Media Analytics Report – WABON

Quarter 3 of 2024

## Executive Summary

In the third quarter of 2024, the Washington State Board of Nursing (WABON) saw significant increases with social media followers and establishment of social presence.

## Introduction

This report includes an overview of the WABON social media performance during Q3 2024, including sources of traffic, top-performing pages, session details, and more.

## Methodology

Data in this report was collected through Meta Business Suite Analytics and LinkedIn Analytics, and includes collected during the third quarter of 2024, from July 1st, 2024, through September 30<sup>th</sup>, 2024.

## Results

### Key Findings

#### 1. Total Followers:

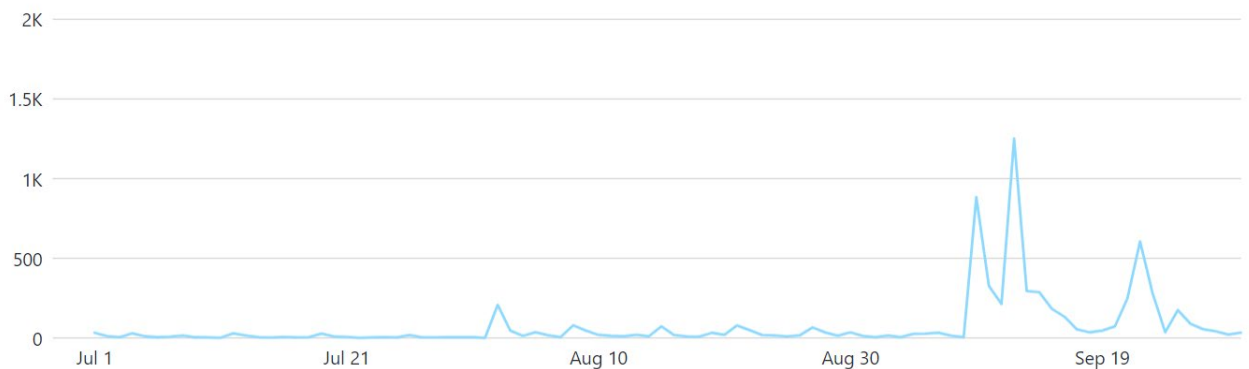
- Facebook Followers: 111
- Instagram Followers: 78
- LinkedIn Followers: 71

#### 2. Reach (Active Visits):

- Facebook: 4,569 (up 144%)
- Instagram: 716 (up 96.2%)
- LinkedIn: 792 (no percentage available yet for comparison)

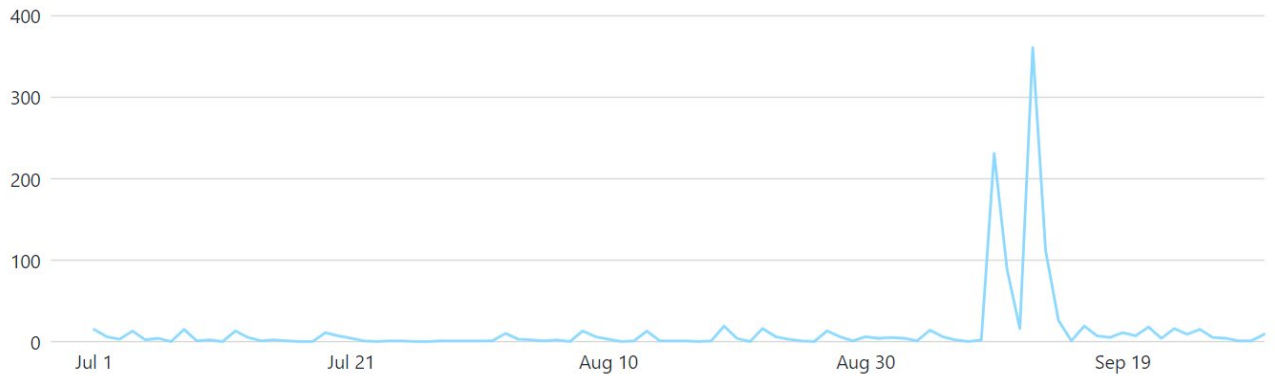
Facebook reach ⓘ

4.6K ↑ 144.1%



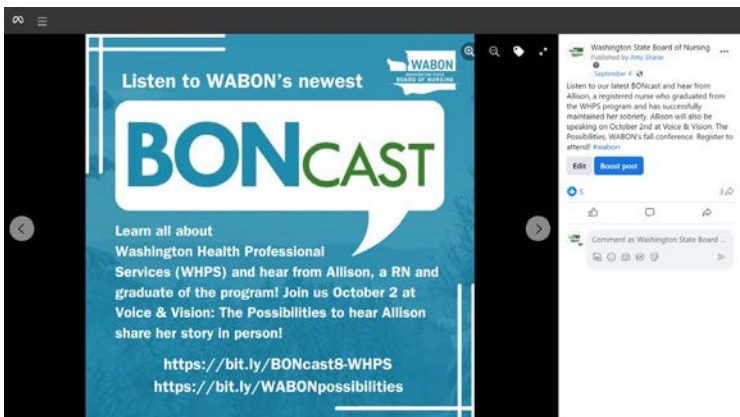
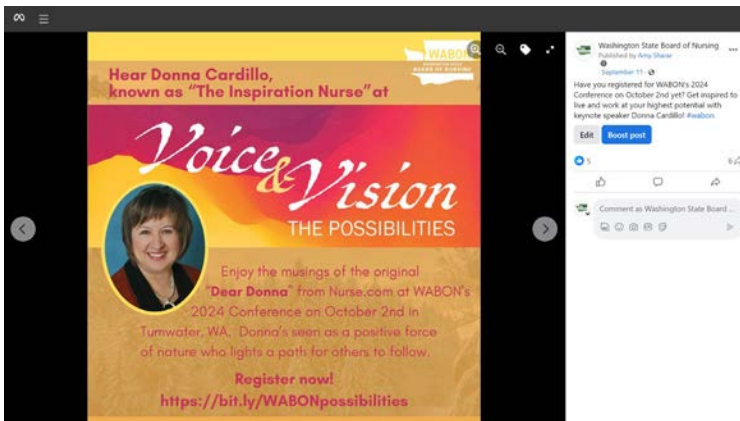
Instagram reach ⓘ

716 ↑ 96.2%



3. Highest post interactions:

- Facebook: Conference plug 9/11/24 (reach of 2,231)  
BONcast plug (reach of 1,639)
- Instagram: Conference plug 9/11/24 (reach of 520)  
BONcast plug 9/11/24 (reach of 329)



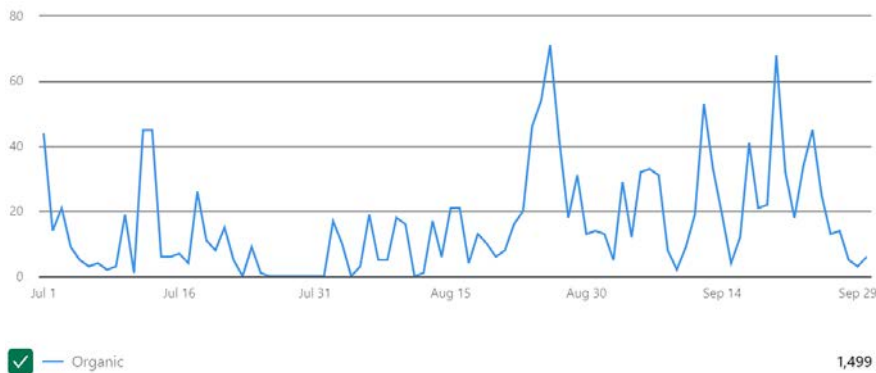
4. **Audience:** We have not reached 100 followers on Instagram yet, so no audience demographic information is available.

Facebook follower demographics:

- 92.2% female
- 7.8% male
- 95.5% of followers are from the United States

5. **LinkedIn Unique Views:**

### LinkedIn Unique Views, Q3



### Conclusions

The third quarter of WABON’s social media has shown significant increases in followers and activity. While some analytics may show decreases in interaction with posts, this is not alarming or of concern. We anticipate further growth in followers over Q4.

# Website Analytics Report – WABON

Quarter 3 of 2024

## Executive Summary

In the third quarter of 2024, the Washington State Board of Nursing (WABON) website received a total of 274,599 active users with an average engagement time of 1 minute and 24 seconds. The majority of users arrived at the website through direct traffic (44.2%), followed by organic search (39.6%), and then referral (19.3%). The most visited pages were the Verify a License page, the Home page, and the Renew or Reactivate a License page.

## Introduction

This report includes an overview of the WABON website performance during Q3 2024, including sources of traffic, top-performing pages, session details, and more.

## Methodology

Data in this report was collected through Google Analytics, and includes all website traffic during the third quarter of 2024, from July 1<sup>st</sup>, 2024 through September 30<sup>th</sup>, 2024. Comparisons were made using data from Q2 of 2024, from the time period April 1<sup>st</sup>, 2024 through June 30<sup>th</sup>, 2024.

## Results

### Key Findings

1. **Total Visits:** The WABON website had 406,574 total sessions during Q3 of 2024, which is an increase of 4.4% from the previous period, Q2 of 2024.
2. **Engagement Rate:** Of these 406,574 sessions in Q3 of 2024, 239,630 were considered “engaged sessions”, meaning that the sessions lasted longer than 10 seconds, or the user visited 2 or more pages during their session. The website therefore had an engagement rate of 58.9%, an increase of 0.7% from the previous period.
3. **Active Visitors:** The WABON website had 274,599 active users during Q3 of 2024. This is an increase of 7.7% from the previous period, Q2 of 2024.
4. **New Visitors:** The WABON website had 256,331 new visitors during Q3 of 2024. This is an increase of 8.7% from the previous period, Q2 of 2024.
5. **Page views:** The website recorded 994,035 total page views during the Q3 of 2024, representing an increase of 2.5% from the previous period.
6. **Bounce Rate:** The website had a bounce rate of 41.1% during Q3 of 2024, a decrease of 1.0% from the previous period. Bounce rate indicates the number of sessions that were not engaged sessions.

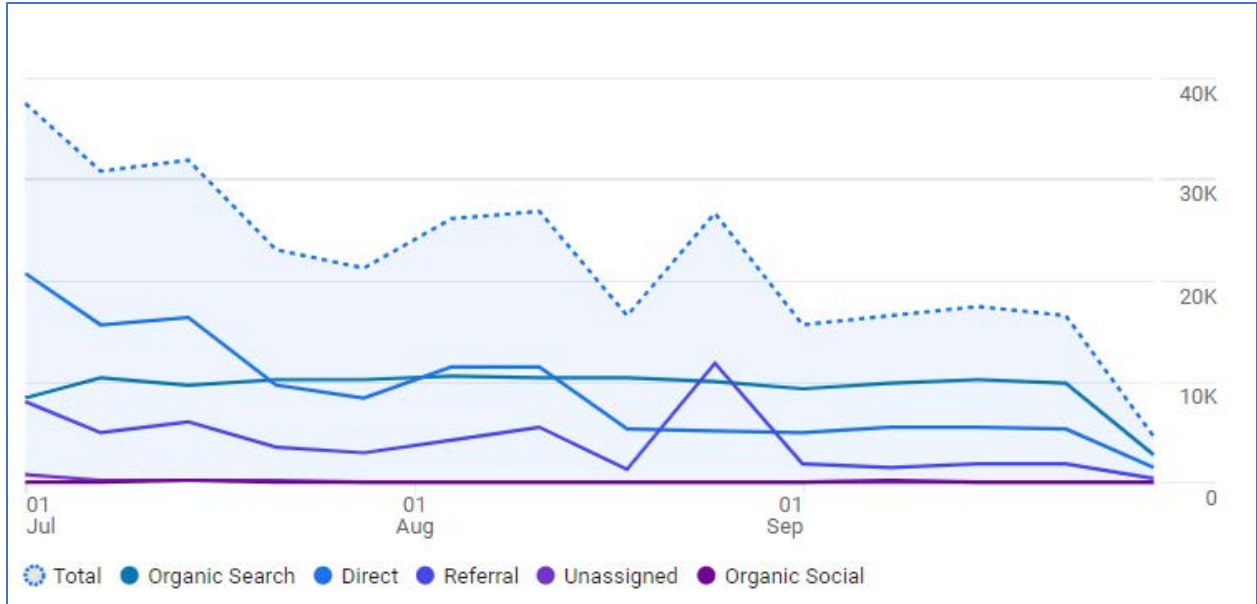


Figure 1. New Users by Traffic Source by Week in Q3 of 2024

### Pages

The most popular pages on the website during the period were:

1. **Verify a License:** 125,781 page views, an increase of 18.1% from the period before.
2. **Home:** 75,512 page views, an increase of 6.8% from the previous quarter.
3. **Renew or Reactivate License:** 69,841 page views, an increase of 25.1% from the period before.
4. **Upgrade to an MSL:** 45,404 page views, a decrease of 4.7% from the period before.
5. **Online Application Instructions:** 44,835 page views, a decrease of 29.7% from the period before.

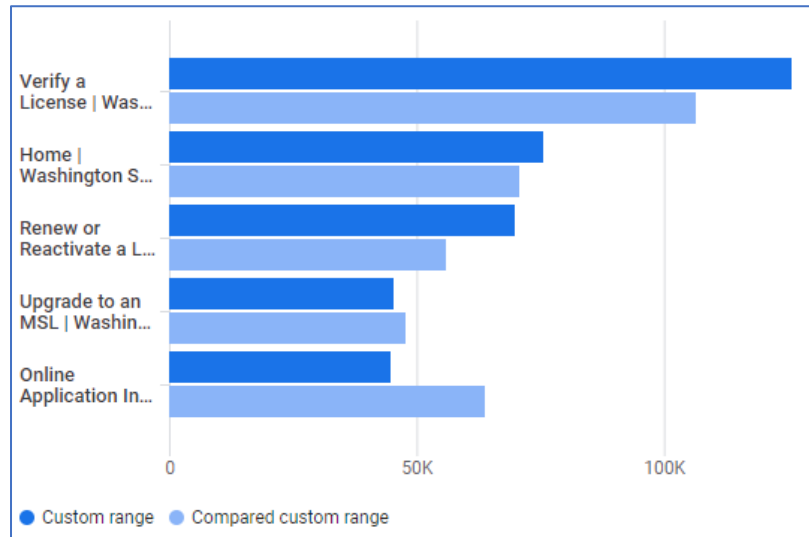


Figure 2. Total Views of Top Pages during Q3 of 2024 compared to Q2 of 2024

### Traffic Sources

The majority of traffic during Q3 of 2024 came from the following sources:

1. **Direct:** 121,429 visits, an increase of 6.3% from the period before. This accounted for 44.2% of all sessions.
2. **Organic Search:** 108,637 visits, a decrease of 0.9% from the period before. This accounted for 39.6% of all sessions.
3. **Referral:** 52,920 visits, an increase of 42.1% from the period before. This accounted for 19.3% of all sessions.

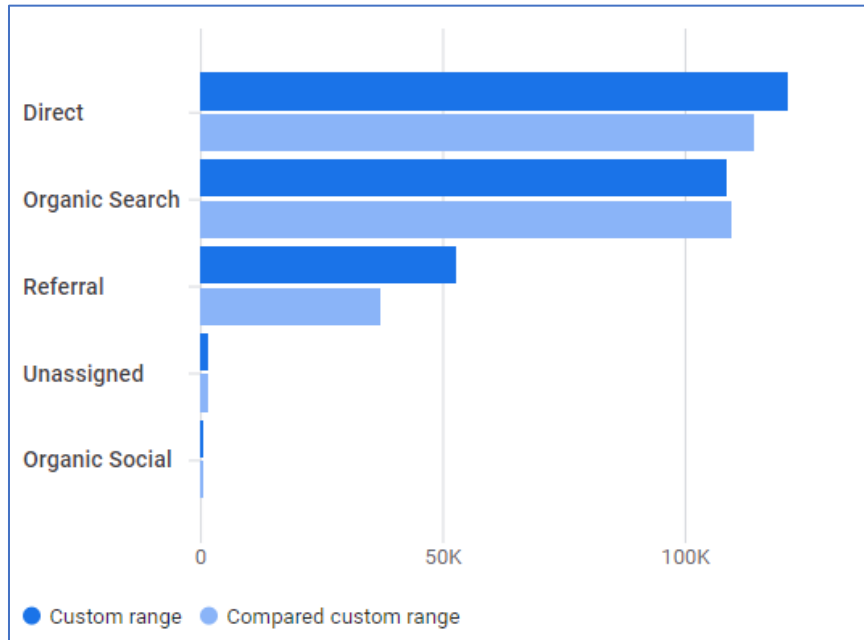


Figure 3. Total Users by Source of Traffic During Q3 of 2024 Compared to Q2 2024

### Users and User Behavior

During the previous quarter of 2024, WABON website users were most commonly from the following countries:

1. **United States:** 263,269 users, an increase of 7.7% from the period prior.
2. **Canada:** 3,829 users, an increase of 9.5% from the period prior.
3. **Philippines:** 1,142 users, a decrease of 16.6% from the period prior.



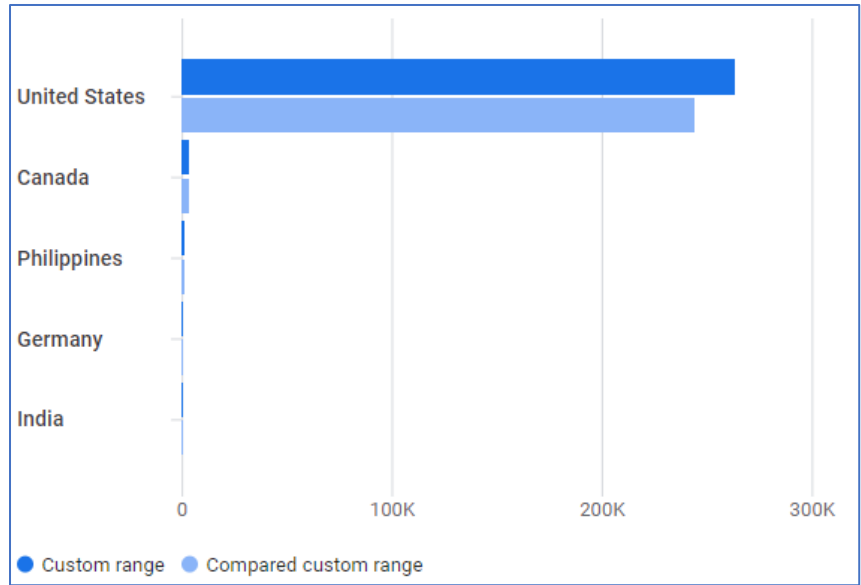


Figure 4. Total Users by Country During Q3 of 2024 Compared to Q2 2024

Users were most commonly from the following cities:

1. **Seattle:** 44,702 users, a decrease of 14.6% from the period prior.
2. **Moses Lake:** 18,017 users, an increase of 24.2% from the period prior.
3. **San Jose:** 16,403 users, an increase of 155.7% from the period prior.

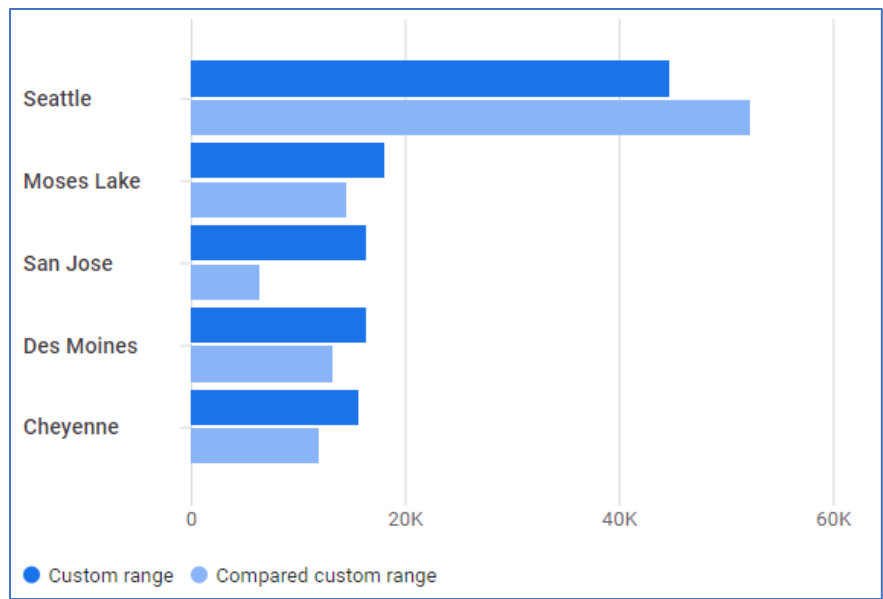


Figure 5. Total Users by City During Q3 of 2024 Compared to Q2 2024

User behavior on the website during Q3 of 2024 was as follows:

1. **Average Engagement Time:** The average engagement time was 1 minute and 24 seconds, a decrease of 12.4% from Q2 of 2024.
2. **Views per Active User:** The average number of pages viewed by each user was 3.44 pages, a decrease of 3.4% from Q2 of 2024.

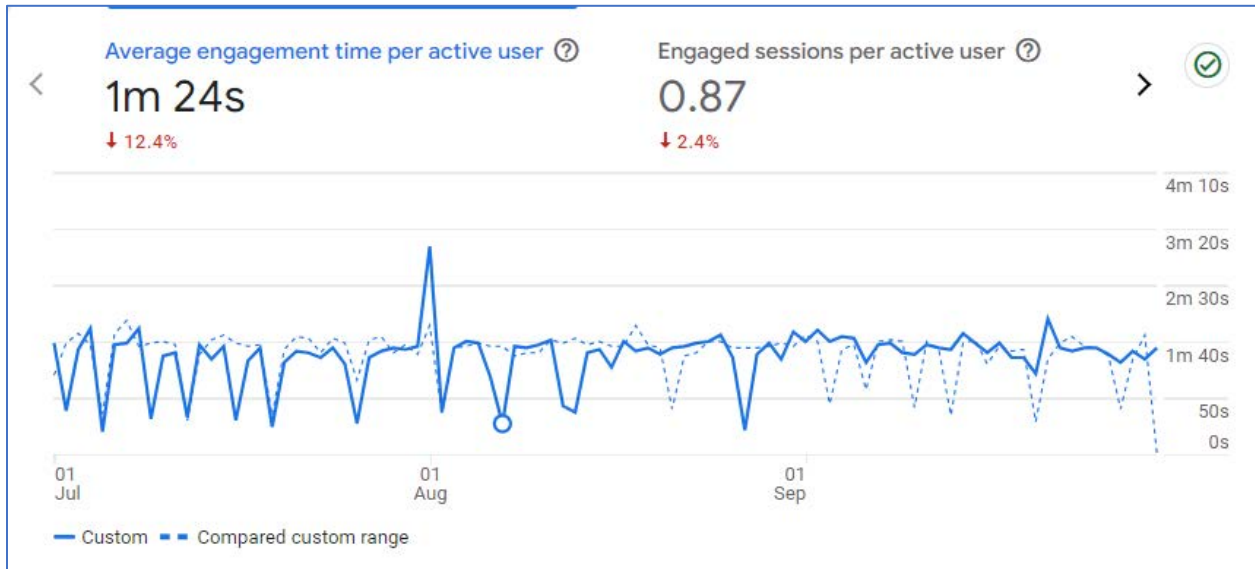


Figure 6. Average Engagement Time in Q3 of 2024 Compared to Q2

Users visited the website by using the following devices in the previous quarter of 2024:

1. **Desktop:** 195,777 users used a desktop to access the website, an increase of 12.1% since the previous quarter. This accounted for 71.0% of all users.
2. **Mobile:** 78,130 users used a mobile device to access the website, a decrease of 1.5% since the previous quarter. This accounted for 28.3% of all users.
3. **Tablet:** 1,707 users used a tablet to access the website, a decrease of 7.7% since the previous quarter. This accounted for 0.6% of all users.

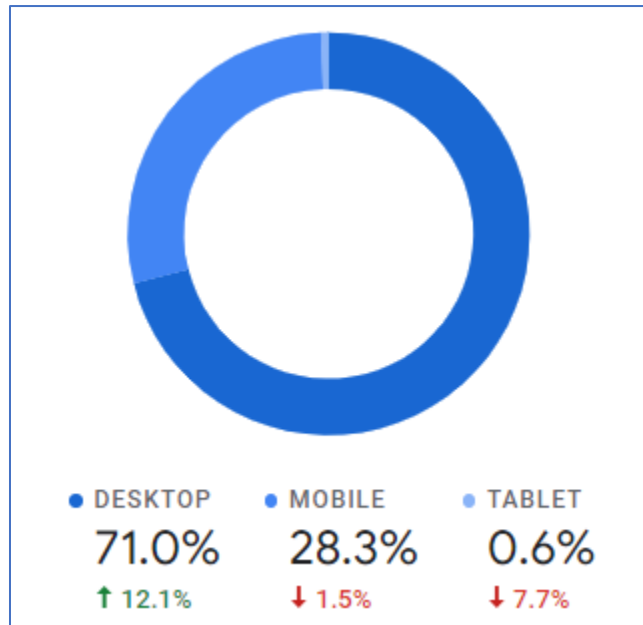


Figure 7. Breakdown of Total Users by Device Type During Q3 of 2024

## Conclusions

The third quarter of 2024 showed slight increases in most measures when compared to last quarter. We saw slight increases in page views, sessions started, the number of visitors, and engagement rate. However, average engagement time and pages viewed per user also slightly decreased. This means that even though more users are visiting and engaging with the website, those that do engage are spending more less time on the website and viewing less pages than they had been previously on average.

E-mail: [WABONRules@doh.wa.gov](mailto: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	There are no emergency rules at this time.			

**EXPEDITED RULES**

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	FILING DATE Washington State Register (WSR)
1	Nursing Fee Rule Corrections (Secretary Authority)	WAC 246-840-990	<p>In January 2024, the Department of Health (department) in consultation with the Washington State Board of Nursing (board), adopted amendments to WAC 246-840-990. These amendments were introduced to establish the multistate nursing license fee and increase the nursing center surcharge fee as directed by Substitute Senate Bill (SSB) 5499 (chapter 123, Laws of 2023). The nursing center surcharge fee increased from five to eight dollars per year for all initial licenses and renewal licenses for registered nurses (RN) and licensed practical nurses (LPN).</p> <p>However, it was discovered that the fee totals for retired active and inactive licenses in WAC 246-840-990 were incorrect and did not include the correct nursing center surcharge fee. The department, in consultation with the board, is proposing further amendments to WAC 246-840-990 to correct these amounts and ensure the fee totals accurately reflect the correct surcharge fee. This correction is entirely technical and does not change what licensees are currently charged.</p>	CR-103 Filing in Progress

**CURRENT RULES IN PROGRESS (STANDARD RULEMAKING)**

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P PERMANENT
1	ARNP Education Requirements for Licensure	Amendments to: WAC 246-840-010 WAC 246-840-340 WAC 246-840-342	<p>On July 14, 2023, the board received a letter of determination from the JARRC recommending that the board:</p> <p><b>(1) define the term “graduate degree” in chapter 246-840 WAC and</b>  <b>(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.</b></p> <p>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.</p>	WSR: <a href="#">24-05-022</a> Filed: 2/9/2024	6/20/2024 6/21/2024	WSR: <a href="#">24-20-129</a> Filed: 10/1/2024	11/8/2024	
2	Nurse Administrator Requirements	Amendments to: WAC 246-840-517	Education and experience requirements for nurse administrators of baccalaureate nursing education programs in Washington state, amending WAC 246-840-517 and other related sections in chapter 246-840 WAC. The board is considering amendments to education and experience requirements for nurse administrators of baccalaureate nursing education programs in response to Engrossed Second Substitute Senate Bill (ESSSB) 5582 (Chapter 126, Laws of 2023) codified as RCW 18.79.150.	Filing in Progress				
3	NA Skills Testing	Amendments to: Sections in Chapter 246-841A WAC	<p>NA certification requires both a written (or oral) and skills examination. In 2023, the board faced challenges with mass testing for NA certification, including limited testing availability and the need for students to travel further to access testing sites. To address these challenges, the board decided to transition to test administration by the training programs.</p> <p>In October 2023, the board launched a voluntary training program testing initiative,</p>	WSR: <a href="#">24-20-087</a> Filed: 9/27/2024	Scheduling in Progress			

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P PERMANENT
			<p>allowing NA students to be tested through their training programs instead of centralized testing sites. Since the transition, there has been an increase in testing capacity, with higher testing volumes and improved student confidence in familiar testing environments. Pass rates have also slightly increased, indicating the effectiveness of the new testing approach.</p> <p>NA skills testing, conducted by training programs, serves as a vital mechanism for offering convenient and localized testing opportunities to students. Presently, 88 out of 180 programs are administering skills tests to their own students. Establishing rules to formalize this testing approach would provide clarity and support for students, encompassing accommodations and the grievance process. Additionally, it would delineate eligibility criteria for in-program testing and spread testing availability across the state. To address these challenges and formalize the transition to training program testing, rulemaking is necessary.</p>					
4	RN and LPN Licensing and Continuing Competency	Amendments to: WAC 246-840-015 through 246-840-260	Registered nurse (RN) and licensed practical nurse (LPN) licensing and continuing competency rules. The Washington State Board of Nursing (board) is considering amendments to WAC 246-840-015 through 246-840-260 to clarify and update outdated language, rewrite and reformat existing rules to reflect current best practices, and restructure sections as necessary, as part of the board's 5-year formal rule review process in accordance with RCW 43.70.041. The board is conducting this review in a phased approach. This rulemaking is Phase 1 of the board's formal review process. The board also plans to address impacts from upcoming proposals from bills passed in the 2025 Legislative Session during this phase.	Filing 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	1:2 Simulation	Amendments to: WAC 246-840-534 New Section: WAC 246-840-5341	SB <a href="#">5582-S2.SL.pdf (wa.gov)</a> 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: <a href="#">23-17-011</a> 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	WSR: <a href="#">24-15-133</a> Filed: 7/23/2024	8/27/2024	WSR: 24-20-031 File: 9/23/2024 Effective: 10/24/2024
2	Blood Glucose Management	Amendments to: WAC 246-840-930 WAC 246-840-940  New Rules: WAC 246-840-835 WAC 246-840-935	HB <a href="#">1124-S.PL.pdf (wa.gov)</a> <b>Nurse Delegation of Glucose Monitoring, Glucose Testing, and Insulin Injections.</b> Identifies two areas that require WABON rulemaking: <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol>	WSR: <a href="#">23-02-037</a> Filed: 12/29/2022	2/1/2023 and 2/6/2023.  Note: Additional workshops were held 5/15/2023 and 5/19/2023.	WSR: <a href="#">24-08-076</a> File: 4/3/2024	5/10/2024	WSR: <a href="#">24-13-079</a> File: 6/17/2024 Effective: 7/18/2024
3	Substance Use Disorder Monitoring Program Participation	Amendments to: WAC 246-840-750 through WAC 246-840-780  New Rule: WAC 246-840-790	HB <a href="#">1255-S.SL.pdf (wa.gov)</a> Reducing stigma and incentivizing health care professionals to participate in a substance use disorder monitoring and treatment program.  The Washington State Board of Nursing (board) is considering amendments to current rule sections relating to the board's substance use disorder (SUD) monitoring program in response to Substitute House Bill (SHB) 1255 Nursing — Substance Use Disorder Monitoring Program Participation (chapter 141, Laws of 2023). The board is also considering creating new rule sections to establish a stipend program as directed by SHB 1255.	WSR: <a href="#">23-17-074</a> File: 8/14/2023	12/13/2023 12/15/2023	WSR: <a href="#">24-07-063</a> File: 3/15/2024	5/10/2024	WSR: <a href="#">24-12-066</a> File: 6/3/2024 Effective: 7/1/2024
4	Initial Out-of-State Exam and Endorsement Licensing	Amendments to: WAC 246-840-030 WAC 246-840-090 And other relevant rule sections in	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</u>	WSR: <a href="#">23-11-143</a> File: 5/24/2023	6/22/2023 6/29/2023	WSR: <a href="#">24-03-103</a> File: 1/18/2024	3/8/2024	WSR: <a href="#">24-10-063</a> File: 4/26/2024 Effective: 5/27/2024

#	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
		Chapter 246-840 WAC	<u>board and applicants applying via interstate endorsement.</u>					
5	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: <a href="#">22-06-057</a> Filed: 2/25/2022	7/7/22, 8/4/22, and 9/19/22.	WSR: <a href="#">23-21-071</a> Filed: 10/12/2023	11/29/2023	WSR: <a href="#">24-03-055</a> Filed: 1/11/2024  Effective: 2/11/2024
6	Multistate License Fee	Amendments to: WAC 246-840-990	<a href="#">5499-S.SL.pdf (wa.gov)</a> 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: <a href="#">23-16-127</a> File: 8/1/2023	8/23/2023 8/28/2023 8/29/2023	WSR: <a href="#">23-22-060</a> File: 10/25/2023	12/5/2023	WSR: <a href="#">24-02-057</a> File: 12/28/2023  Effective: 1/31/2024



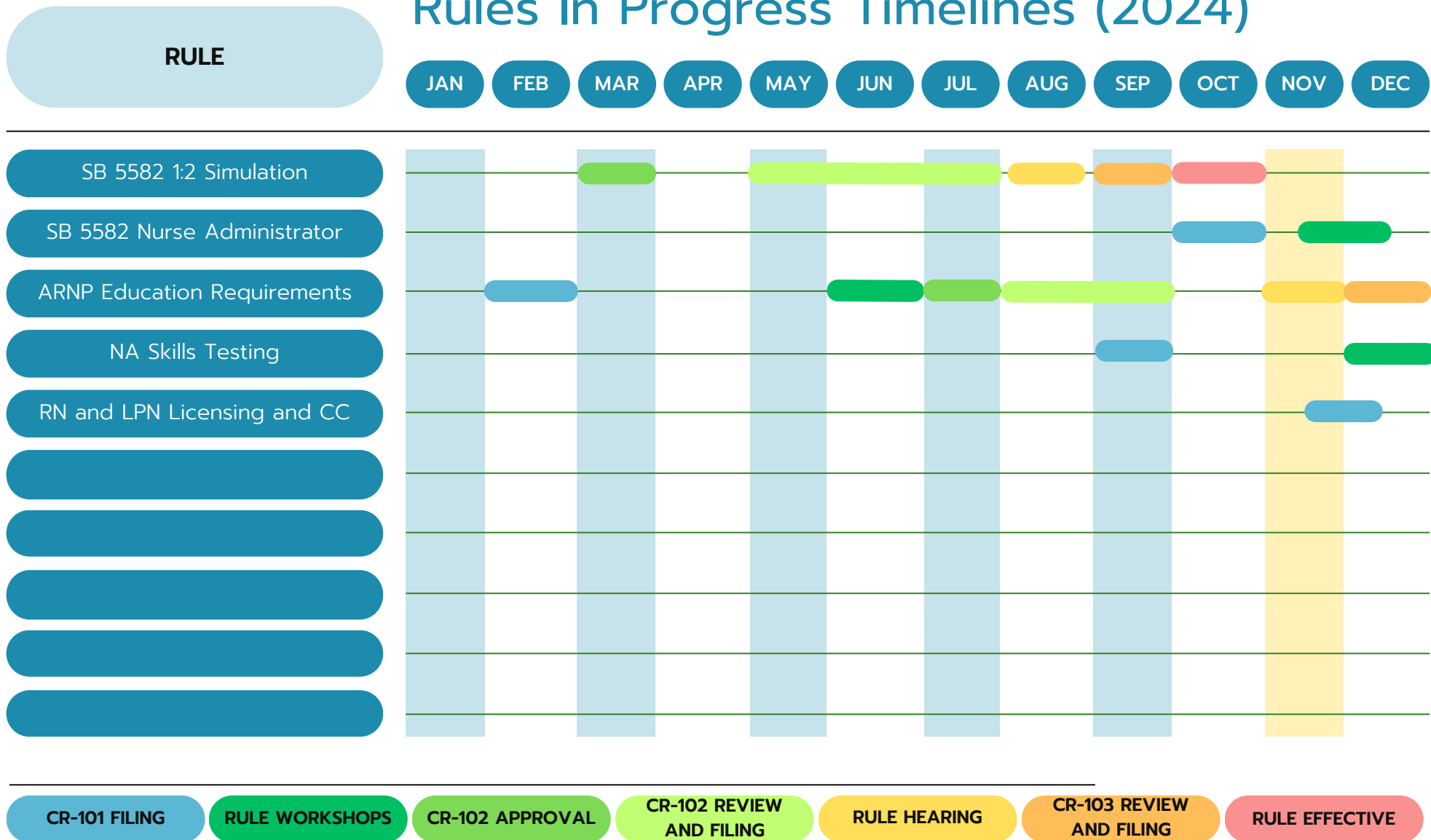
#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P/CR-103E PERMANENT/EMERGENCY
7	Health Equity Continuing Education	Amendments to: WAC 246-840-220 And other relevant continuing education rule sections in Chapter 246-840 WAC	<p><b>ESSB <a href="#">5229-S.S.L.pdf (wa.gov)</a> Health Equity &amp; Continuing Competency</b></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 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>	WSR: <a href="#">23-03-069</a> Filed: 1/12/2023	2/3/2023 2/8/2023 2/15/2023 2/16/2023 2/17/2023 2/22/2023 3/3/2023	WSR: <a href="#">23-19-081</a> Filed: 9/19/2023	10/25/2023	WSR: <a href="#">23-23-166</a> Filed: 11/21/2023  Effective: 12/22/2023
8	Nursing Assistants and NAC Training Program Standards	Amendments to: Chapter 246-841 WAC (repealing) replacing with 246-841A in collaboration with DOH Secretary.	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	<a href="#">WSR: 21-05-021</a> Filed: 2/8/2021	October 2022 through February 2023.	<a href="#">WSR:23-15-091</a> Filed: 7/18/2023  Filing combined CR-102 for these rules and NA Rules under Secretary Authority (See	<b>8/30/2023</b>	WSR: <a href="#">23-20-117</a> Filed: 10/3/2023  Effective: 11/3/2023

#	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
		Chapter 246-842 WAC (repealing)	will also result in standardizing scope of practice across work settings.			#2) in progress. Filing of CR-102 approved on March 10, 2023, WABON business		
9	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.	<a href="#">WSR: 19-15-092</a> Filed: 7/22/2019	6/21/2022 and 6/30/22	WSR: <a href="#">23-08-064</a> Filed 4/4/2023	5/12/2023	WSR: 23-14-082  Filed: 6/29/2023  Effective: 7/30/2023
10	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: <a href="#">22-12-090</a> Filed: 6/1/2022	6/21/2022 and 6/30/22.	WSR: <a href="#">23-01-134</a> Filed: 12/20/2022	1/27/2023	WSR: <a href="#">23-08-069</a> Filed: 4/4/2023 Effective: 5/5/2023
11	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: <a href="#">23-03-011</a> File: 1/6/2023
12	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
13	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.			<b>Expedited</b> WSR: <a href="#">22-12-092</a> Filed: 6/1/2022	N/A	WSR: <a href="#">22-17-144</a> Filed: 8/23/2022 Effective: 9/24/2022
14	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	WSR: <a href="#">21-23-053</a> Filed: 11/10/2021	Held by Dept.	WSR: <a href="#">22-10-104</a> Filed: 5/4/2022	6/13/2022	WSR: <a href="#">22-15-074</a> 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
			(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.					
15	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: <a href="#">22-12-026</a> Filed: 5/23/2022 Effective: 9/9/2022
16	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: <a href="#">22-04-082</a> Filed: 1/31/2022 Effective: 5/13/2022
17	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	<a href="#">WSR: 21-11-032</a> Filed: 5/12/2021 Effective: 6/13/2021
18	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.			<b>Expedited</b> WSR: 20-18-045 Filed: 8/28/2020	N/A	WSR: 21-04-016 Filed: 1/22/2021



# Rules In Progress Timelines (2024)



# Voice & Vision: The Possibilities

Conference – October 2, 2024

Encouraging nurses to think about their impact in nursing differently.

A day to motivate and empower nurses, fostering a foundation of purpose by exploring attributes and possibilities within, and beyond, the bedside. Featuring keynote speaker, Donna Cardillo.

Attendees – 144 including staff and speakers

9 information booths

5.25 CEUs

2 CEUs offered by HeartMath in addition

Survey has been sent, awaiting results.



## Complete the Survey Below

Upon completion you'll receive an email confirmation with your Certificate and Nursing CEs.

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Notes:

This course has been approved by the California Board of Registered Nursing, provider for a maximum of 5.25 Nursing Contact Hour. The licensee must retain this document for a period of four (4) years after the course concludes.

**Name \***

First Name

Last Name

**Location \***

City

State / Province

**Email \***

Your certificate will be sent to this email address so please double check it for accuracy!

For the following questions, please select the sessions you viewed, state whether the objectives were met, and rate the quality of the presenter(s).

**Please confirm that you attended Keynote 1: A Nursing Renaissance™: The Dawn of a New Era \***

- Live: In Person  
 Did not attend

**Keynote 1: A Nursing Renaissance™: The Dawn of a New Era \***

	Strongly Disagree	Disagree	Agree	Strongly Agree
Donna Cardillo was an effective speaker for this presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategies for personal and professional recovery, rebirth, and renewal;	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mechanisms for honoring the past while leaving behind what no longer serves us;	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Techniques to become profound change agents;	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empowerment strategies that will transform your practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Overall, Keynote 1: A Nursing Renaissance™: The Dawn of a New Era was \***

	Strongly Disagree	Disagree	Agree	Strongly Agree
Fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balanced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free of bias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Valuable to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please offer additional comments about Keynote 1**

Type here...

**Please confirm that you attended Session 2. Support for Nurses: Managing Substance Abuse Among Health Professionals \***

- Live: In Person
- Did not attend

**Session 2. Support for Nurses: Managing Substance Abuse Among Health Professionals \***

	Strongly Disagree	Disagree	Agree	Strongly Agree
Melissa Fraser was an effective moderator for this presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shayla Holcomb was an effective moderator for this presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allison Wood was an effective moderator for this presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants will be able to recognize substance use disorder (SUD) as a chronic, progressive illness with biologic, psychologic and environmental components.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants will be able to identify at least three risk factors for SUD among health professionals and three signs of impairment in the workplace.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants will be able to reference mandatory reporting requirements and identify the primary routes of entry into a substance abuse monitoring program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants will be able to identify the four state approved alternative to discipline substance abuse monitoring programs and at least three primary program components.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Overall, Session 2. Support for Nurses: Managing Substance Abuse Among Health Professionals was \***

	Strongly Disagree	Disagree	Agree	Strongly Agree
Fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balanced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free of bias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Valuable to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please offer additional comments about Session 2**

Type here...

**Please confirm that you attended Session 3 Possibilities Panel: Finding your inspiration, passion, vision, and pathway in the profession and beyond \***

- Live: In Person
- Did not attend

**Session 3 Possibilities Panel: Finding your inspiration, passion, vision, and pathway in the profession and beyond \***

	Strongly Disagree	Disagree	Agree	Strongly Agree
Quiana Daniels was an effective speaker for this presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lisa Summers was an effective speaker for this presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeremy Aaron was an effective speaker for this presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sarah Jane Yang was an effective speaker for this presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide a comprehensive overview of the various career possibilities within the nursing profession	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discuss the integration of nursing expertise with social media, entrepreneurship, and political activism.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explore the role of nurses in assisted living facilities, emphasizing the importance of delegation, education, and personal growth in enhancing the quality of care and the overall well-being of the residents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Overall, Session 3 Possibilities Panel: Finding your inspiration, passion, vision, and pathway in the profession and beyond was \***

	Strongly Disagree	Disagree	Agree	Strongly Agree
Fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balanced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free of bias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Valuable to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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**Please offer additional comments about Session 3**

Type here...

**Please confirm that you attended Session 4 HeartMath \***

- Live: In Person
- Did not attend

**Session 4 HeartMath \***

	Strongly Disagree	Disagree	Agree	Strongly Agree
Robert Browning was an effective speaker for this presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sheva Carr was an effective speaker for this presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching how to utilize HeartMath effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tapping into the power and intelligence of your heart.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Overall, Session 4 HeartMath \***

	Strongly Disagree	Disagree	Agree	Strongly Agree
Fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balanced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free of bias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Valuable to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please offer additional comments about Session 4**

Type here...

**Please confirm that you attended Session 5 The Possibilities: Reinventing Your Nursing Practice \***

- Live: In Person
- Did not attend

**Session 5 The Possibilities: Reinventing Your Nursing Practice \***

	Strongly Disagree	Disagree	Agree	Strongly Agree
Jackie Levin was an effective speaker for this presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expand what academic, leadership, and bedside nursing means.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experience creative practices to open up portals of possibilities to refresh or reboot their nursing practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop a personal pathway toward reinventing themselves and/or their nursing practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Overall, Session 5 The Possibilities: Reinventing Your Nursing Practice was \***

	Strongly Disagree	Disagree	Agree	Strongly Agree
Fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balanced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free of bias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Valuable to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please offer additional comments about Session 5**

Type here...

Save

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## FREQUENTLY ASKED QUESTIONS (FAQ)

### Licensed Practical Nurse (LPN)

#### Category:

#### Title: Opioid Overdose Reversal Medications (OORM) – Nursing Scope of Practice and Nurse Delegation

**What opioid antagonists are commonly prescribed to reverse the effects of opioid overdose?**

Opioid antagonists reverse the effects of an opioid overdose. [Naloxone \(Narcan®\)](#) is the current standard of treatment for opioid overdose. The Food and Drug Administration (FDA) approves administration by intravenous, intramuscular, or subcutaneous routes; a hand-held auto-injector ([Evzio®](#)) for intramuscular or subcutaneous injection; and, in 2018, approved the first generic naloxone hydrochloride nasal spray. These are legend drugs, and not categorized as controlled substances. Naloxone has not been shown to produce tolerance or cause physical or psychological pain. It will produce withdrawal symptoms. Severity and duration of the withdrawal relate to the dose of naloxone and the degree and type of opioid dependency. See the [Washington State Department of Health Overdose Education and Naloxone Distribution Webpage](#) for more information.

**Is the Licensed Practical Nurse required to carry naloxone?**

[RCW 69.41.095](#) does not require the Licensed Practical Nurse to carry an opioid antagonist, such as naloxone. For more information, go to the [Washington State Department of Health Overdose Education and Naloxone Distribution Website](#).

**Can the Licensed Practical Nurse administer naloxone follow a standing order for a suspected opioid overdose?**

The Licensed Practical Nurse may administer an opioid antagonist following a standing order from an authorized health care practitioner. This includes following the Washington State Department of Health [Statewide Standing Order to Dispense Naloxone](#). The Licensed Practical Nurse should use the [Scope of Practice Decision Tree](#) to determine if the activity is within the nurse's legal and

individual scope of practice. The Nursing Care Quality Assurance Commission's [Standing Orders and Verbal Orders Advisory Opinion](#) provides guidance and recommendations. For more information, go to the [Washington State Department of Overdose Education and Naloxone Distribution Website](#).

### **Can the Licensed Practical Nurse carry naloxone for emergent administration for a suspected drug overdose to an unknown person?**

[RCW 69.41.095](#) allows the Licensed Practical Nurse to carry and administer an opioid antagonist (such as naloxone) to a person suspected of experiencing an opioid overdose in any setting. The nurse must have a valid prescription, either in the nurse's name, in the name of an entity, in the name of a person or patient, or through a standing order. The nurse may get a prescription from a pharmacist with a Collaborative Drug Therapy Agreement (CDTA) or use the Washington State Department of Health [Statewide Standing Order to Dispense Naloxone](#) to get a prescription from a pharmacy. The nurse may also get a prescription in their own name from their health care practitioner. The Licensed Practical Nurse should use the [Scope of Practice Decision Tree](#) to determine if specific activities are within the registered nurse's legal and individual scope of practice. For more information, go to the [Washington State Department of Health Overdose Education and Naloxone Distribution Website](#).

### **Can the Licensed Practical Nurse dispense or distribute naloxone?**

[RCW 69.41.095](#) allows the Licensed Practical Nurse to dispense or distribute an opioid antagonist (such as naloxone) for a high-risk person, their family members, or friends following standing orders or a prescription from an authorized health care practitioner. Any person or entity may lawfully possess, store, deliver, distribute, or administer an opioid overdose reversal medication with a prescription or standing order. The Licensed Practical Nurse should use the [Scope of Practice Decision Tree](#) to determine if specific activities are within the registered nurse's legal and individual scope of practice. For more information, go to the [Washington State Department of Health Overdose Education and Naloxone Distribution Website](#).

### **Is the Licensed Practical Nurse required to have a special certification or specific training to prescribe, dispense, and administer naloxone for a suspected drug overdose?**

The Licensed Practical Nurse, just as in all care the nurse provides, must be appropriately prepared and competent to perform the activity safely. The Washington state laws and rules do not require a specific training course or certification. [Stop Overdose.com](https://www.stopoverdose.com) offers education, resources, and technical assistance for individuals, professionals, and communities in Washington State who want to learn to prevent and respond to overdose and improve the health of people who use drugs. An employer or institution may have specific requirements for training or certification. The Licensed Practical Nurse should use the [Scope of Practice Decision Tree](#) to determine if specific activities are within the registered nurse's legal and individual scope of practice. For more information and training resources, go to the [Washington State Department of Health Overdose Education and Naloxone Distribution Website](#).

**Can the Licensed Practical Nurse get a prescription to carry and administer naloxone in a non-work setting?**

[RCW 69.41.095](#) allows the Licensed Practical Nurse to have a prescription for an opioid antagonist in the nurse's name to carry and administer in the non-work setting. Nurses may carry and administer an opioid antagonist (such as naloxone) in a suspected opioid overdose whether the person is a family member, friend, stranger, or a patient. The Licensed Practical Nurse should use the [Scope of Practice Decision Tree](#) to determine if specific activities are within the registered nurse's legal and individual scope of practice. For more information, go to the [Washington State Department of Health Overdose Education and Naloxone Distribution Website](#).

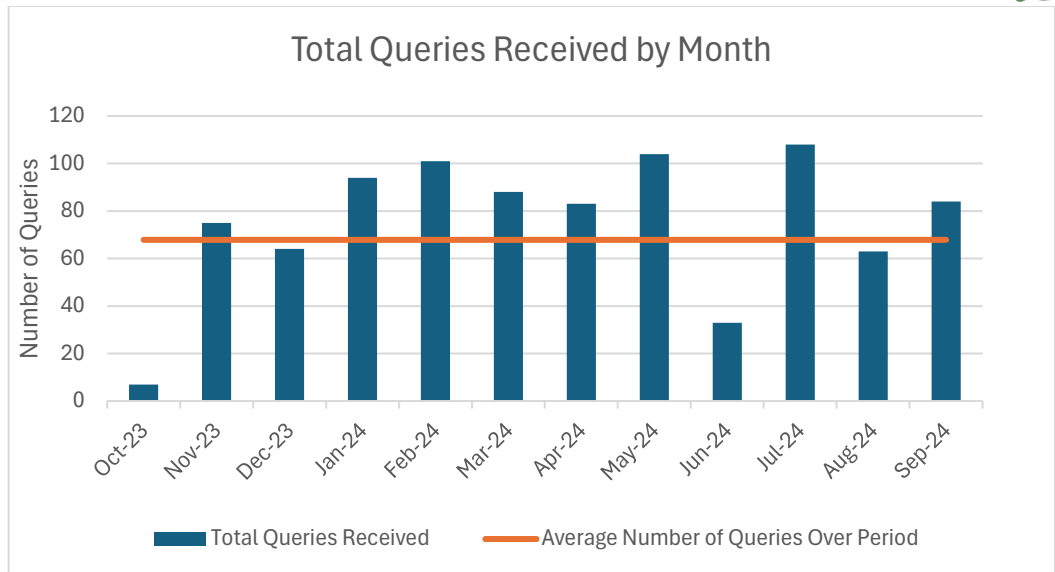
**Can the Licensed Practical Nurse delegate to the nursing assistant to administer naloxone for a suspected opioid overdose?**

It is not within the Licensed Practical Nurse's scope of practice to delegate administration of an opioid antagonist by any route in any setting. [RCW 69.41.095](#) provides an exception to the nursing delegation laws and rules and does not require delegation for a nursing assistant to administer an opioid overdose medication by intranasal spray or by injection. The Licensed Practical Nurse should use the [Scope of Practice Decision Tree](#) to determine if specific activities are within the registered nurse's legal and individual scope of practice. For more information, go to the [Washington State Department of Health Overdose Education and Naloxone Distribution Website](#).

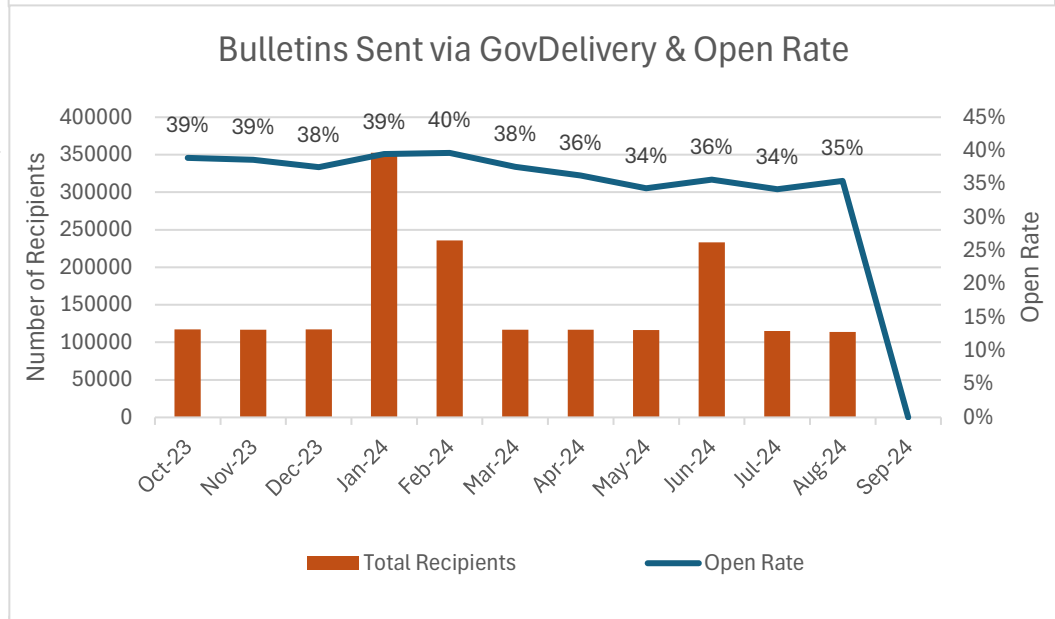
# Advanced Practice Unit Performance Measures



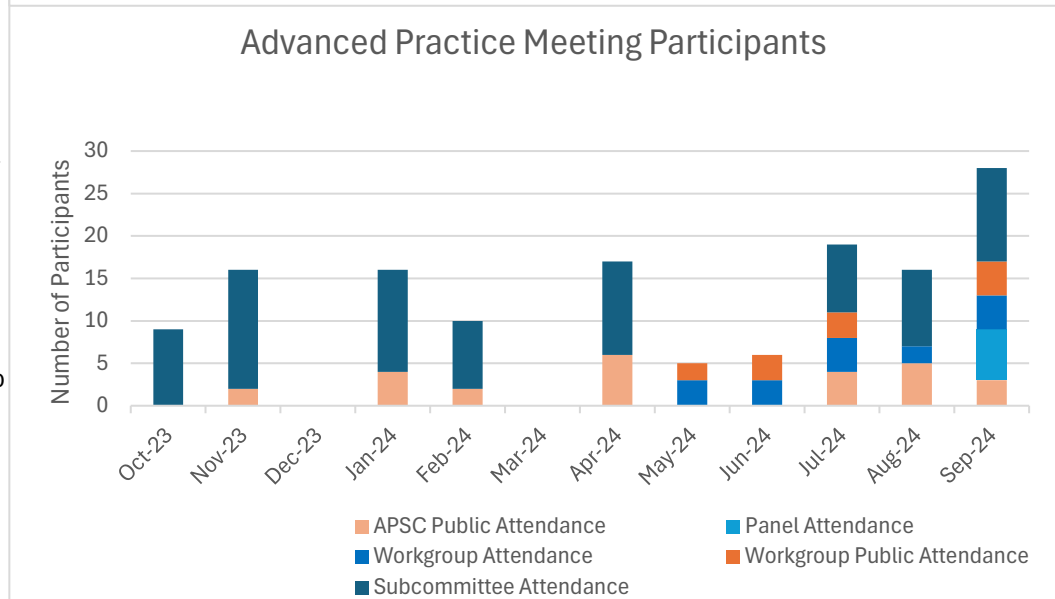
**Volume.** The total number of Advanced Practice queries received per month in the last 12 months. This fluctuates based on external demand.



**Volume / Satisfaction.** The total number of individuals who received public bulletins from the Advanced Practice unit, and the percentage of recipients who opened the bulletins by month.



**Volume / Satisfaction.** The number of participants at the Advanced Practice subcommittee, workgroup, and panel meetings. The goal is to increase public attendance.



*Department of Health*  
*Nursing Care Quality Assurance Commission*  
**Advisory Opinion**

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

<i>Title:</i>	Prevention and Treatment of Opioid-Related Overdoses	<i>Number:</i> NCAO 8.10
<i>References:</i>	<a href="#">RCW 18.79 Nursing Care</a> <a href="#">WAC 246-840 Practical and Registered Nursing</a> <a href="#">RCW 18.130.345 Washington State Uniform Disciplinary Act</a> <a href="#">RCW 69.41 Legend Drugs-Prescription Drugs</a> <a href="#">RCW 69.50 Uniform Controlled Substances Act</a> <a href="#">RCW 4.24.300 Immunity from Liability for Certain Types of Medical Care</a> <a href="#">RCW 69.41.095 Opioid Reversal Medication - Standing Orders Permitted</a> <a href="#">RCW 28A.210.390 Opioid Overdose Reversal Medication - Standing Order - Administration</a> <a href="#">RCW 28A.210.395 Opioid Overdose Reversal Medication - Policy Guidelines and Treatment Requirements - Grant Program</a>	
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<i>Effective Date:</i>	March 12, 2021	
<i>Supersedes:</i>	November 13, 2015	
<i>Approved By:</i>	Nursing Care Quality Assurance Commission	

### **Conclusion Statement**

It is within the scope of practice of the nurse technician (NT), nursing assistant-registered/nursing assistant-certified (NA-R/NA-C), licensed practical nurse (LPN), registered nurse (RN) to store, dispense, administer, distribute and deliver an opioid overdose medication following a prescription or standing order from an [authorized health care practitioner](#) in any setting. Nurse delegation to unlicensed assistive personnel (UAP) is not required, such as nursing assistant-registered/nursing assistant-certified (NA-R/NA-C), or home care aid-certified (HCA-C), or other UAP to administer opioid overdose medication allowed in the laws and rules. It is not within the scope of the nurse to delegate administration of injectable opioid antagonists to UAP, unless it is within the scope of practice of the UAP.



The NA-R/NA-C, LPN, RN, and ARNP may self-carry a prescription for a reversal medication and administer the drug to any person at risk of experience of an opioid-related overdose in any setting, including acting as a bystander. It is within the scope of practice of the ARNP with prescriptive authority to prescribe an opioid overdose medication, including through a standing order.

It is within the scope of the NT, NA-R/NA-C to administer an intranasal or injectable opioid antagonist without delegation. It is within the scope of the RN to delegate to unlicensed assistive personnel (UAP), such as the NA-R/NA-C, HCA-C to administer an opioid antagonist delivered intranasally in allowed settings. It is in the scope of practice of the RN to delegate to medical-assistant-registered/medical assistant-certified (MA-R/MA-C) or other UAP to administer an opioid antagonist within their scope of practice.

## **Background and Analysis**

### **Opioid Antagonists Overview**

Opioid antagonists reverse the effects of an opioid overdose. [Naloxone \(Narcan®\)](#) is the current standard of treatment for opioid overdose. The Food and Drug Administration (FDA) approves administration of Naloxone by intravenous, intramuscular, or subcutaneous routes. In 2018, the FDA approved a hand-held auto-injector ([Evzio®](#)), and a naloxone nasal spray. Off-label use via intranasal administration of injectable Naloxone is common because of ease of administration, storage, avoidance of needles, and literature supporting using Naloxone by the intranasal route. Off-label drugs lack the Food and Drug (FDA) approval. Off-label delivery methods may be legally prescribed, dispensed, distributed, or administered by the ARNP with prescriptive authority. Off-label use should be done with careful insight and understanding of the risks and benefits to the patient considering high-quality evidence supporting efficacy, effectiveness, and safety.

### **Legal Analysis**

It is within the scope of practice of the ARNP with prescriptive authority to:

- Prescribe an opioid antagonist to any one at risk for having or witnessing an opioid overdose.
- Prescribe an off-label medication for use as an opioid antagonist.
- Prescribe, dispense, distribute, and deliver an opioid overdose medication directly to any person who may be present at an opioid-related overdose, such as individuals, law enforcement, emergency medical technicians, family members, nurses, or service providers.
- Enter into a Collaborative Drug Therapy Agreement (CDTA) with a pharmacist allowing the pharmacist to prescribe an opioid antagonist directly to the public.

It is within the scope of practice of the NT, NA-R/NA-C, RN, LPN to:

- Dispense, distribute, and deliver opioid overdose medication following a standing order from an [authorized health care practitioner](#) (ARNP, licensed physician and surgeon, dentist, osteopathic physician and surgeon, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, or a licensed midwife within their scope of practice within their scope of practice) in any setting.
- Dispense, distribute, and deliver Naloxone for persons at risk or to a person who is in a position to assist someone who is at risk of an opioid-related overdose following the [Naloxone State-Wide Standing Order](#) issued by the Washington State Health Officer.

The law allows any person to lawfully possess, store, deliver, distribute, or administer the medication with a prescription or order issued by an [authorized health care practitioner](#). [RCW 69.41.095](#) includes language providing protection from criminal or civil liability or disciplinary action. [RCW 4.24.300](#) (commonly known as the “Good Samaritan” law) provides immunity from civil liability to anyone (including licensed health care providers) who provides emergency care, without compensation, unless there is gross negligence or misconduct.

## **Delegation**

### **Community-Based and In-Home Care Settings**

[RCW 18.79.260](#) permits RN delegation of an intranasal opioid antagonist to the NA-R/NA-C or HCA-C or individuals in in-home care settings and in community-based settings (adult family homes, assisted living facilities, and community residential programs for people with developmentally disabilities). The law does not allow delegation to UAP in community-based settings of opioid antagonists by injection. UAP may administer an intranasal or injectable opioid antagonist prescribed to patient without delegation or administer intranasal or injectable opioid antagonist as a bystander.

### **Public and Private Schools, Kindergarten-Twelve Grade**

The [RCW 28A.210.260](#) allows the school RN to delegate administration of an intranasal opioid antagonist if the school RN is not on the premises. The law does not allow delegation to UAP in schools of opioid antagonists by injection. UAP may administer an intranasal or injectable opioid antagonist prescribed to a student without delegation or administer intranasal or injectable opioid antagonist as a bystander. [RCW 28A.210.390](#) requires Class I high schools with more than 2,000 students to have stock Naloxone and designated staff to administer the drug. [RCW 28A.210.390](#) and [RCW 28A.210.395](#) define the requirements for schools related to the prevention of opioid overdoses.

### **Other Settings**

Nursing delegation of medications to the NA-R/NA-C or HCA-C is not within the scope of the RN or LPN in any other setting. UAP may administer an intranasal or injectable opioid antagonist prescribed to a patient in any setting without delegation or administer intranasal or injectable opioid antagonist as a bystander. The RN may delegate to the MA-R/MA-C within their scope of practice.

## **Recommendations**

The commission supports prescribing an opioid reversal drug to all persons at risk for opioid complications or overdose. The commission recommends using the [Nursing Scope of Practice Decision Tree](#). The NT, NA-R, NA-C, LPN, RN, and ARNP must follow all relevant laws and rules.

The NCQAC encourages nurses to incorporate overdose prevention into their daily practice using the nursing process/care planning. Nurses should be involved in training UAP, family, and others to recognize signs and symptoms and emergency response including administration for opioid overdose reversal medication. [Stop Overdose.com](#) offers education, resources, and technical assistance for individuals, professionals, and communities in Washington State who want to learn to prevent and respond to overdose and improve the health of people who use drugs. See the [Washington State Department of Health Overdose Education and Naloxone Distribution Webpage](#) for more information.

The NCQAC supports institutions and agencies consider initiating and implementing formal opioid overdose prevention programs as a strategy to prevent and respond to opioid overdoses within their facilities and/or in the community.

- Include integrating overdose prevention messages and education into conversations with high-risk patients, their family members, friends, and community to recognize the signs and symptoms of an opioid overdose, and respond appropriately if someone is experiencing an overdose, including administering an opioid antagonist;
- Include opioid overdose prevention training and opioid antagonist administration in the nursing education curriculum.
- Implement CDTAs, standing orders/protocols to prescribe, dispense, distribute, and deliver opioid overdose medication, including following the state-wide standing order issued by the Washington State Health Officer.
- Follow current evidence-based practices for the use of opioid analgesics to manage pain, as well as specific steps to prevent and manage opioid overdose.
- Use the [Nursing Scope of Practice Decision Tree](#) in making decisions about scope of practice.

### **Collaborative Drug Therapy Agreement (CDTA)**

The ARNP interested in entering into a [CDTA](#) with a pharmacist must submit the [CDTA Application](#) to the [Washington State Pharmacy Quality Assurance Commission](#) for review and approval.

### **Conclusion**

ARNPs with prescriptive authority may prescribe, dispense, distribute, and deliver opioid overdose medication to any person who may be at high-risk or present at an overdose, including law enforcement, emergency medical technicians, family members, or service providers. The NT, NA-R/NA-C, RN, and LPN may follow standing orders or protocols from an authorized provider. The ARNP may have a CDTA with a pharmacist to prescribe, dispense, distribute, and deliver opioid overdose medication.

### **References**

Health and Human Services U.S. Surgeon General’s Advisory on Naloxone and Opioid Overdose: <https://www.hhs.gov/surgeongeneral/priorities/opioids-and-addiction/naloxone-advisory/index.html>

Naloxone Use in the School Setting: The Role of the School Nurse. National Association of School Nurses (2015): <https://www.nasn.org/advocacy/professional-practice-documents/position-statements/ps-naloxone>

Stop Overdose.Org: <http://stopoverdose.org/>

Washington State Department of Health Opioids, Resources, and Opioid Prescribing Requirements: <https://www.doh.wa.gov/CommunityandEnvironment/Opioids>

## COMMONLY ASKED QUESTIONS (CAQ)

Category: Registered Nurse (RN)

Title: Prevention and Treatment of Opioid-Related Overdoses

**What opioid antagonists are commonly prescribed to reverse the effects of opioid overdose?**

Opioid antagonists reverse the effects of an opioid overdose. [Naloxone \(Narcan®\)](#) is the current standard of treatment for opioid overdose. The Food and Drug Administration (FDA) approves administration by intravenous, intramuscular, or subcutaneous routes; a hand-held auto-injector ([Evzio \(Naloxone Auto-Injector\) Approved to Reverse Opioid Overdose | FDA®](#)) for intramuscular or subcutaneous injection; and, in 2018, approved the first generic naloxone hydrochloride nasal spray. The FDA approves some dosages of intranasal naloxone as over the counter (OTC) ([OTC Naloxone Nasal Spray – March 29, 2024 | FDA](#)). See the [Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#) and the [Washington State Department of Health Overdose Education and Naloxone Distribution Webpage](#) for more information.

**Is the registered nurse (RN) required to carry naloxone?**

[RCW 69.41.095](#) does not require the RN to carry an opioid antagonist, such as naloxone. See the [Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#) and the [Washington State Department of Health Overdose Education and Naloxone Distribution Webpage](#) for more information.

**Is the registered nurse (RN) allowed to administer naloxone following a standing order for a suspected opioid overdose?**

The appropriate prepared and competent RN is allowed to administer an opioid antagonist following a standing order from an [authorized health care practitioner](#). This includes following the Washington State Department of Health [Statewide Standing Order to Dispense Naloxone](#). The RN should use the [Scope of Practice Decision Tree](#) to determine if the activity is within the RN's scope of practiced based on competencies, legal parameters, and other factors. See the [Standing Orders Advisory Opinion](#), [Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#) and the [Washington State Department of Health Overdose Education and Naloxone Distribution Webpage](#) for more information.

**Is the registered nurse (RN) allowed to carry over the counter (OTC) or naloxone for emergent administration for a suspected drug overdose to an unknown person?**

[RCW 69.41.095](#) allows the RN, or any person, to carry and administer an opioid antagonist (such as naloxone) to a person suspected of experiencing an opioid overdose in any setting. The RN is allowed to obtain and carry OTC naloxone and administer it for a suspected drug overdose. The RN must have a valid prescription, either in the nurse's name, in the name of an entity, in the name of a person/patient, or through a [standing order](#) to administer prescription naloxone. The nurse may also get a prescription from a pharmacist with a Collaborative Drug Therapy Agreement (CDTA) or use the Washington State Department of Health [Statewide Standing Order to Dispense Naloxone](#) to get a prescription. Anyone can take the standing order to a pharmacy to get a prescription. The RN may also get a prescription in their own name from their health care practitioner. The RN should use the [Scope of Practice Decision Tree](#) to determine if specific activities are within the RN's scope of practice based on competencies, legal parameters, and other factors. See the [Standing Orders Advisory Opinion, Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#) and the [Washington State Department of Health Overdose Education and Naloxone Distribution Webpage](#) for more information.

**Is the registered nurse (RN) allowed to dispense or distribute naloxone?**

The RN is allowed to dispense or distribute an opioid antagonist (such as naloxone) for a high-risk person, their family members, or friends following standing orders from an [authorized health care practitioner](#). Any person or entity may lawfully possess, store, deliver, distribute, or administer an opioid overdose reversal medication with a prescription or standing order ([RCW 69.41.095](#)). See the [Standing Orders Advisory Opinion, Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#) and the [Washington State Department of Health Overdose Education and Naloxone Distribution Webpage](#) for more information.

**Is the registered nurse (RN) required to have a special certification or specific training to prescribe, dispense, and administer naloxone for a suspected drug overdose?**

The RN must be appropriately prepared and competent to perform the activity safely; just as in all care the nurse provides. The Washington state laws and rules do not require a specific training course or certification for administration of naloxone. [Stop Overdose.com](#) offers education, resources, and technical assistance for individuals, professionals, and communities in Washington State who want to learn to prevent and respond to overdose and improve the health of people who use drugs. An employer or institution may have specific requirements for training or certification. The RN should use the [Scope of Practice Decision Tree](#) to determine if specific activities are within the RN's scope of practice based on competencies, legal parameters, and other factors. See the [Washington State Department of Health Overdose Education and Naloxone Distribution Webpage](#) for more information.

**Is the registered nurse (RN) allowed to get a prescription to carry and administer naloxone in a non-work setting?**

[RCW 69.41.095](#) allows the RN to have a prescription for an opioid antagonist (such as naloxone) in the nurse's name to carry and administer an opioid antagonist in the non-work setting. Nurses may carry and administer an opioid antagonist in a suspected opioid overdose whether the person is a family member, friend, stranger, or a patient. See the [Standing Orders Advisory Opinion, Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#) and the [Washington State Department of Health Overdose Education and Naloxone Distribution Webpage](#) for more information.

**Is the registered nurse (RN) allowed to delegate administration of naloxone for a suspected overdose to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C), home care aide-certified (HCA-C), or non-credentialed staff?**

The RN is allowed to delegate administration of an intranasal opioid antagonist (such as naloxone) only in community-based (adult family homes, assisted living facilities, and community residential programs for people with developmental disabilities), in-home care settings to the NA-R/NA-C or HCA-C. The school RN is allowed to delegate administration of intranasal opioid antagonist to non-credentialed staff in schools (Kindergarten-twelve grade, public and private). It is not within the RN's scope of practice to delegate administration of an opioid antagonist by injection in any setting. [RCW 69.41.095](#) allows the NA-R/NA-C, HCA-C, or non-credentialed staff to administer an injectable or intranasal opioid antagonist without RN delegation in any setting. See the [Standing Orders Advisory Opinion, Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#) and the [Washington State Department of Health Overdose Education and Naloxone Distribution Webpage](#) for more information.

# Louisiana State Board of Nursing

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## Proposed Language from Louisiana Board of Nursing in Support of Naloxone Distribution

### Addressing: Louisiana Hospital Nurses

The Louisiana Board of Nursing supports the distribution of naloxone to community members at-risk of experiencing an overdose, or at risk of witnessing an overdose. Pursuant to TITLE 40 - Public Health and Safety- RS 40:978.2 - Naloxone; prescription; dispensing; administration by third party; limitation of liability, hospitals may distribute naloxone under a hospital-wide standing order, for no charge or compensation.

Essential requirements of compliance are:

- The naloxone must be acquired and stored separately from the hospital's pharmacy inventory. The emergency department, or distribution location, is required to keep a log to track the distribution of the naloxone doses distributed.
- The hospital emergency department, or distribution location, is required to have policies and procedures, which will dictate how the hospital emergency department or distribution center will distribute the naloxone, including storage locations and whether the naloxone will be labeled or not labeled.

The Louisiana Board of Nursing finds that RS. 40:978:2 supersedes existing regulations regarding nursing participation in dispensing and distribution of medications. Naloxone being provided to the community as part of a harm reduction program may be dispensed by a nurse directly to a community member or patient of a hospital if supplied at no charge under a standing order issued by a healthcare provider.

  
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**Tavell L. Kindall, PhD, DNP, APRN, FNP<sub>BC</sub>, FAANP**  
**President, Louisiana State Board of Nurses**

  
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**Karen C. Lyon, PhD, MBA, APRN, CNS<sub>BC</sub>, NEA**  
**LSBN Executive Director/CEO**

# Louisiana State Board of Nursing

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**La. R.S. 40:978.2**

## Resolution

The Louisiana Board of Nursing met on August 10, 2023 at 17373 Perkins Road, Baton Rouge, La, and did pass the following resolution:

BE IT RESOLVED THAT, by an affirmative vote of board members participating in the decision-making process during this meeting, the Louisiana Board of Nursing recognizes La R.S. 40:978.2 is the most recent expression of the Louisiana Legislatures will regarding the dispensing of Naloxone and does supersede the Boards laws and regulations regarding dispensing.



Dr. Tavell Kindall, PhD, DNP, APRN, FNP  
President of the Louisiana State Board of Nursing

**La. R.S. 40:978.2:**

“D. Notwithstanding any other provision of law or regulation, a person or organization acting pursuant to a standing order issued by a healthcare professional who is authorized to prescribe Naloxone, or another opioid antagonist may store Naloxone or another opioid antagonist and may dispense naloxone or another opioid antagonist if such activities are performed without charge or compensation.”  
Louisiana Laws - Louisiana State Legislature.



## Consistent Standards of Practice Subcommittee (CSPSC) Request

The Washington State Hospital Association (WSHA) requests that the Washington State Board of Nursing (WABON) consider authoring an interpretive statement or advisory opinion in support of naloxone distribution as a harm reduction strategy and explicitly affirming that that [Chapter 69.41 RCW](#) is broadly permissive of the distribution, dispensing, and delivering of take-home naloxone from any care setting, to anyone at risk of overdose, a family member or other person in a position to help the person at risk of overdose as part of the “usual course of professional practice”, per section (1)(a) of [Chapter 69.41 RCW](#). WSHA provided an example from the Louisiana State Board of Nursing: [Nurses Distributing Naloxone](#).

## Background

WSHA’s Safe Deliveries Roadmap is leading a pilot program with five Washington birthing hospitals, working with perinatal units on a harm reduction strategy to increase dispensing directly to the patient and providing education prior to hospital discharge of naloxone to at-risk patients prior to discharge. This pilot is funded by a grant from the Alliance for Innovation on Maternal Health and WSHA is contracted with the nonprofit The Naloxone Project for technical assistance.

The WABON’s current [Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#) provides an overview of state laws and rules, as well as guidance, related to dispensing, administering, distributing and delivering an opioid overdose medication following a prescription or standing order from an authorized health care practitioner in any setting. The WABON’s website also includes [Frequently Asked Questions](#) (FAQs) for the registered nurse (RN) and licensed practical nurse (LPN) in relation to prevention and treatment of opioid-related overdoses.

See Washington’s [Naloxone State-Wide Standing Order](#).

## Recommendations

The CSPSC reviewed the request WSHA’s request to provide a supportive statement for the distribution of take-home naloxone to patients. The discussion included several options for the WABON to consider:

1. Develop a stand-alone supporting statement.
2. Develop a joint statement with the Pharmacy Commission.
3. Add a supporting statement to the existing [Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#).
4. Develop a stand-alone advisory opinion.
5. Develop FAQs specific to supporting dispensing directly to the patient at hospital discharge for patients at risk.

Note: An Interpretive Statement would not be applicable in this situation. An Interpretive Statement is a, “written expression of the opinion of an agency, entitled an interpretive statement by the agency head or its designee, as to the meaning of a statute or other provision of law, of a court decision, or of an agency order ([RCW 34.05.010](#)).

September 23, 2024

Dear Ella Guilford, MSN, M.Ed., BSN, RN, and Sub Committee Members:

My name is Jenica Sandall and I am the director of Safe Deliveries Roadmap at the Washington State Hospital Association (WSHA). WSHA's Safe Deliveries Roadmap is leading a pilot project with five Washington birthing hospitals, working with perinatal units on a harm reduction strategy to increase dispensing of naloxone to at-risk patients prior to discharge. This pilot is funded by a grant from the [Alliance for Innovation on Maternal Health](#) and WSHA is contracted with the nonprofit [The Naloxone Project](#) for technical assistance.

**Situation-** We requested this topic be added to the agenda for consideration of written organizational support from the Board of Nursing for nurses dispensing naloxone in their institutions. In our pilot, we have found that some hospital-based implementation teams are encountering barriers with their institutions reading the [WA RCW 69.41.095](#) to be prohibitive of dispensing from the inpatient setting. For example, the hospital agreed that it was allowable to dispense naloxone from their outpatient pharmacy but would not dispense from their inpatient pharmacy when the outpatient pharmacy was closed.

The standing order permits dispensing and delivery to people at-risk of overdose or those in a position to assist a person experiencing overdose and directs the practitioner to provide education and instructions on the use of naloxone. The RCW does not include language prohibiting dispensing from selected care areas. The dispensing and delivery of and education about this life saving medication is within the scope of care for nurses in Washington, including the inpatient setting.

**Background-** Behavioral health conditions including overdose and mental health conditions are the primary cause of pregnancy related deaths in Washington. The 2023 [WA Maternal Mortality Review](#) Panel Report recommends:

"Facilities should give birth parents who use or have used opioids or other prescribed substances take-home doses of naloxone—not just a prescription—before they discharge from the hospital. Patients and families should be trained on its use. Ensure that Medicaid and private plans fully reimburse facilities for the purchase of naloxone."

While this pilot is aimed at obstetric units, the dilemma exists for all areas of care where at-risk patients may present, including all inpatient units. Literature shows that the rate of naloxone prescribing is low and that the fill rate for those prescriptions is even lower - reported as less than 1-2% for our highest risk patients. Dispensing take-home naloxone directly to patients prior to hospital discharge and providing education on use is a harm reduction intervention within the scope of nursing care in Washington.

**Assessment-**

- The leading cause of pregnancy-associated deaths in Washington State were behavioral health conditions, and 74% of deaths related to unintentional overdose occurred in the year following the end of pregnancy.



- 80% of pregnancy-related deaths were determined to be preventable.
- Naloxone distribution has been found to significantly reduce overdose-related injuries and death.
- Last year, DCYF, HCA, DOH, and WSHA signed a cross-agency letter outlining recent updates relevant to perinatal substance use best practice updates. In that letter, the agencies noted that RCW 69.41.095 is permissive of distribution.

**Request-** WSHA requests that the WA Board of Nursing consider authoring an interpretive statement or advisory opinion in support of naloxone distribution as a harm reduction strategy and explicitly affirming that [WA RCW 69.41.095](#) is broadly permissive of the distribution, dispensing, and delivery of take-home naloxone: from any care setting, to anyone at risk of overdose, a family member, or other person in a position to help the person at risk of overdose, as part of the “usual course of professional practice”, per section (1)(a) of WA RCW 69.41.095. Please see the attached resolution and letter from the Louisiana Board of Nursing as an example.

Sincerely,

A handwritten signature in cursive script that reads "Jenica Sandall".

Jenica Sandall, MSN, RNC-OB, C-ONQS  
Director, Clinical Excellence, Safe Deliveries Roadmap  
Washington State Hospital Association  
[JenicaS@wsha.org](mailto:JenicaS@wsha.org)

Enclosures: 1

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

<b>Title:</b>	Contract Terms and Conditions	<b>Number:</b>	W35.032
<b>Reference:</b>	<a href="#">RCW 18.130.160</a> - Finding of unprofessional conduct—Orders—Sanctions—Stay—Costs—Stipulations. <a href="#">RCW 18.130.175</a> - Physician health and voluntary substance use disorder monitoring programs ( <i>as amended by 2023 c 425</i> ). <a href="#">RCW 18.79.440</a> - Public posting of enforcement actions restricted—Substance use disorder monitoring stipend program. <a href="#">WAC 246-840-750</a> - Philosophy governing voluntary substance use monitoring programs. <a href="#">WAC 246-840-760</a> - Definitions of terms used in WAC 246-840-750 through 246-840-790. <a href="#">WAC 246-840-770</a> - Approval of substance use monitoring programs <a href="#">WAC 246-840-780</a> - Conditions for participants entering the approved substance use monitoring program. <a href="#">WAC 246-840-790</a> - Substance use disorder monitoring stipend program <a href="#">Current DSM and ASAM Placement Criteria</a>		
<b>Reference:</b>	<del><a href="#">RCW 18.130.175</a></del> <del>through <a href="#">246-840-780</a></del> <del><a href="#">Current DSM and ASAM Placement Criteria</a></del>		
<b>Contact:</b>	<del>Paula R. Meyer, MSN, RN, FRE-  Catherine Woodard Executive Director,  Discipline and Washington Health  Professional Services  Washington State Board of Nursing Nursing Care Quality  Assurance Commission</del>		
<b>Contact:</b>	<a href="#">Catherine Woodard</a> <a href="#">Director, Discipline and Washington Health Professional Services</a> <a href="#">Washington State Board of Nursing (WABON)</a>		
<b>Effective Date:</b>	<del>November 8, 2024</del> 2022	<del>March 11,</del>	<b>Date to be for Reviewed:</b> November 8, <del>2026</del> 2022
<b>Supersedes:</b>	<a href="#">W35.02</a> – November 4, 2022 <del><a href="#">W06.01</a></del> ; and <del>W35.01</del> – March 8, 2019; <a href="#">W35.02</a> <del>W06.01</del> – January 8,		

**Approved:**

[Dawn Morrell, BSN, RN](#)  
[Chair](#)  
[Washington State Board of Nursing \(WABON\)](#)

~~[Dawn Morrell, BSN, RN, Chair](#)~~ [Laurie Soine, Ph.D., ARNP Chair](#)  
~~[Nursing Care Quality Assurance Commission](#)~~  
~~[Washington State Board of Nursing](#)~~

**PURPOSE:**

Washington Health Professional Services (WHPS) determines the length and terms of the ~~P~~Program ~~P~~Participation ~~C~~Contract based on the Substance Use Disorder (SUD) evaluation, time in recovery, prior treatment episodes, license type, professional duties, and the specifics of the nurse’s use patterns and behavior. WHPS may also amend the contract based on prior treatment and recovery time.

*Note:* Nationally accepted substance use disorder monitoring guidelines are contained in the National Council of State Boards of Nursing *Substance Use Disorder in Nursing*.

**PROCEDURE:**

I. Contract Lengths

A. No ~~s~~Substance ~~u~~Use ~~d~~Disorder ~~d~~Diagnosis (~~D~~Diagnostic ~~C~~Contract)

1. Circumstances indicate that the nurse may have misused alcohol or other drugs; however, the nurse has not been diagnosed with a SUD.
2. Diagnostic contracts are from six months to two years in length.
3. Recent substance misuse and/or related criminal conviction (within previous year) may warrant an extended contract length.
- ~~4.~~—Nurses who have been in sustained recovery for three or more years may not be appropriate for monitoring. —Demonstration of recovery may be supported by

5.4. documentation including, but not limited to, treatment completion, letters of endorsement, drug testing records, and self-help group attendance records.

B. Mild sSubstance uUse dDisorder  
dDiagnosis

1. The nurse has a mild SUD diagnosis.
2. Monitoring contracts are typically three years in length. However, the contract may be shortened to two years if the nurse can prove abstinence for at least one year prior to entering the program. -
3. WHPS determines self-help group (e.g., Alcoholics Anonymous, SMART Recovery) attendance requirements on a case-by-case basis.

C. Moderate to sSevere sSubstance uUse dDiagnosis:

1. The nurse has a moderate/severe SUD diagnosis.
2. Monitoring contracts are five years in length. -
3. A nurse whose SUD evaluation indicates an inability to practice with reasonable skill and safety agrees to cease practice until they make satisfactory progress in treatment.

D. Diagnosis in sSustained fFull rRemission

1. WHPS may give the nurse a shorter contract to account for the length of time actively involved in recovery and maintenance of sobriety.
2. The nurse may demonstrate recovery by supporting documentation including, but not limited to, treatment completion, letters of endorsement, drug screening records, and self-help group attendance records.

E. Applicants

1. Nurses applying for licensure and referred under an Agreement to Practice Under Conditions (APUC) order will generally be offered a one- to two-year contract in order to verify recovery and safety to practice.

**Agreement to Practice Under Conditions (APUC)**

Diagnosis	Contract
No Diagnosis	six months
Mild (in full remission)	one year
Moderate, severe (in full remission)	two years

II. Contract Conditions

The nurse must agree in writing to all contract terms and not alter the contract.

A. The Program Participation Contract must address the following areas:

1. Agree to limit practice in this state only; the nurse can no longer hold a multi-state license. -
2. Specific SUD treatment and report requirements.
3. Authorization to release information.
4. Abstinence from non-prescribed/non-approved, mind/mood altering substances.
5. Healthcare provider notification of substance use history.
6. Notification of prescription medications and agreement to submit to specialty evaluations.

7. Random drug testing.
8. Self-report of unauthorized use – cease practice, and evaluation and treatment requirements.
9. Agreement to appear when the Substance Use Disorder Review Panel requests an appearance.
10. Self-reports on recovery status.
11. Self-help group participation; scheduled reports and sponsor status.
12. Peer support group participation.

13. ~~EE~~ employment conditions - practice restrictions and worksite monitor (WSM) requirements.
  14. Notification of pending relocation to another state.
  15. Nurse's responsibility for all fees and costs associated with program participation.
  16. WHPS obligation to report significant contract non-compliance to Substance Use Disorder Review Panel (SUDRP).
  17. Non-compliance with any contract conditions may require WSM notification and cease practice.
  18. Notification within two days of any hospitalization or surgical procedures.
  19. Notification within two days of workplace disciplinary meeting or employment counseling.
  20. Notification of change in employment, contact information, termination or resignation.
  21. Notification of arrests, deferred sentences, or conviction following nolo contendere.
  22. Notification of any new disciplinary complaint.
- B. Work practice restrictions may include, but are not limited to:
1. Not ~~practice function~~ in an unsupervised role.
  - ~~1-2.~~ Must identify worksite monitor to oversee practice. (See Procedure W38.02 Worksite Monitoring.)
  - ~~2-3.~~ Not practice with a -staffing agency, in home health, or adult family home ~~work~~.
  - ~~3-4.~~ Will not work beyond a 12-hour shift, and not more than 40 hours per week.
  - ~~4-5.~~ Will not work overtime or take on-call assignments.
  - ~~5-6.~~ Will not work a three shift (day, evening, night) rotation within a seven-day period.
  - ~~6-7.~~ Will not float from unit to unit.
  - ~~7-8.~~ Will not work night shift (generally 2300 to 0600).
  - ~~8-9.~~ Upon resuming practice, will not have access to, dispense, administer, count or waste controlled substances, or any potentially addictive medications until re-evaluated. (Access restrictions are generally for six to 12 months. If there is evidence of drug diversion, prescription fraud or patient harm, access is restricted for 12 months. Access restrictions may not be necessary for nurses whose sole misuse is alcohol and/or marijuana and there has been no work involvement.)
  - ~~9-10.~~ Will not have multiple employers.
- C. Case managers may work with nurses and employers to amend work restrictions as long as appropriate protections are in place. WHPS will consider contract amendments after 12 months of practice when the nurse has not engaged in significant non-compliance. (See W32 Program Non-Compliance and Discharge Criteria.)
- D. WHPS may consider night shift, staffing agency, in home health, and adult family home employment on an individual basis. Registry work requires a minimum three to six months assignment. The nurse, WHPS, and employer will sign an agreement outlining supervision for all home health and adult family home work.
- E. Research has shown that health professionals have a lower relapse rate upon return to practice if they are receiving Medication Assisted Treatment (MAT).
1. WHPS will consider an amendment of controlled substance access restrictions for nurses on MAT.
  2. Generally, therapy will be required for a period of one to two years.



3. The case manager will consult the WHPS Assistant Director on all access amendment requests.

### III. Transition Contracts

- A. WHPS will review and amend three to five year contracts as appropriate prior to the final year in order to transition nurses towards graduation. The purpose is to thoughtfully reduce the requirements and restrictions previously imposed on the nurse in an effort to prepare the nurse for life without monitoring. WHPS bases the timing of this contract on the nurse's progress in recovery and compliance with their monitoring contract.
- B. WHPS will generally not consider transition contracts until the nurse has worked successfully in healthcare for 12 months and are no longer on medication restriction.
- C. To be eligible for a transition contract, nurses must not have engaged in any significant contract non-compliance within the past two years as defined in *Procedure W32 Program Non-Compliance and Discharge Criteria.*
- D. Prior to beginning their transition contract, the nurse will submit a written summary of their recovery and relapse prevention plan.
- E. Before WHPS approves a transition contract, the case manager will consult with the peer support group facilitator and worksite monitor to determine the nurse's readiness for a reduction in monitoring requirements and restrictions.
- F. During the transition, WHPS may amend the contract to reduce the number of report submissions, self-help and peer support group attendance, and work restrictions. However, the transition contract includes:
  1. May not miss more than 12 support group meetings per year, missing no more than two consecutive meetings.
  2. Quarterly self and worksite monitor reports.
  3. Self-help group attendance as needed.
  4. Work restrictions as needed.
  5. Ongoing worksite monitor/supervision is required.
  6. Must test not less than a minimum of 12-18 times per year. (*See Procedure W42 Drug and Alcohol Testing.*)

### IV. Out-of-State Contracts

- A. Nurses must notify WHPS of an anticipated move prior to relocating.
- B. WHPS will continue to monitor nurses who choose to reside outside of Washington state.
- C. Nurses relocating or practicing under another state license must notify that state's nursing board or commission of WHPS participation and enroll in that state's monitoring program as directed. Once WHPS receives documentation of enrollment in that state's monitoring program, WHPS will issue an out-of-state monitoring contract and the other state will submit quarterly compliance reports. Nurses are eligible to graduate from WHPS when they receive written notification of graduation from the other state.

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

<b>Title:</b>	Washington Health Professional Services (WHPS) Case Management	<b>Number:</b>	<u>W36.02</u> ‡
<b><u>Reference:</u></b>	<a href="#">RCW 18.130.160 - Finding of unprofessional conduct—Orders—Sanctions—Stay—Costs—Stipulations.</a> <a href="#">RCW 18.130.175 - Physician health and voluntary substance use disorder monitoring programs (as amended by 2023 c 425).</a> <a href="#">RCW 18.79.440 - Public posting of enforcement actions restricted—Substance use disorder monitoring stipend program.</a> <a href="#">WAC 246-840-750 - Philosophy governing voluntary substance use monitoring programs.</a> <a href="#">WAC 246-840-760 - Definitions of terms used in WAC 246-840-750 through 246-840-790.</a> <a href="#">WAC 246-840-770 - Approval of substance use monitoring programs</a> <a href="#">WAC 246-840-780 - Conditions for participants entering the approved substance use monitoring program.</a> <a href="#">WAC 246-840-790 - Substance use disorder monitoring stipend program</a>		
<b><u>Contact:</u></b>	<a href="#">Catherine Woodard</a> <a href="#">Director, Discipline and Washington Health Professional Services</a> <a href="#">Washington State Board of Nursing (WABON)</a>		
<b>Effective Date:</b>	<del>November 8, 2024</del> <del>March 11, 2022</del>	<b>Date <del>to befor</del> Reviewed:</b>	November <del>8,</del> <u>8,</u> <del>2026</del> <del>2026</del>
<b>Supersedes:</b>	<del>W36.01 – November 4, 2022</del> <del>W13.01 – January 8, 2016</del> <del>W07.01 - January 8, 2016</del>		
<b>Approved:</b>	<a href="#">Dawn Morrell, BSN, RN</a> <a href="#">Chair</a> <a href="#">Washington State Board of Nursing (WABON)</a>		

## **PURPOSE:**

WHPS case management teams receive information from multiple sources such as treatment providers, employers, and legal services. WHPS uses this information to develop individualized monitoring contracts, monitor compliance and recovery status, and protect public safety.

The intent of case management teams is to consider nurses' individual circumstances while monitoring them per applicable statutes and regulations, procedures, and contract requirements.

## **PROCEDURE:**

### I. Case Management

- A. ~~Case management teams consist of a case manager and case manager associate. The case manager acts as the team leader and makes~~ decisions regarding SUD and/or mental health monitoring management of the nurse. ~~The case manager associate supports the case management process.~~
- B. The case manager will meet with the nurse prior to signing the Program Participation Contract in order to explain contract/program requirements and answer questions. ~~The case manager may contact the nurse telephonically, electronically, or by Skype/video chat service.~~
- C. ~~A member of the case management team~~The case manager will return all communications from nurses and stakeholders (~~telephone, electronic messages~~) by the next business day.
- D. Case managers will ~~and case manager associates~~ check all electronic case management system notifications at least twice a day, first thing every morning and prior to the end of the day.
- E. Case management ~~to~~ support contract compliance by taking~~requires~~ appropriate actions. Monitoring activities include but are not limited to:
  1. Overall contract compliance.
  2. Submission of self-reports.
  3. Submission of self-help group attendance records.
  4. Submission of work-site monitor evaluation reports.
  5. Submission of peer support group reports.
  6. Submission of treatment reports.
  7. Employment requests.
  8. Practice restriction compliance.
  9. Prescription information reports.
  10. Follow up of laboratory drug test results.
  11. Requests for monitoring interruptions.
- F. Contract non-compliance requires WHPS to notify the nurse with any required corrective actions. Corrective actions may include contract extension, increase in test frequency, and appearance before the Substance Use Disorder Review Panel (SUDRP) ~~and face-to-face meetings with their case manager.~~

### II. Case Staffing

- A. The WHPS assistant director will schedule weekly staffing meetings ~~weekly~~ or as necessary. ~~Case staffing meetings will occur in a separate, secure area.~~
- B. Case managers will bring the following to each case staffing meeting for review:
  - 1. New participants for contract requirements
  - ~~1.2. Evaluations~~
  - ~~2.3. Instances of unauthorized substance use~~
  - ~~3.4. Instances of significant contract non-compliance~~
  - ~~4.5. Requests for contract amendments~~
  - ~~5.6. Early discharge requests~~
  - 7. Questions about application of procedures ~~Procedure application questions~~
  - 8. Requests for monitoring interruptions
  - 9. Referrals to SUDRP
  - ~~6.10. Notices of required evaluations~~
- C. The case manager assigns a substitute to present cases and recommendations if they are unavailable to attend.
- D. The case manager documents decisions listing issues, actions taken, and corrective actions applied in the monitoring database. ~~Progress~~ Case notes also include findings and recommendations.

III. WHPS Medical Director:

- A. Case managers ~~will~~ may consult with the WHPS assistant director prior to referring an issue to the medical director.
- B. The medical director participates in case staffing meetings ~~as cases require~~.
- C. The medical director reviews all complex evaluations, potential dependence-producing prescriptions, and other significant issues; e.g., management of co-occurring disorders and fitness for duty evaluations. Complex evaluations may include medication management or chronic pain management. The medical director documents findings and recommendations as case notes.
- D. The medical director may consult with third parties (medical providers, evaluators) as necessary.

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

<b>Title:</b>	Professional Peer Support Groups (PSG) <a href="#">and Facilitator Agreement</a>	<b>Number:</b>	W39.02 ‡
<b>Reference:</b>	<p><a href="#">RCW 18.130.160 - Finding of unprofessional conduct—Orders—Sanctions—Stay—Costs—Stipulations.</a></p> <p><a href="#">RCW 18.130.175 - Physician health and voluntary substance use disorder monitoring programs (as amended by 2023 c 425).</a></p> <p><a href="#">RCW 18.79.440 - Public posting of enforcement actions restricted—Substance use disorder monitoring stipend program.</a></p> <p><a href="#">WAC 246-840-750 - Philosophy governing voluntary substance use monitoring programs.</a></p> <p><a href="#">WAC 246-840-760 - Definitions of terms used in WAC 246-840-750 through 246-840-790.</a></p> <p><a href="#">WAC 246-840-770 - Approval of substance use monitoring programs</a></p> <p><a href="#">WAC 246-840-780 - Conditions for participants entering the approved substance use monitoring program.</a></p> <p><a href="#">WAC 246-840-790 - Substance use disorder monitoring stipend program</a></p>		
<b>Contact:</b>	<p><a href="#">Catherine Woodard</a>  <a href="#">Director, Discipline and Washington Health Professional Services</a>  <a href="#">Washington State Board of Nursing (WABON)</a></p>		
<b>Effective Date:</b>	<del>November 8, 2024</del> <del>March 11, 2022</del>	<b>Date to befor Reviewed:</b>	November 8, <del>2026</del> <del>2026</del>
<b>Supersedes:</b>	<p><del>W39.01</del> – November 4, 2024  W15.01 – January 8, 2016</p>		
<b>Approved:</b>	<p><a href="#">Dawn Morrell, BSN, RN</a>  <a href="#">Chair</a>  <a href="#">Washington State Board of Nursing (WABON)</a></p>		

## **PURPOSE:**

The purpose of Professional Peer Support Groups (PSGs) is to support SUD recovery and re-entry of nurses back into practice. PSGs are facilitated, healthcare provider-centric support groups; they are not twelve-step or psychotherapy groups.

PSGs functions are:

- Sharing experience, strength, and hope in addressing issues related to the process of recovery from substance use disorder (SUD).
- Providing support regarding professional issues including practice re-entry.
- Providing resources for additional support services, e.g., childcare, emergency housing, government assistance~~food stamps~~.
- Providing input and recommendations relative to the needs of WHPS nurses, e.g., workplace issues, legal questions, filing bankruptcy.

## **PROCEDURE**

### I. PSG Facilitators:

WHPS recruits professional PSG facilitators from around the state through a formal application process. (See Peer Support Group Facilitator Application and Agreement forms, attached.)

#### A. Requirements for a PSG facilitator:

1. Complete an application.
2. Must have an unencumbered Washington State healthcare license, active or retired, in good standing with the licensing authority for three years prior to application, or for one year prior to becoming a co-facilitator.
- ~~2.~~
3. Must have demonstrated knowledge and experience in the field of SUD, which may include mental health and/or co-occurring disorders.
4. Must have worked in their field for at least one year within the last three years or have at least 30 hours of continuing education in the area of SUD or mental health.
5. Have a minimum of 12 months experience facilitating groups.
6. Exhibit willingness to work with healthcare professionals~~nurses~~ who are currently on medication-assisted treatment (MAT).

7. If in recovery, must demonstrate a minimum of three consecutive years of sobriety immediately preceding the application to PSG facilitator.
8. Applicants that are prior WHPS nurses must have graduated at least one year prior to submitting an application. WHPS may approve an applicant as a co-facilitator when the applicant has less than one year post-graduation.
9. WHPS will not accept applications from anyone who is a Worksite Monitor (WSM) or a direct treatment provider for any nurse in the group.

B. PSG Facilitator Responsibilities:

1. Must adhere to a ratio of no more than one facilitator to ~~10~~2 nurses.
2. Sign a PSG facilitator agreement with WHPS (attached as ~~Appendix~~~~endum~~ A).
3. Subscribe to the abstinence model of recovery.
4. Maintain the nurse's confidentiality except in cases of unauthorized substance use, impairment, or when the nurse may be a threat to self or others. The facilitator will notify the WHPS case management ~~team~~.
5. Conduct weekly meetings for nurses in WHPS.
6. Implement a fee structure that supports participation but does not impose a barrier to attendance. ~~The recommended fee is no more than \$20 per meeting. A sliding scale fee must be available to nurses who are in financial distress.~~
7. Submit monthly reports to WHPS on each nurse by the first of the month. Refer to the Facilitator's Orientation Packet for further information.

II. Nurse Responsibilities in PSG

- A. WHPS defines the nurse's required attendance at PSG in the individual Program Participation Contract.
- B. Nurses are allowed to miss no more than six ~~(6)~~ PSG meetings per calendar year and no more than 12 during the transition contract year.
- C. For each missed meeting ~~greater than~~~~above~~ the six permitted, (or the 12 permitted during the transitional contract), WHPS will add one week to the contract ~~for every meeting the nurse misses.~~
- D. Missed meetings above the allotted six could be considered significant non-compliance and may result in referral to the ~~Nursing Care Quality Assurance Commission (NCQAC) for discipline.~~ Substance Use Disorder Referral Review Panel (SUDRP).

III. WHPS Responsibilities

- A. The WHPS ~~assistant~~ director and operations manager ~~will~~ review applications, check licensure status, interview, and select PSG facilitators. The ~~assistant~~ director may recruit from a list of known interested facilitator applicants.

- B. The assistant director will verify compliance with this procedure and is responsible for every PSG facilitator's signed agreement and compliance with the agreement. Refer to Addendum A, *Washington Health Professional Services Peer Support Group Facilitator Agreement*. (Attached)
- C. ~~The director~~WHPS retains copies of the PSG facilitator applications and agreements.
- D. The assistant director will review any PSG facilitator performance concern and document any actions that may be taken, including removal as a PSG facilitator. -
- E. WHPS hosts semi-annual PSG facilitator education meetings.
- F. WHPS recruits PSG facilitators and maintains relationships with PSGs through a ~~WHPS representative's attendance~~ case managers' attendance at each PSG at least once a year.





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

~~Nursing Care Quality Assurance Commission~~ Washington State Board of  
Nursing

Washington Health Professional Services

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**Addendum A**  
**Washington Health Professional Services**  
**Peer Support Group Facilitator Agreement**

Choose one: \_\_\_\_\_ Facilitator \_\_\_\_\_ Co-Facilitator

Name: \_\_\_\_\_

This Facilitator Agreement (Agreement) is between Washington Health Professional Services (WHPS) and the Peer Support Group (Co-) Facilitator identified below (facilitator).

**WHPS and the Facilitator agree as follows:**

- Facilitators Packet:** WHPS will provide the facilitator with a copy of the WHPS Facilitators Packet. The facilitator agrees to comply with all terms and conditions contained in the packet materials, including any subsequent amendments. In the event of a conflict between the agreement and packet materials, the agreement prevails.
- Professional Licenses/Certifications:** The Facilitator hereby attests that s/he possesses an active Washington State health care professional license as follows, or is retired in good standing.  
License/credential: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
License/credential: \_\_\_\_\_ Expiration date: \_\_\_\_\_

In addition, the facilitator agrees to maintain such licensure or credentialing throughout the term of this agreement and to notify WHPS within five business days of any change in professional status.

*(Individuals providing WHPS Peer Support Group Facilitator services prior to November 1, 2013 and do not have current licensure will not be required to obtain licensure.)*

- Experience:** By signing this agreement, the facilitator attests that he/she has:

- Worked in their field OR facilitated groups for at least one year within the last three years;
  - Has at least 30 hours of continuing education in chemical dependency OR one year of related work experience; and
  - Has a minimum of 12 months experience facilitating groups (not required for co- facilitator).
4. **Recovery:** If in recovery, the facilitator attests to a minimum of three years of recovery immediately preceding the application process for Peer Support Group Facilitator.
  5. **Drug and Alcohol Testing:** Due to the nature of the WHPS Program and experience of many facilitators in recovery, circumstances may dictate that it is in the best interest of WHPS and the facilitator that the facilitator submit to laboratory drug testing. By signing this agreement, the facilitator agrees to drug and/or alcohol testing upon request by WHPS and at WHPS' expense.
  6. **No Provision of Treatment Services:** The facilitator's role is to provide a mutually supportive environment for WHPS nurses to share experiences in monitoring. The facilitator may not act as a treatment provider, nor provide any therapeutic services (including drug screening) to a group participant.
  7. **No Employment Relationship:** The facilitator is not an employee of WHPS and WHPS does not set the amount of the facilitator's charges to group participants, nor is WHPS responsible for the collection of such charges. However, the facilitator agrees to establish a fee structure that will not be a barrier to group participation, to include offering a sliding fee scale. Sliding fee differentials may not be recouped.
  8. **Reporting:** The facilitator agrees to file attendance and other group participation reports as requested by WHPS by the ~~first~~<sup>6th</sup> of each month. In addition, the facilitator agrees to report the following to WHPS:
    - Regular absence from group.
    - Relapse or reasonable belief that the group participant may be using ~~or abusing~~ alcohol or ~~mind-altering~~<sup>other</sup> drugs.
    - Reasonable belief that the group participant may be of harm to oneself or others.
    - Reason to believe that the group participant may not be able to practice with skill and safety.
    - Ongoing disruptive group behavior.
  9. **Communication:** The facilitator agrees to check voice mail, e-mail, and Recovery Trek messages regularly and to return communications from WHPS within two business days.
  10. **Absences:** The facilitator agrees to identify a co-facilitator to take over the group during absences. The co-facilitator may not facilitate groups until a signed facilitator agreement is in place with WHPS. The co-facilitator may not have been in the WHPS program within the previous year.

11. **WHPS Facilitator Meetings:** WHPS holds facilitator meetings in the spring and fall of each year. The facilitator agrees to attend at least one of these meetings each year.
12. **Group size and length:** Facilitator-to-group participant ratio will not exceed 1:10. Group length is generally 1.5 hours; however, it may be one hour for groups with less than six participants.
13. **WHPS staff group attendance:** WHPS staff will attend every peer support group at least once a year. The facilitator agrees to accommodate WHPS staff visits. WHPS will make every effort to give reasonable notice and work with facilitators to identify mutually agreeable attendance.
14. **Liability:** The facilitator agrees to indemnify, defend, and hold harmless WHPS and the ~~Washington State Board of Nursing Nursing Care Quality Assurance Commission~~ from any claim, demand, loss, liability, damage or expense arising from the facilitator’s work or performance under this agreement or otherwise as a WHPS Peer Support Group Facilitator.
15. **Termination:** WHPS or the facilitator may terminate this agreement at any time and for any reason upon written notice to the other party. In the event of such termination for other than mutual agreement, WHPS alone will determine whether the facilitator’s attendance at a final Peer Support Group is appropriate in order to announce the termination to the group.
16. **Appointment:** Appointment of the facilitator is the sole purview of WHPS. This agreement and appointment becomes effective on the WHPS representative signature date.

---

Facilitator Signature

Date

---

Facilitator Address

---

Phone

E-mail

---

WHPS Representative Signature

Date

Email or ~~f~~ax to:

~~Washington State Board of Nursing Nursing Care Quality Assurance Commission~~  
~~Washington Health Professional Services~~

111 Israel Road SE

PO Box 47864

Olympia, WA 98504-~~7874~~

[whps@doh.wa.gov](mailto:whps@doh.wa.gov)

Fax: 360-~~359-7956664-8588~~

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

**PROCEDURE**

<b>Title:</b>	Cease Practice Requirements	<b>Number:</b>	W45.02 ±
<b>Reference:</b>	<p><a href="#">RCW 18.130.160 - Finding of unprofessional conduct—Orders—Sanctions—Stay—Costs—Stipulations.</a>  <a href="#">RCW 18.130.175 - Physician health and voluntary substance use disorder monitoring programs (as amended by 2023 c 425).</a>  <a href="#">RCW 18.79.440 - Public posting of enforcement actions restricted—Substance use disorder monitoring stipend program.</a>  <a href="#">WAC 246-840-750 - Philosophy governing voluntary substance use monitoring programs.</a>  <a href="#">WAC 246-840-760 - Definitions of terms used in WAC 246-840-750 through 246-840-790.</a>  <a href="#">WAC 246-840-770 - Approval of substance use monitoring programs</a>  <a href="#">WAC 246-840-780 - Conditions for participants entering the approved substance use monitoring program.</a>  <a href="#">WAC 246-840-790 - Substance use disorder monitoring stipend program</a> <a href="#">RCW 18.130.160</a>  <a href="#">RCW 18.130.175</a>  <a href="#">WAC 246-840-750 through 246-840-780</a></p> <p>Procedures W06; W09; W10; W11; W17; W18; W19.</p>		
<b>Contact:</b>	<p><a href="#">Catherine Woodard</a>  <a href="#">Director, Discipline and Washington Health Professional Services</a>  <a href="#">Washington State Board of Nursing (WABON)</a></p>		
<b>Contact:</b>	<p><a href="#">Catherine Woodard, Director</a>  <a href="#">Discipline and Washington Health Professional Services</a> <a href="#">Paula R. Meyer, MSN, RN, FRE</a>  <a href="#">Executive Director</a>  <a href="#">Washington State Board of Nursing Nursing Care Quality Assurance Commission</a></p>		
		<b>Date <del>to befor</del> Reviewed:</b>	
<b>Effective Date:</b>	<del>November 8, 2024</del> <del>March 8, 2019</del>		November 8, 2026 <del>2</del>
<b>Supersedes:</b>			

**Approved:**

Dawn Morrell, BSN, RN  
Chair  
Washington State Board of Nursing (WABON)

**PURPOSE:**

The primary mission of Washington Health Professional Services (WHPS) is to protect public health and safety. When there is reasonable concern about the ability to practice safely because of substance use disorder or mental health, WHPS requires the nurse to cease practice.

WHPS does not have authority to take action on a nurse's license. WHPS requires cessation of practice under certain circumstances as a public safety measure. The nurse and employer understand this as a contractual requirement.

**PROCEDURE:**

I. Cease Practice Requirements

- A. WHPS will require nurses to cease practice and will notify the wWork sSite mMonitor (WSM) in these circumstances, but not limited to:
1. Positive drug screen without a valid prescription.
  2. Substituted or altered drug test sample.
  3. Report of impaired practice.
  4. Use of prescribed short-term narcotic analgesics.
  5. Evidence of drug seeking behavior.
  6. Significant contract non-compliance in certain circumstances.
  7. Self-report of unauthorized substance use.
  8. Practicing in an unapproved capacity.
  9. Report of medication diversion.

II. Required Evaluations

A. WHPS will refer nurses removed from practice for substance use non-compliance for an substance use disorder substance-use-evaluation. WHPS also requires the nurse to follow all treatment recommendations -and may require the nurse to re-enter treatment before to returning to practice. WHPS may require additional specialty evaluations (e.g., psychiatry, pain management).

A.B. WHPS and the evaluator or treatment provider must approve the nurse's return to practice. Any unauthorized practice will result in referral to Substance Use Disorder Review Panel (SUDRP) and Abuse Team and possible discharge from the program.

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

<b>Title:</b>	Graduation	<b>Number:</b> W46.032
<b>Reference:</b>	<p><a href="#">RCW 18.130.160</a> - Finding of unprofessional conduct—Orders—Sanctions—Stay—Costs—Stipulations.</p> <p><a href="#">RCW 18.130.175</a> - Physician health and voluntary substance use disorder monitoring programs (<i>as amended by 2023 c 425</i>).</p> <p><a href="#">RCW 18.79.440</a> - Public posting of enforcement actions restricted—Substance use disorder monitoring stipend program.</p> <p><a href="#">WAC 246-840-750</a> - Philosophy governing voluntary substance use monitoring programs.</p> <p><a href="#">WAC 246-840-760</a> - Definitions of terms used in WAC <a href="#">246-840-750</a> through <a href="#">246-840-790</a>.</p> <p><a href="#">WAC 246-840-770</a> - Approval of substance use monitoring programs</p> <p><a href="#">WAC 246-840-780</a> - Conditions for participants entering the approved substance use monitoring program.</p> <p><a href="#">WAC 246-840-790</a> - Substance use disorder monitoring stipend program</p>	
<b>Contact:</b>	<p><del>Paula R. Meyer, MSN, RN, FRE</del><a href="#">Catherine Woodard</a>  <del>Executive Director, Director</del><a href="#">Discipline and Washington Health Professional Services</a>  <a href="#">Washington State Board of Nursing (WABON)</a><del>Nursing Care Quality Assurance Commission</del></p>	
<b>Effective Date:</b>	<del>March 11, 2022</del> <a href="#">November 8, 2024</a>	<b>Date for Review:</b> November 8, 2026
<b>Supersedes:</b>	<p><a href="#">W46.02</a> – November 4, 2022</p> <p><del>W46.01</del> – <del>March 8, 2019</del></p> <p>W16.01 – January 8, 2016</p>	
<b>Approved:</b>	<p>Dawn Morrell, <del>RN, BSN</del><a href="#">BSN, RN</a>  Chair  Washington State Board of Nursing (WABON)</p>	

**PURPOSE:**

To establish criteria for successful graduation from the Washington Health Professional Services

(WHPS) program.

**PROCEDURE:**

I. Nurse ~~r~~Responsibilities for ~~g~~Graduation

- A. The nurse applying for graduation must not have had any instances of significant non-compliance as defined in *Procedure W32 Program Non-Compliance and Discharge Criteria* for the immediate two years prior to application. For nurses under a diagnostic contract (two years or less), the nurse must have remained in significant compliance with their Program Participation Contract for the length of their contract.
- B. The nurse will submit a ~~written request for~~ graduation application that includes their personal recovery plan. to include a discussion of their recovery and a relapse prevention plan for their own benefit and use after graduation.
- C. The nurse will submit letters of support for graduation from their ~~w~~Work ~~s~~Site ~~m~~Monitor (WSM) and ~~p~~Professional ~~p~~Peer ~~s~~Support ~~g~~Group (PSG) ~~f~~Facilitator, and if applicable, their sponsor and therapist.
- D. WHPS will not consider early requests for graduation absent significantly compelling circumstances (e.g., relocation to another state with only a few months left on a contract).



II. WHPS and Washington State Board of Nursing (WABON) and NCQAC Responsibilities

- A. The WHPS case management team verifies the nurse's eligibility to graduate by reviewing the full application, letters of recommendation, and assures no instances of significant non-compliance with the Program Participation Contract within two years of graduation.
1. The WHPS Assistant Director approves graduations for nurses in WHPS voluntarily or under a WHPS Referral Contract.
  2. For nurses in WHPS under discipline, Substance Use Disorder Review Panel (SUDRP) must approve a nurse's completion/graduation from the program before WHPS terminates monitoring.
  3. WHPS will continue to monitor the nurse and report any significant instances of non-compliance up until the day of graduation.
- B. For any nurse in the program under discipline, WHPS notifies the WABON/NCQAC compliance officer of the pending graduation date. The compliance officer prepares the graduation packet for SUDRP review. and provides the compliance officer with access to the electronic monitoring record, who in turn notifies SUDRP and forwards all relevant records for review.
- C. If ~~the~~ SUDRP agrees the nurse met the graduation requirements and is in the program as a result of because of discipline, WHPS notifies the nurse/nurse that their graduation has been approved and terminates/ends monitoring on their graduation date.
- D. WHPS ~~sends the nurse~~ includes a pProgram eExit sSurvey (attached) and mentoring program information as part of the graduation application process.
1. The nurse is not required to complete the survey to graduate.
  2. WHPS will compile the survey results and include the information in the annual report.
  3. WHPS will consider the results to improve business practices when appropriate.
- E. Upon the nurse's graduation from the program, WHPS and WABON will:
1. WHPS Notify sends a certificate of completion to the wWork sSite mMonitor (WSM) and pPeer \_sSupport gGroup (PSG) facilitator.
  2. Send a letter and certificate of completion to the nurse.
  3. Remove the 'yes' indicator and associated documents for SUD-related discipline from the DOH Provider Credential Search website.
- F. The WHPS case management team will document graduation status in the electronic monitoring record.

**From:** Underwood, Lori (DOH) <[Lori.Underwood@DOH.WA.GOV](mailto:Lori.Underwood@DOH.WA.GOV)>  
**Sent:** September 18, 2024 4:47 PM  
**To:** celban <[celban@tsin.ca](mailto:celban@tsin.ca)>  
**Subject:** CELBAN : Interest in Canadian approved English proficiency Tests

Hello, Sara.

Last week during the WABON business meeting, the Licensing subcommittee made the recommendation to approve CELBAN as an English proficiency exam provider. The Board approved and we will include CELBAN as an option for the English proficiency exam on our website.

We will need to discuss with the Licensing subcommittee the qualifying passing scores on the exam. According to your website the below scores are considered the minimum requirement for the CNRC; however, can you please provide if any other US state has used CELBAN and are these the minimum required scores used as well? Thank you.

## Regulatory Requirements

Effective November 14, 2022, the Canadian Nurse Regulators Collaborative (CNRC) updated the minimum required scores for CELBAN as follows:

- Listening: CLB 9 (previously CLB 10)
- Reading: CLB 8 (no change)
- Writing: CLB 7 (no change)
- Speaking: CLB 8 (no change)

These are the language proficiency requirements approved by all nursing regulatory authorities across Canada. CELBAN and the Canadian Language Benchmarks (CLB)



### Lori Underwood

Licensing Supervisor  
 Washington State Board of Nursing  
[lori.underwood@doh.wa.gov](mailto:lori.underwood@doh.wa.gov)  
 360.236.4703 | [www.nursing.wa.gov](http://www.nursing.wa.gov)

For the latest updates, subscribe to [Washington State Board of Nursing News & Alerts](#)

**For status/update on your license or temporary permit:** [Provider Credential Search](#)

**From:** celban <celban@tsin.ca>

**Sent:** Thursday, September 19, 2024 10:03 AM

**To:** Underwood, Lori (DOH) <Lori.Underwood@DOH.WA.GOV>

**Subject:** RE: CELBAN : Interest in Canadian approved English proficiency Tests

Hi Lori,

Thank you for letting us know; this is excellent news!

We have previously shared CELBAN official results with the Massachusetts Board of Registration in Nursing and the Georgia Board of Nursing. However, we have not been involved in any discussions about their evaluation or usage of these results.

I did find [this document](#) on the MA Board's website which might be helpful for comparison (linked from their website [here](#)). This shows that their requirements for CELBAN were in line with the CNRCs when this document was revised in 2022 (when the CNRC still required L10).

Another helpful resource for your review might be the comparison of CELBAN scores to IELTS Academic and OET scores issued by the CRNC: <https://ccpnr.ca/regulators-collaborative/>. This document shows that the approved CELBAN scores of L9 R8 W7 S8 are equivalent to IELTS Academic scores of 6.5-7.0 or OET scores of 320-350.

Let me know if we can help in any other way!

Regards,  
Sara VanderWal (she/her)  
Senior Exam Coordinator  
Touchstone Institute

COMMONWEALTH OF MASSACHUSETTS  
BOARD OF REGISTRATION IN NURSING

**Licensure Policy 06-01**

<b>Title</b>	Board-designated Tests of English Proficiency and Required Minimum Cut Scores
<b>Purpose</b>	The purpose is to identify those tests of English proficiency and their corresponding minimum cut score(s) that the Board has designated as acceptable to comply with regulations at 244 CMR 8.02(1)(c), 8.03(1)(c), 8.04(1)(c) and 8.04(2)(d).
<b>Date Adopted/Revised</b>	September 13, 2006; July 13, 2011 (Reviewed); November 9, 2011 (Revised); December 14, 2011 (Corrected); November 12, 2014 (Revised); June 8, 2016 (Revised); June 8, 2022 (Revised).
<b>Policy</b>	<p>The Board of Registration in Nursing has designated the following tests of English proficiency as complying with regulations at 244 CMR 8.02(1)(c) 8.03(1)(c), 8.04(1)(c) and 8.04(2)(d):</p> <ul style="list-style-type: none"> <li>• Canadian English Language Benchmark Assessment for Nurses (CELBAN): <ul style="list-style-type: none"> <li>Speaking CLB 8    Listening CLB 10</li> <li>Reading CLB 8    Writing CLB 7</li> </ul> </li> <li>• International English Language Testing System Academic or General (IELTS Academic or General): Overall Band Score 6.5 with a minimum of 6.0 all modules</li> <li>• Pearson Test of English Academic (PTE Academic): Overall passing standard of 55 with no individual section below 50</li> <li>• Michigan English Test (MET). Total passing score of 55 and a speaking section score of 55</li> <li>• Test of English as a Foreign Language Internet-based (TOEFL iBT): 84 with a minimum speaking component score of 26</li> <li>• Test of English as a Foreign Language (TOEFL) Essentials: Average of 8.5 with no score below 8.0</li> <li>• Occupational English Test: No score less than 300 on Reading, Writing, Listening, and Speaking</li> </ul>

## The Canadian Nurse Regulators Collaborative (CNRC) supports and enables collaboration to advance regulatory excellence across Canada.

CNRC is a collective of individual regulatory authorities who are legislated to regulate Licensed Practical Nurses, Registered Nurses, Nurse Practitioners and Registered Psychiatric Nurses in Canada in the public interest.

### Language proficiency assessment tests cut scores/benchmark levels accepted by nursing regulators in Canada / Tests d'évaluation des compétences linguistiques: notes de passage/niveaux de référence acceptés par les organismes de réglementation des soins infirmiers au Canada

	CELBAN	IELTS ACADEMIC	OET	PTE ACADEMIC	TEF CANADA
Reading/ Compréhension de l'écrit	8	6.5	C+ (330)	66	4
Listening/ Compréhension orale	9	7.0	B (350)	73	4
Writing/ Expression écrite	7	6.5	C+ (320)	68	4
Speaking/ Interaction orale	8	7.0	B (350)	75	5

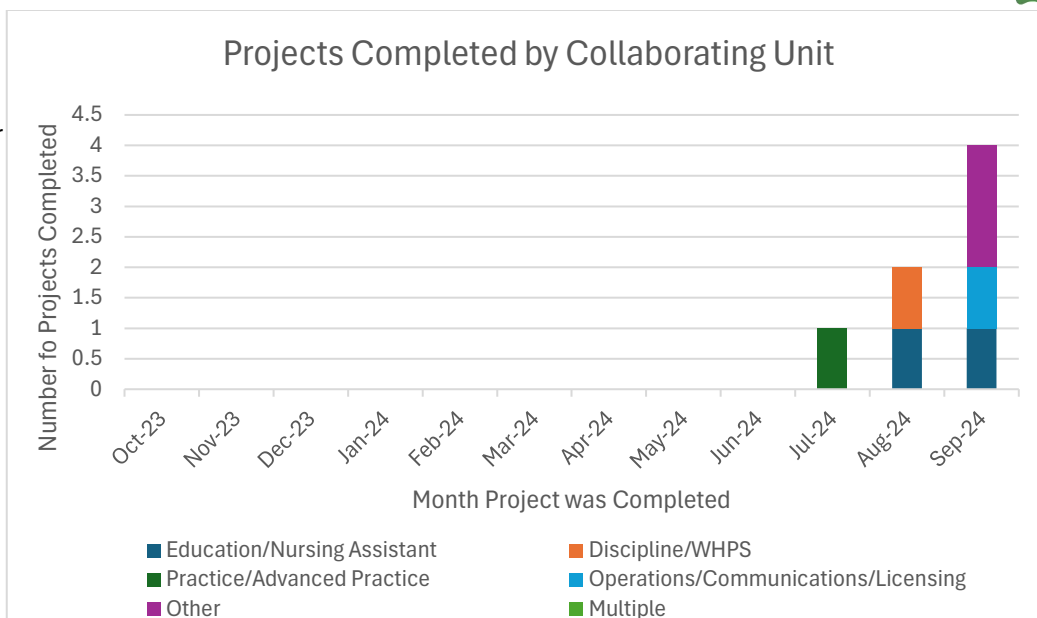
**Note:** the OET utilizes both letter grades and scale scores to comprehensively assess the candidate's proficiency in English for healthcare communication. Letter grades ranging from A to E, indicate overall proficiency levels, with A representing the highest and E the lowest (there is also one letter grade, C, which includes both C and C+). The subject matter experts panel considered prioritized the use of the letter grades for setting OET cut scores considering the broader recognition and acceptance of letter grades by regulatory bodies, employers and educational institutions in the healthcare sector. This decision ensures alignment with industry standards and facilitates more informed decision-making by regulatory bodies.

**Remarque :** l'OET utilise à la fois des notes sous forme de lettres et de barèmes pour évaluer de manière exhaustive les compétences du candidat en anglais pour la communication dans le domaine de la santé. Les notes allant de A à E indiquent le niveau de compétence global, A représentant le niveau le plus élevé et E le niveau le plus bas (il existe également une note, C, qui comprend à la fois C et C+). Le groupe d'experts en la matière a donné la priorité à l'utilisation des notes en lettres pour fixer les notes de passage de l'OET, compte tenu de la reconnaissance et de l'acceptation plus larges des notes en lettres par les organismes de réglementation, les employeurs et les établissements d'enseignement dans le secteur des soins de santé. Cette décision garantit l'alignement sur les normes du secteur et facilite la prise de décisions plus éclairées par les organismes de réglementation.

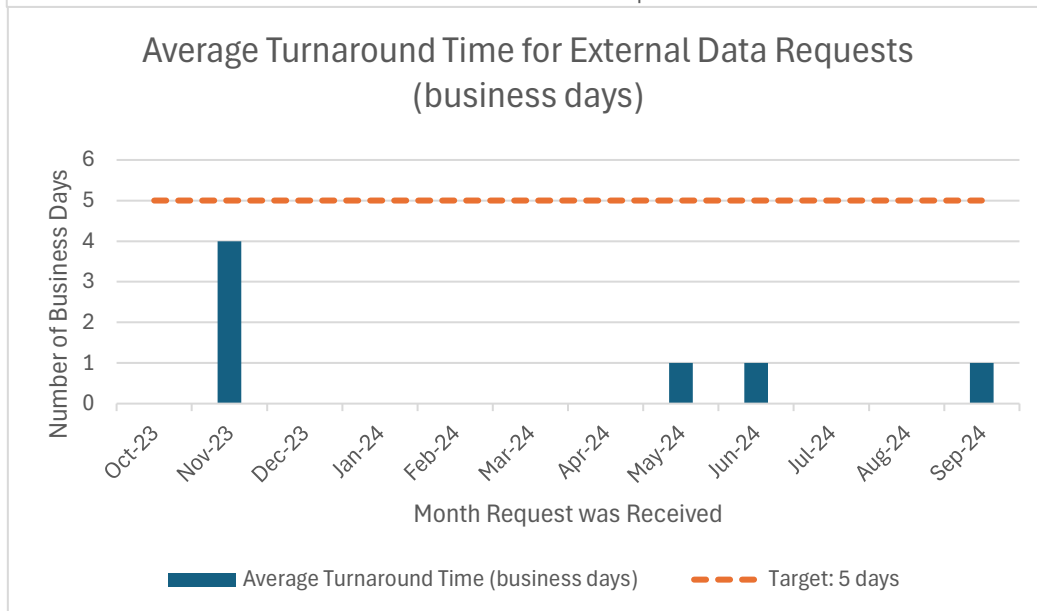


# Research Performance Measures

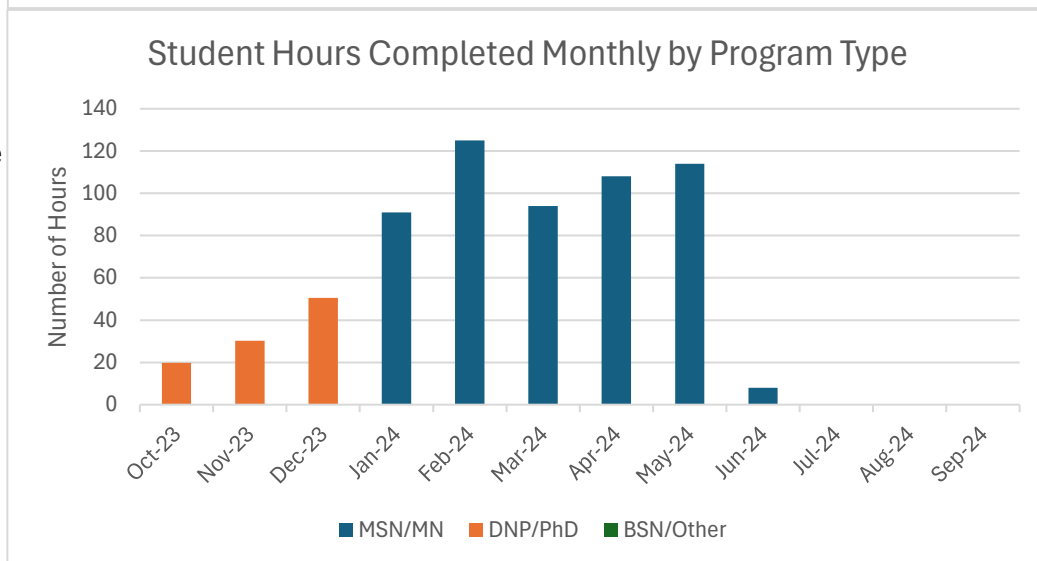
**Volume.** The number of project completed by the research unit in the last 12 months by the unit they were supporting or collaborating with. The goal is for every WABON unit to be represented here.



**Turnaround.** The average turnaround time for external data requests received in the last 12 months. The target is to fulfill requests within 5 business days.



**Volume/ Satisfaction.** The total amount of hours students in the student engagement program completed each month in the last 12 months for WABON by their program type. The goal is for continuous student engagement during the academic year.





# Out of State Multistate Workforce Data

November 2024



# Data Dashboard

- [Workforce Data Dashboard | Washington State Board of Nursing](#)
- New updates were added September 30<sup>th</sup>
  - Added Out of State Multistate Workforce Data
  - Added previous years of Washington Workforce Data
- Information on Washington issued multistate licenses available on the licensing dashboard

# New Out of State Multistate Pages

**MSL Overview:** Total nurses reported and home state

**MSL Trends:** Number of nurses reported over time

**MSL Demographics:** Race, ethnicity, gender, and age

**MSL Employment:** Employment, position title, clinical specialty, planned practice duration

**MSL Setting:** Primary employment setting

**MSL Education:** Highest nursing and non-nursing degrees, state where degree was earned

**Compare to WA:** Compare Out of State Multistate Data side-by-side with Washington data

# Overview

- Out of state multistate nurses completing workforce survey via SurveyMonkey
- Employers of out of state multistate nurses in Washington reporting via the Employer Compliance Form on SurveyMonkey

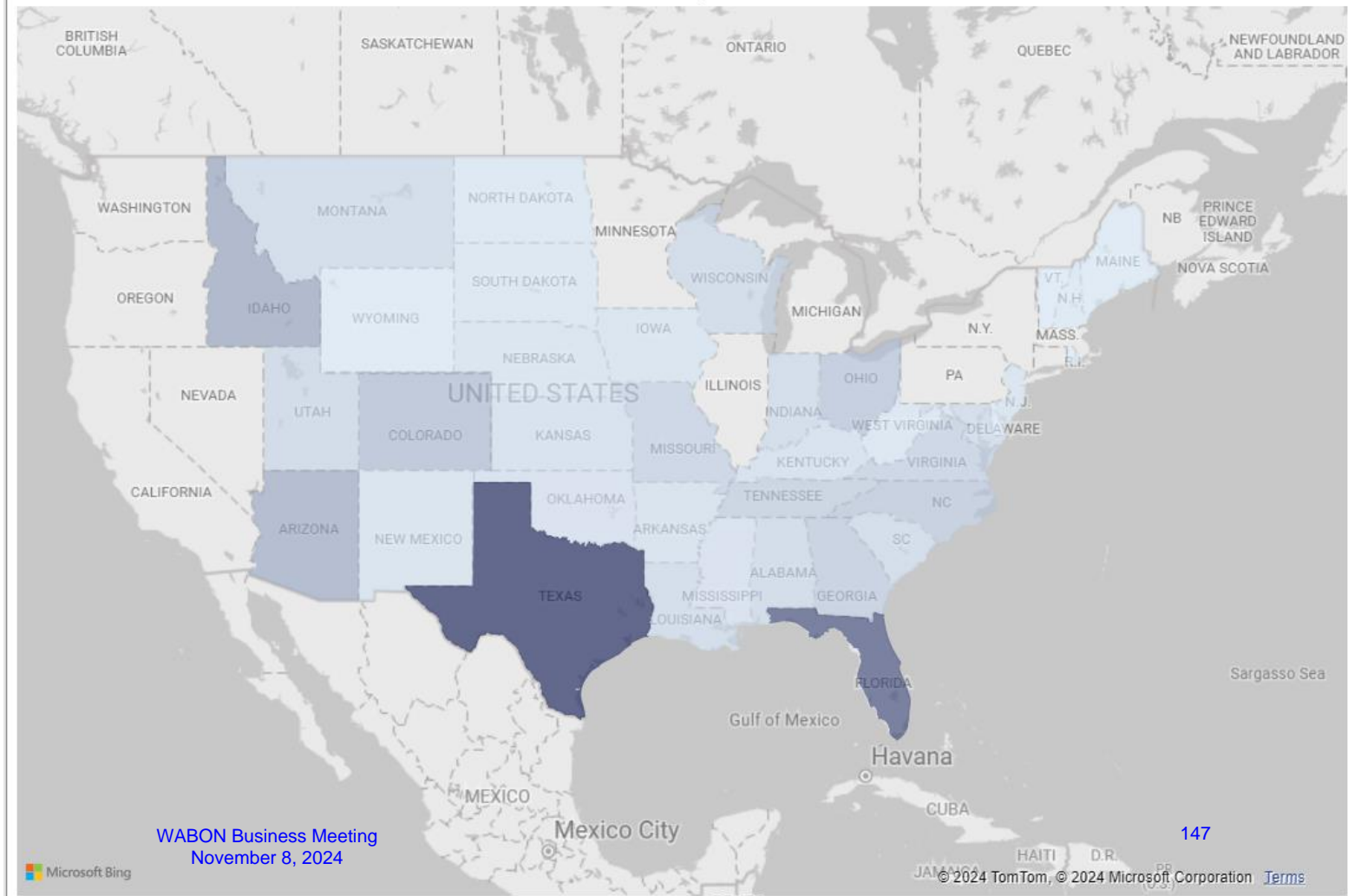
**6219**

Total Employer Reported Nurses

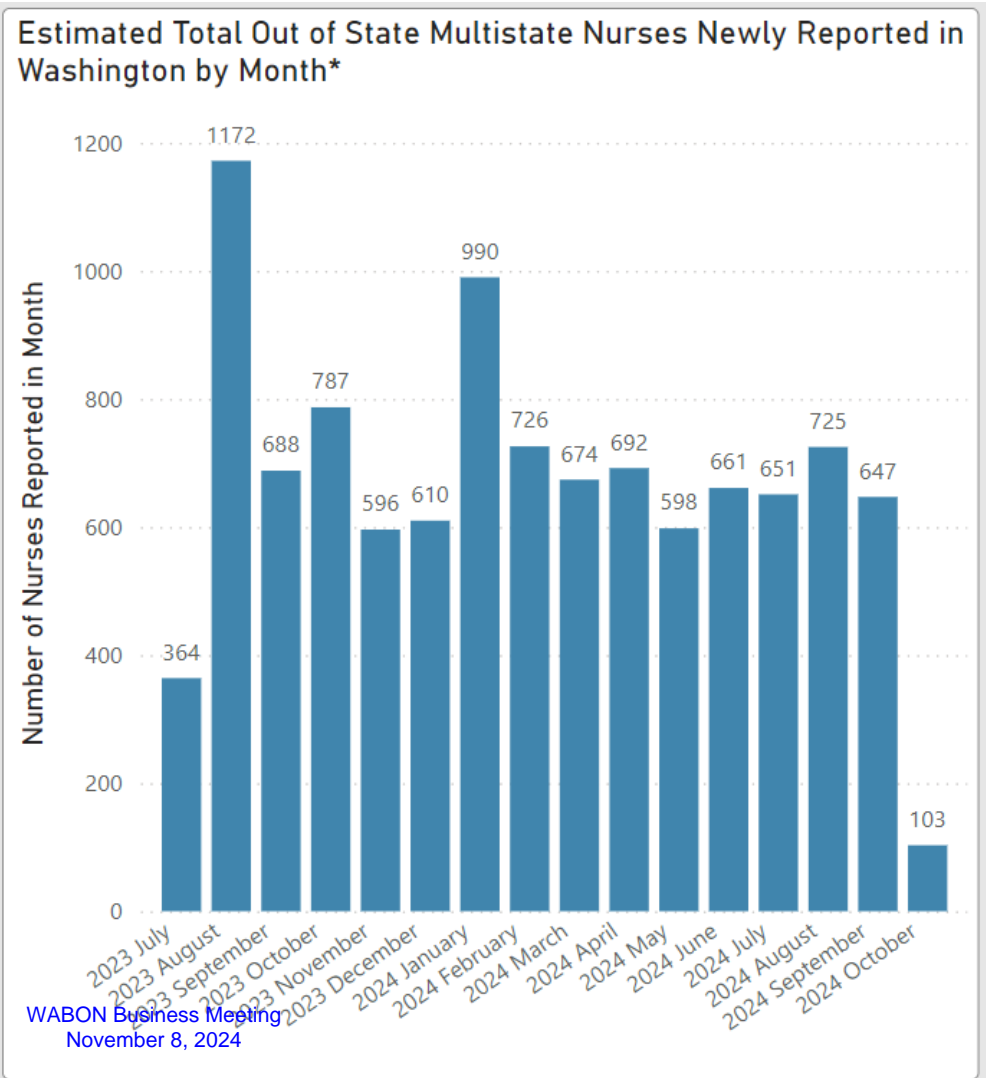
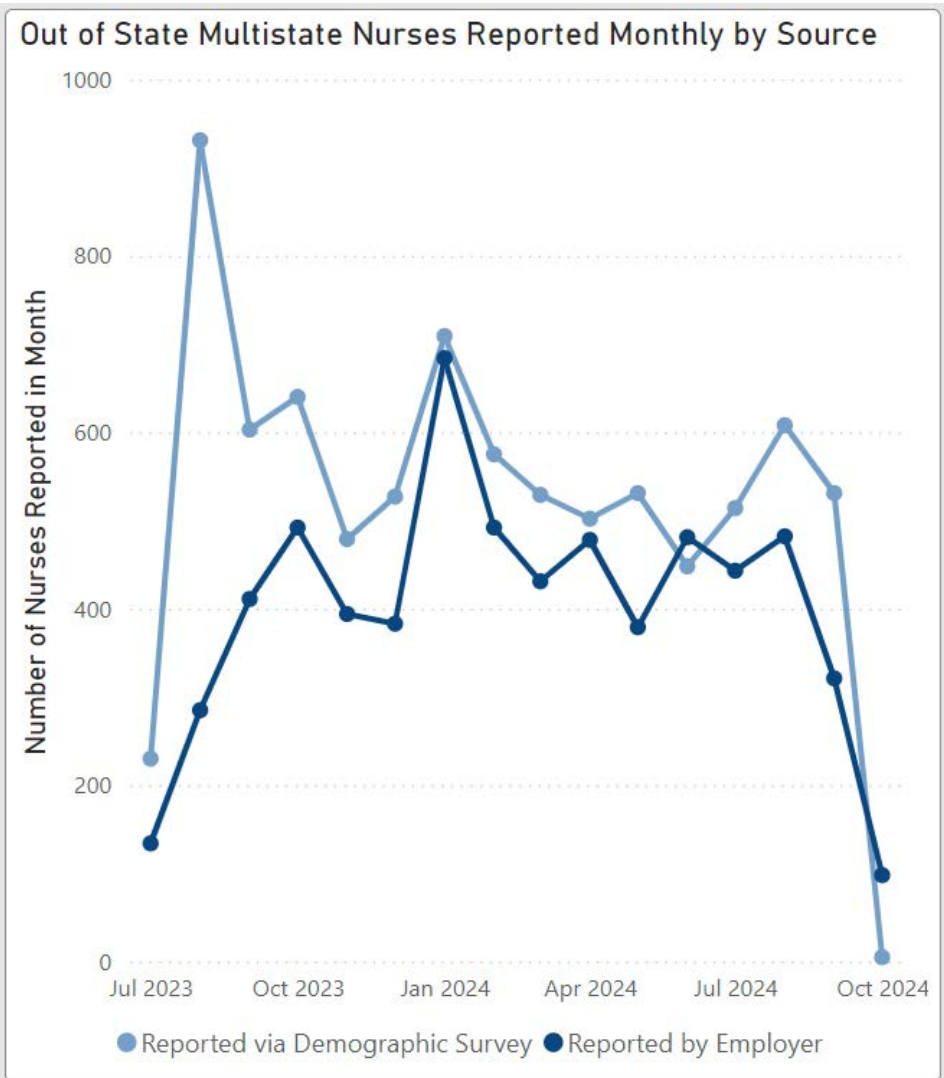
**8362**

Nurses Completed Survey

Home State of Out of State Multistate Nurses Practicing in WA

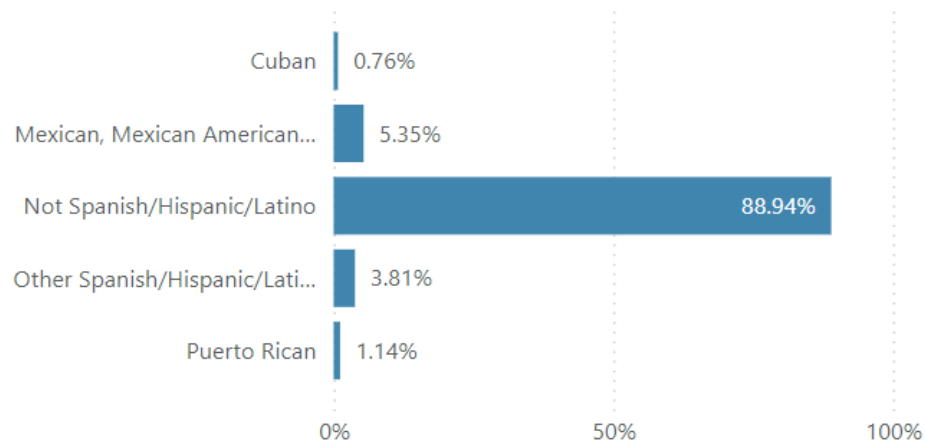


# Trends

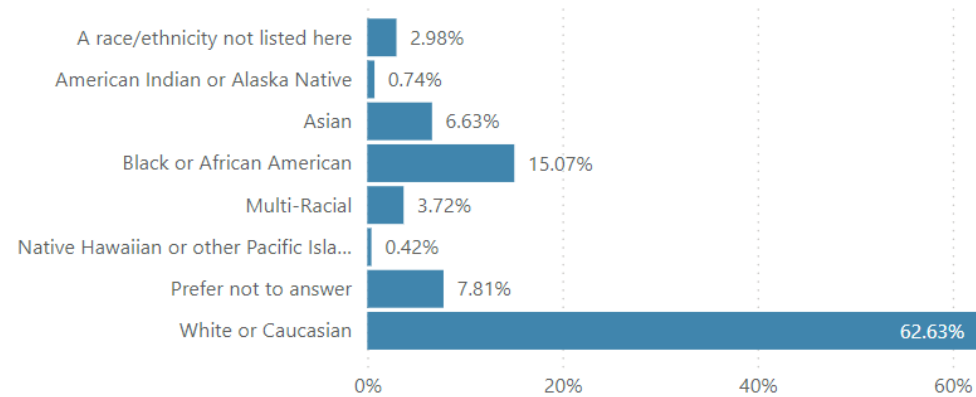


# Demographics

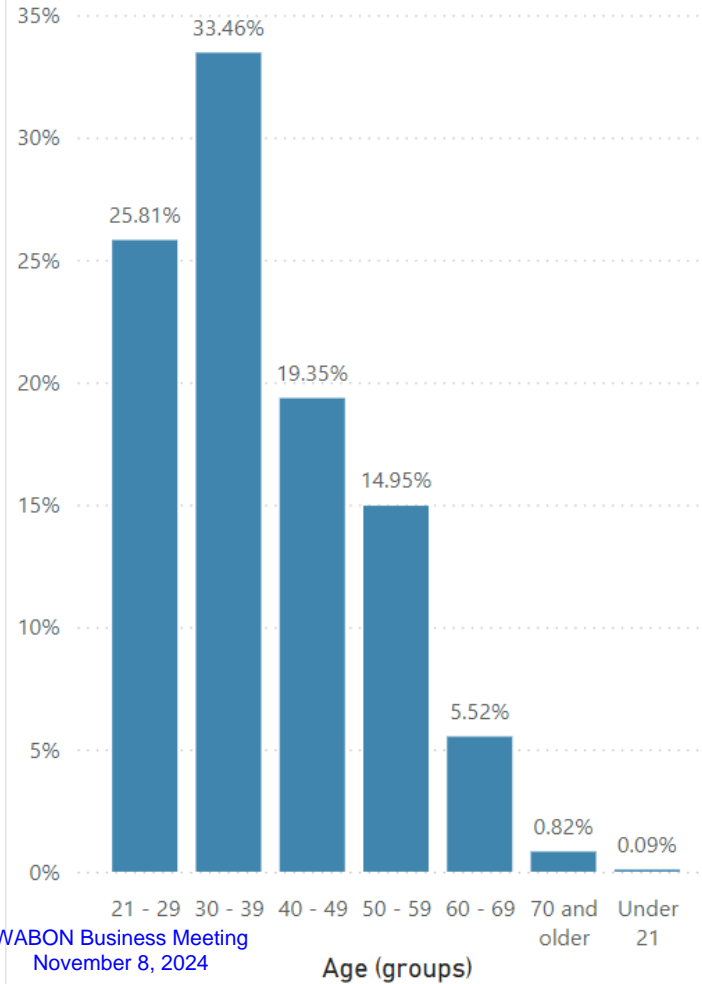
Percent of Out of State Multistate Nurses by Ethnicity



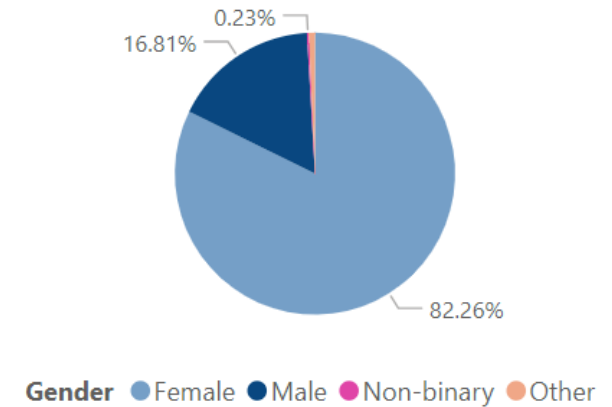
Percent of Out of State Multistate Nurses by Race



Percent of Out of State Multistate Nurses by Age

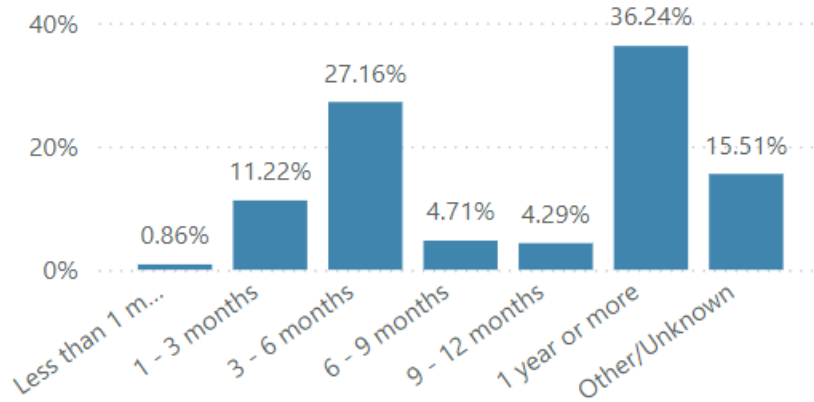


Percent of Out of State Multistate Nurses by Gender

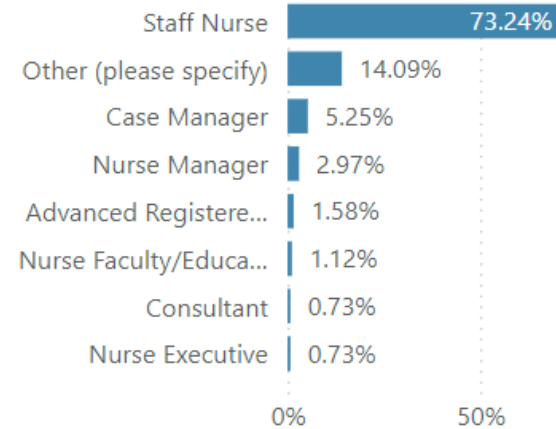


# Employment

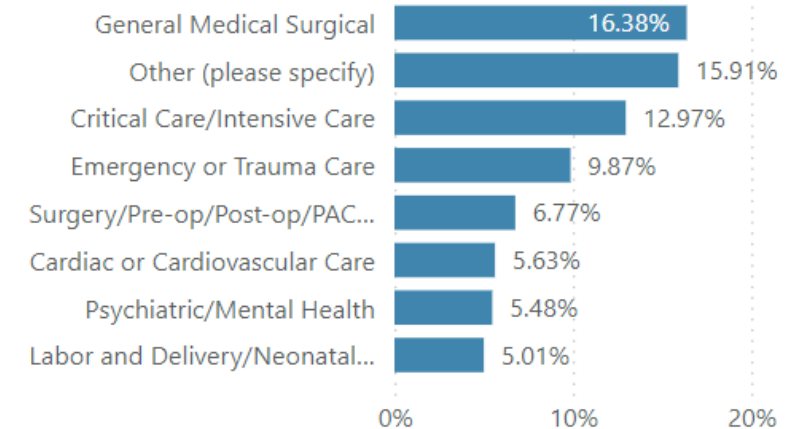
Percent of Out of State Multistate Nurses by Planned Practice Duration



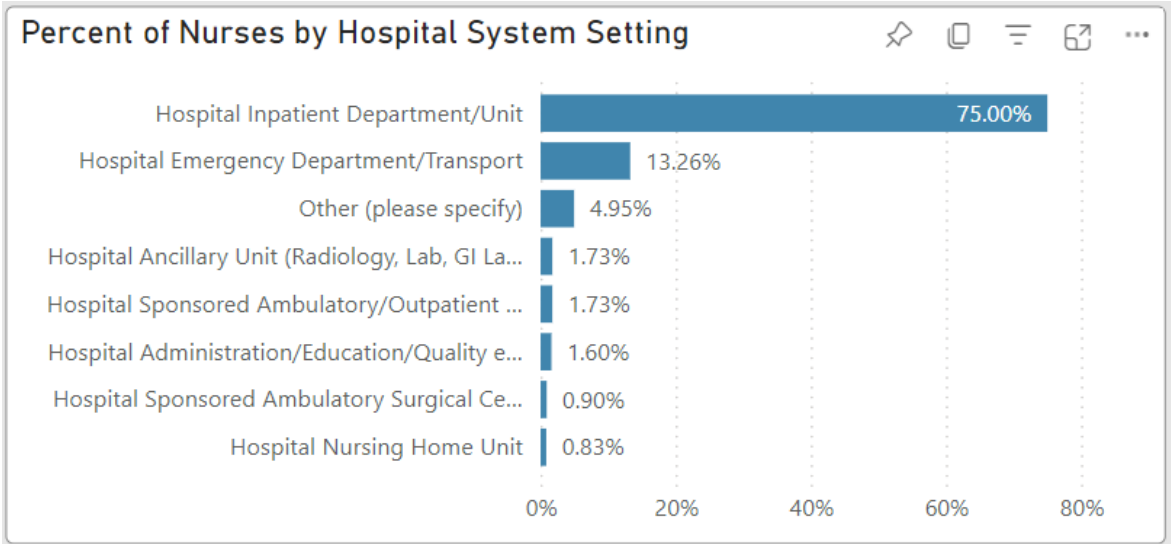
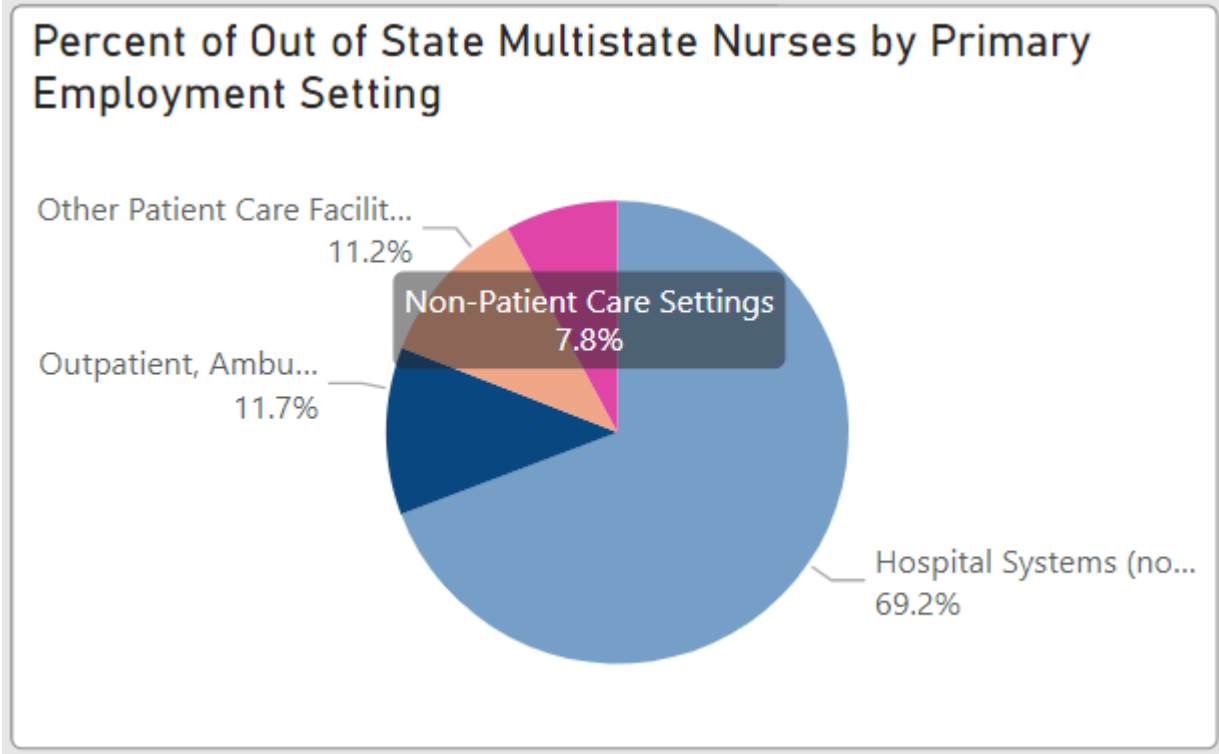
Percent of Out of State Multistate Nurses by Primary Position Title



Percent of Out of State Multistate Nurses by Primary Clinical Specialty

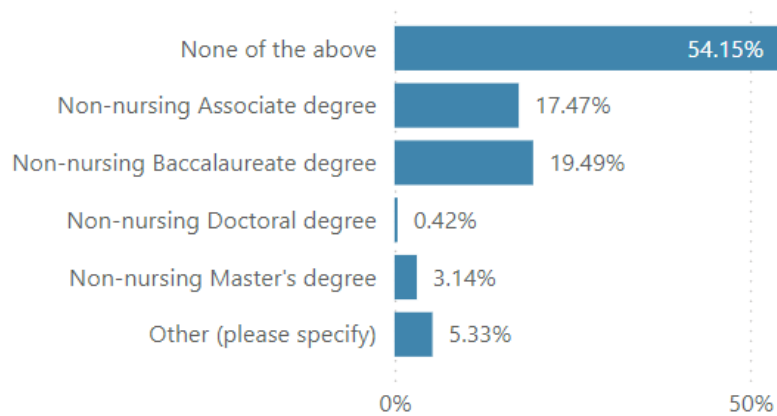


# Setting

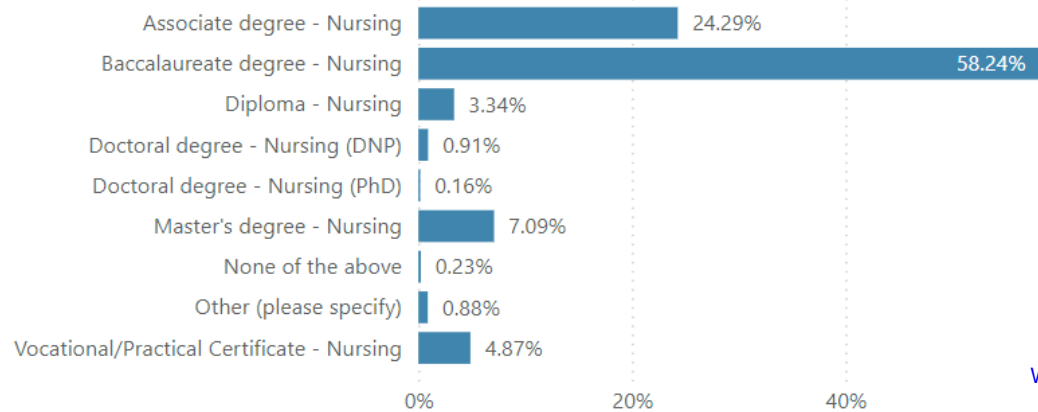


# Education

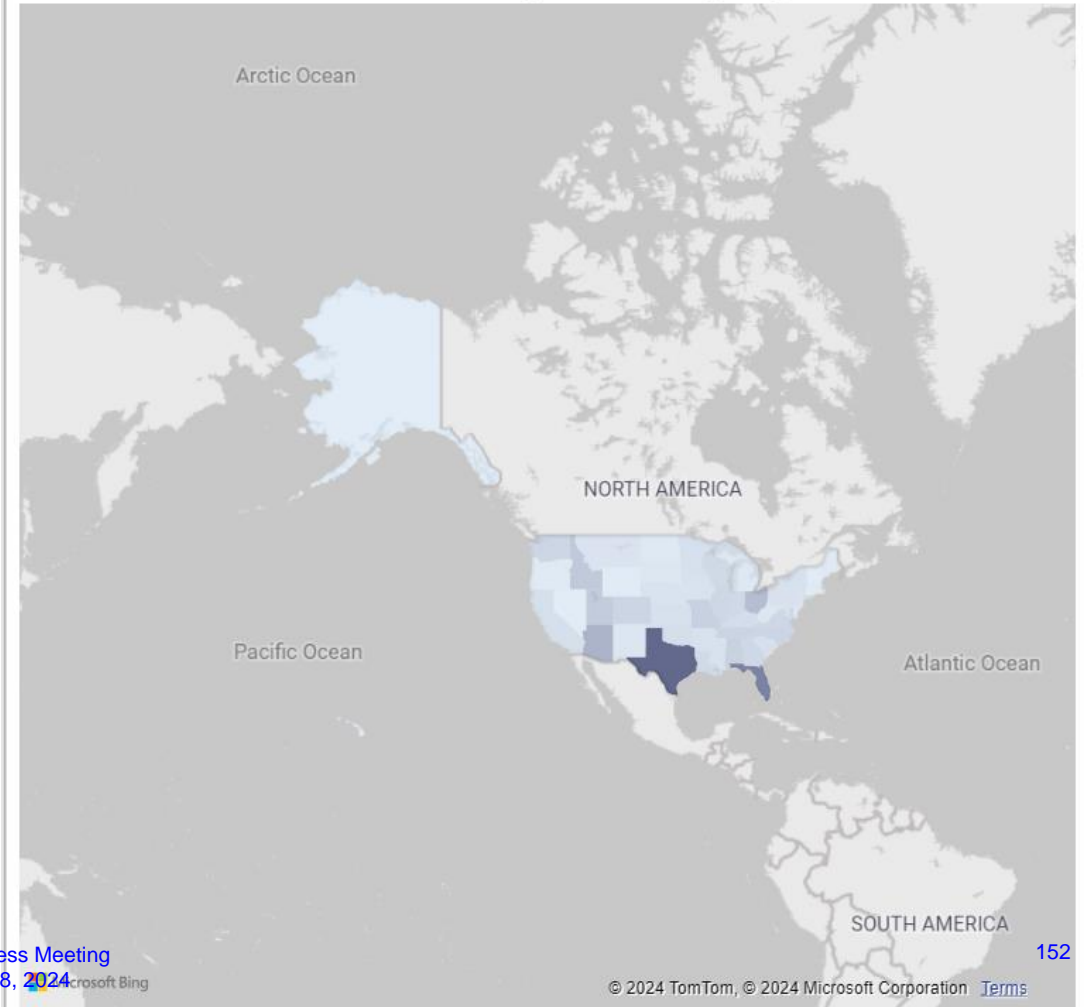
Out of State Multistate Nurse's Highest Earned Non-Nursing Degree



Out of State Multistate Nurse's Highest Earned Nursing Degree



State Where Nurse Earned Their Highest Nursing Degree





# Comparisons to WA

## Out of State Multistate Practicing in WA

Racial Group	% of Respondents
White or Caucasian	67.94%
Black or African American	16.34%
Asian	7.19%
Multi-Racial	4.04%
A race/ethnicity not listed here	3.24%
American Indian or Alaska Native	0.80%
Native Hawaiian or other Pacific Islander	0.45%
Ethnicity	% of Respondents
Not Spanish/Hispanic/Latino	88.94%
Mexican, Mexican American, Chicano	5.35%
Other Spanish/Hispanic/Latino Ethnicity	3.81%
Gender	% of Respondents
Female	82.26%
Male	16.81%
Other	0.69%
Age (groups)	% of Respondents
21 - 29	25.83%
30 - 39	33.49%
40 - 49	19.37%
50 - 59	14.96%
60 - 69	5.53%
70 and older	0.82%

## Current Washington Licensed Workforce

Racial Group	% of Respondents
White / Caucasian	75.98%
Asian	11.46%
Black / African American	4.89%
Multi-Racial	3.87%
Other Race	2.73%
American Indian / Alaska Native	0.58%
Native Hawaiian / Other Pacific Islander	0.49%
Ethnicity	% of Respondents
Not Hispanic or Latino	94.18%
Hispanic or Latino	5.82%
Gender	% of Respondents
Female	84.50%
Male	13.34%
other / unknown	2.16%
Age (groups)	% of Respondents
20-29	5.13%
30-39	25.29%
40-49	28.18%
50-59	22.22%
60-69	15.73%
70+	3.44%

An aerial photograph of Seattle, Washington, taken at dusk. The city skyline is visible in the background, with the Space Needle on the right. The foreground shows a park area with a playground and a paved path. The water of the harbor is filled with many small boats. The word "Questions?" is overlaid in the center in a large, white, sans-serif font.

# Questions?



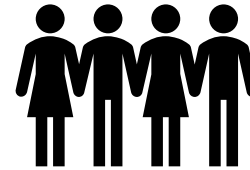
## STUDENT ENGAGEMENT PROGRAM

Washington State Board of Nursing (WABON)  
Washington State Department of Health

WABON Business Meeting  
November 8, 2024

# Student Engagement Program

- DNP from UW
  - Anna Kwak-Callen has started work on a mid-wifery workforce project.
  - Ruth Rono is working with the Nurse Assistant group.
- MSN from UW
  - Debra Converse has begun work with the Practice unit analyzing their inquiry data.
  - Josie Ramsay started work with our Regulatory/Policy group in regard to language proficiency and licensing
  - Nirvana Guernsey will complete a literature review on licensing practices as part of her projects



# Questions?

## Contact

[Heather.Hamilton@doh.wa.gov](mailto:Heather.Hamilton@doh.wa.gov)



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# COMMUNITY AND TECHNICAL COLLEGES

## NURSING PROGRAM CAPACITY PLAN

The *Nursing Program Capacity Plan* is a response to Senate Bill 5882, which mandates the state's community and technical colleges (CTCs) to expand nursing training capacity by 2029. SB 5882 emphasizes expanding access for rural and underserved populations and enhancing long-term sustainability through partnerships with healthcare employers, labor unions, and workforce development councils.

### Current State of Nursing Programs

Washington faces a significant nursing shortage, with the Washington Center for Nursing reporting a gap of 1,151 LPNs and 8,090 RNs. The CTC system is central to addressing this crisis, producing 64% of pre-licensure nursing graduates in the state. The system's ability to expand is crucial, but several key challenges persist, including a shortage of clinical placements, physical infrastructure, and qualified faculty, especially in rural areas.

Over the past five years, Washington's Legislature has allocated significant funds to address nursing shortages. Investments were made into nursing faculty salaries, SIM equipment upgrades, and increasing number of seats in the programs. These investments have generated considerable growth, with colleges admitting and graduating more students, reducing the number of faculty vacancies, and reducing the amount of turnover in teaching positions.

### Key Challenges to Nursing Program Expansion

Through input from nursing program directors (22 directors interviewed), students (210 survey respondents), and faculty (52 survey respondents), the plan identifies several additional factors limiting expansion. These challenges are exacerbated in rural areas:

1. **Diverse Student Needs:** CTC nursing students are often older, racially diverse, and balancing work and family. Varied levels of English proficiency and non-traditional educational backgrounds add complexity to delivering 'one-size-fits-all' instruction.
2. **Fewer Applicants to Nursing Programs:** Overall number of qualified applicants has dropped potentially due to negative portrayals of nursing during COVID-19 and fewer students completing prerequisites. This decline is prompting programs to rethink recruitment and admission strategies and add supports to retain and graduate as many students as possible.
3. **Complex Prerequisites and Admissions Processes:** Prerequisite requirements are lengthy and inconsistent across institutions, causing delays, financial strain, and deterring students from applying to nursing programs.
4. **High Rate of Program Director Turnover:** Over 30% of program directors leave annually, causing instability and slowing program growth. Regulatory demands and lower pay compared to faculty make positions difficult to fill.

## Proposed Solutions to Address Challenges

The CTC Nursing Program Capacity Plan consists of two components, subject to stakeholder review:

1. Continued support and possible increases into the current investments into nursing program capacity building because these investments are having a sizeable impact. The state's community and technical colleges are increasing their capacity to graduate nurses while diversifying Washington's nursing workforce.
2. Development of an integrated approach to support nursing program capacity and student success, capitalizing on current gains and ensuring more nursing students graduate, using the following strategies:
  - **Student Support Services:** Modeled after the successful Early Achievers and Economic Security For All (EcSA) programs, this strategy would offer financial and academic support tailored to nursing students, addressing their unique needs.
  - **Creation of a Statewide Nursing Liaison:** This role would be filled by a current or past Nursing Program Director to support program directors and faculty, stabilize leadership, and coordinate efforts to increase capacity and student success.
  - **Standardized Prerequisites:** Streamlining prerequisites across institutions would reduce the time and financial burden on students, speeding entry into programs.
  - **NURSPath:** An integrated education model similar to Washington's I-BEST, NURSPath would provide academic and technical training tailored to nursing programs, particularly for students with limited English proficiency.
  - **Enhanced SIM Support:** Increased funding for SIM technicians and instructor training would ensure that legislative investments in simulation technology result in more highly prepared graduates.

## Potential Additional Options

In addition to the main strategies, the plan suggests reconsidering the state's requirement for an 80% NCLEX first-time pass rate, exploring apprenticeships for nursing education, allowing CTCs to offer 4-year BSN degrees, and expanding part-time nursing programs to help accommodate students with work and family obligations.

## Questions:

- Do you have any suggestions to improve this plan?
- Do you have any major concerns?
- How do you see this plan aligning with/complementing existing initiatives, like the clinical capacity workgroup, RNEP, etc.?
- Do these strategies work equally well in urban and rural communities, east and west?
- What opportunities do you see for working with employers, organized labor, and/or workforce development councils to expand nursing program capacity?

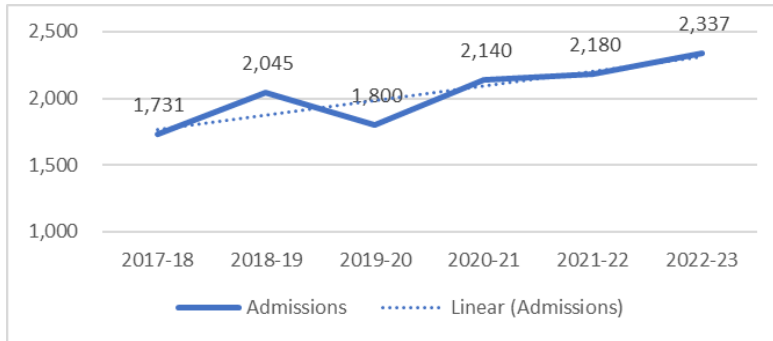
### Contact Information:

Anna Olson, Policy Associate

State Board for Community and Technical Colleges

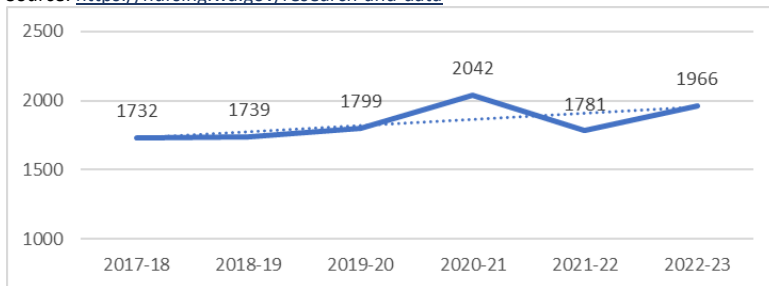
[aolson@sbctc.edu](mailto:aolson@sbctc.edu)

# Addendum: Data Referenced in the Plan Overview



**Chart 1: Admissions by Year for Community and Technical College ADN-RN and LPN Programs**

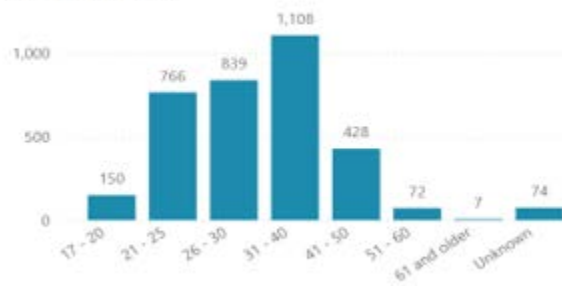
Source: <https://nursing.wa.gov/research-and-data>



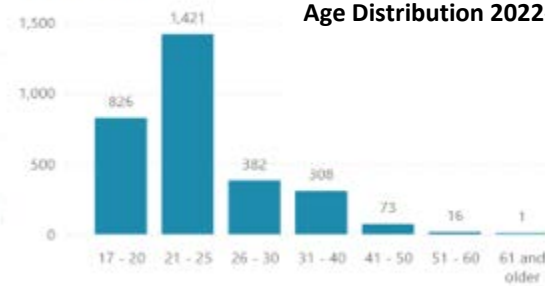
**Chart 2: Community and Technical College Nursing Pre-Licensure Graduates by Year**

Source: <https://nursing.wa.gov/research-and-data>

**Community and Technical Colleges Age Distribution**

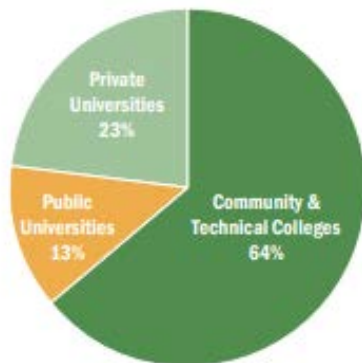


**Universities Age Distribution**



**Chart 3: Pre-Licensure Nursing Students Age Distribution 2022-23 Comparison**

Source: <https://nursing.wa.gov/research-and-data>



**Chart 4: 2022-23 Pre-Licensure Graduates by College Type**

Source: <https://nursing.wa.gov/sites/default/files/2024-06/Nursing-Faculty-Salaries.pdf>



# Rural Hospital & High School Nursing Assistant Partnership Pilot Project

**December 1, 2024**

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Report to the Legislature  
Engrossed Second Substitute Senate Bill 5582  
Section 11, Chapter 126, Laws of 2023



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Next Steps & Recommendations \_\_\_\_\_ 8

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## Interagency Collaboration

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### **Washington State Board of Nursing (WABON)**

Address: 111 Israel Rd. S.E., Tumwater, WA 98501

Phone: (360) 236-4703

Website: <https://nursing.wa.gov/>

### **Department of Health (DOH)**

#### **Rural Health Division**

Address: 111 Israel Rd. SE., Tumwater, WA 98501

Phone: (360) 236-4700

Website: <https://doh.wa.gov/>

### **Washington Office of Superintendent of Public Instruction (OSPI)**

Address: Old Capital Building

PO Box 47200 600 Washington St. SE, Olympia, WA 98504-7200

Phone: 360) 664-3631

Website: <https://ospi.k12.wa.us/about-ospi/about-agency>

### **Department of Labor and Industries (L&I)**

#### **Youth Programs & Workers' Compensation Divisions**

Address: 7273 Linderson Way SW, Tumwater, WA 98501-5414

Phone: (360) 902-5800

Website: <https://lni.wa.gov/>

## **Executive Summary**

In response to pressing workforce shortages in rural health areas, Engrossed Second Substitute Senate Bill (ESSB) 5582 (Chapter 126, Laws of 2023) directed the Washington State Board of Nursing (WABON) to establish pilot projects partnering rural hospitals with nursing assistant training programs. These initiatives aim to increase access to nursing assistant education, facilitating entry into the healthcare workforce, and promoting advancement into nursing and other healthcare careers.

Two pilot projects have been launched at rural hospitals on either side of the Cascade mountains: 1) Providence Mount Carmel Hospital partnering with Colville High School, and 2) Summit Pacific Medical Center partnering with Elma High School. Both projects adhere to the WABON-approved nursing assistant training curriculum, allowing students to gain essential skills while assisting with patient care.

Anticipated benefits include an increased pool of healthcare workers in rural areas, improved staffing for Critical Access Hospitals, and tangible career opportunities for high school students. Key performance metrics will assess the success of these pilot projects. Notable challenges persist regarding funding limitations and staffing shortages, however, and addressing these obstacles will be vital for the sustainability of the program.

WABON and rural partners continue to address identified concerns with implementation and explore innovative solutions to strengthen the framework for nursing assistant training. The pilot projects are poised to significantly improve workforce sustainability in rural communities and ultimately improve patient care in underserved areas of Washington.

## Background

ESSB 5582 directed WABON to collaborate with multiple entities to establish at least two pilot projects designed to partner rural hospitals with nursing assistant training programs. The purpose of these pilot projects is to address workforce shortages by supporting students' access to nursing assistant education, entry into the healthcare workforce, and advancement into nursing or other healthcare careers.

Between July and October of 2023, WABON hired and appointed staff dedicated to developing and administering this project. WABON staff began the work by reaching out to both agency and potential rural partners to discuss ESSB 5582, garner interest, and facilitate a listening session to learn the needs of interested parties. Over 100 interested parties attended and actively participated in the initial statewide meeting on December 6, 2023.

WABON staff synthesized the legislative charges for the project with key interested party input to develop a proposed project plan. The proposal was then circulated with rural and agency partners for collaborative development and refinement.

## Project Approach

WABON staff utilized a Collective Impact Model (CIM) to collaborate with project partners. The proposed project plan facilitates a shared vision among all partners contributing to this work to enable enhanced collaboration and meet established goals, ultimately leading to robust sustainability.

## Project Plan

Pilot: Frontrunners for Rural Health	2024												2025												2026																	
	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June												
Collaborating Agency Meetings	CA 1/17				CA 5/1		CA 7/15		CA 9/11				CA 1/15				CA 5/1				CA 9/10				CA 1/14				CA 5/1													
Partner Meetings	PM 1/31				PM 5/15				PM 9/25				PM 1/29				PM 5/14				PM 9/24				PM 1/28				PM 5/13													
Action Group 1: Clinical Partnerships	AG 1 & 2 Net-working, collaborating with Rural Partners and Processing NEW NAC programs Cohort 1												AG-1: Clinical Partnering Cohort 1						AG-1: Students continue as NAC Employees Cohort 1																							
													AG-1: Clinical Partnering Cohort 2						AG-1: Students continue as NAC Employees Cohort 2																							
Action Group 2: NA Training Program Development													AG-2: NA Program Development & Approval						AG-2: NA Program Implementation with Clinical Partnering Cohort 1						AG-2: Students continue as NAC Employees Cohort 1																	
Action Group 3: Health Care Pathway Materials													AG-3: HC Pathway Materials						AG-3: HC Pathway Materials						AG-3: HC Pathway Materials available/implemented for ongoing use by high schools/skills centers																	
Action Group 4: Partners' "Popcorn" Activities													AG-4: "Popcorn" Activities as Needed to Address Partners' Needs/Interests (i.e., obtaining more information about employing minors)																													
Legislative Report													Draft Report			Review/Refine Report			Report Due 12/1															Draft Report			Review/Refine Report			Report Due 12/1		

## Interagency Collaboration

ESSB 5582 identified the Department of Health (DOH), and Labor and Industries (L&I; Youth Programs and Worker's Compensation divisions) as interagency partners for this project. In addition, WABON invited OSPI for their regulatory role as a key operational partner in delivering nursing assistant training

programs in high schools and skills centers. While WABON is identified in the legislation as the coordinating agency for the work, interagency partnership is critical to the success of the project.

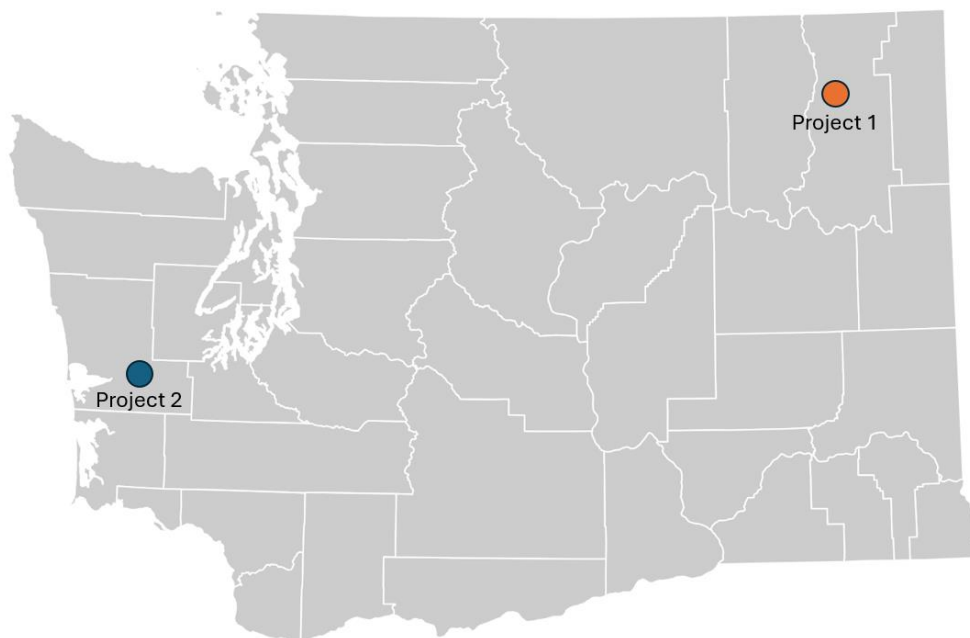
## Rural Partners

WABON has collaborated with several rural hospitals, relevant employer and exclusive bargaining unit partnerships, nursing assistant-certified (NA-C) training programs, and pilot participants. These rural partners have played a critical role in developing and refining the project plan, as well as providing valuable input regarding project implementation. WABON continues to identify and engage with new rural partners and potential project sites as the project expands.

## Rural Hospital Pilot Projects

The rural hospital pilot projects are designed to help address the health care workforce shortages and promote nursing careers in rural hospitals. This is done through identifying high school students who are training to become NA-Cs, usually through clinical rotations or training programs, and by employing high school students who are already NA-Cs.

Two pilot projects have been established at rural hospitals located on either side of the Cascade mountains. Both pilot project sites have been confirmed to meet the sufficient space and resource requirements needed to administer an NA-C training program.



### Project 1: Providence Mount Carmel Hospital and Colville High School

Providence Mount Carmel Hospital is a 25-bed Critical Access Hospital (CAH) located in Colville, Washington, east of the Cascade Mountains. Mount Carmel Hospital has entered into a partnership with Colville High School to develop an NA-C training program for high school seniors. The pilot program is expected to be fully launched in January 2025 and the school's Career and Technical Education Director has been actively recruiting students to participate.

## **Project 2: Summit Pacific Medical Center & Elma High School**

Summit Pacific Medical Center (SPMC) is a 25-bed CAH located in Elma, Washington, west of the Cascade mountains. SPMC has entered into a new partnership with Elma High School to develop an NA-C training program for the winter quarter 2025.

### **Training Curriculum and Certification Requirements**

Both pilot projects follow the standard WABON-approved NA-C curriculum utilized by all NA-C training programs across the state. Students participating in the pilot NA-C training programs must pass a final skills test to obtain a Certificate of Completion. Students must then pass a final written exam to obtain their Nursing Assistant Certification.

### **Role of High School Students in Patient Care**

Students participating in the NA-C training program pilot will play an assistive role in patient care with support and direction from their clinical instructor. Their responsibilities typically include assisting patients with daily activities such as bathing, dressing, and eating, as well as helping with mobility and monitoring vital signs. They may also document patient information, provide emotional support, and ensure a clean and safe environment, all essential support for nurses. Through their hands-on training, NA-C students learn to communicate effectively with patients, recognize changes in their condition, respond to their needs, and escalate concerns to the nurse.

### **Anticipated Benefits of the Pilot Projects**

The pilot project proposal for high school NA-C training programs was well received among rural partners. Rural hospitals participating in the project anticipate an increase in the number of health care workers in the region, potentially leading to adequate staffing levels for CAHs and other health care facilities. This will ultimately increase patient satisfaction and provide relief for an exhausted NA-C and health care workforce.

The pilot projects are also expected to benefit participants by preparing students for well-paying jobs and providing an opportunity for graduating students to immediately enter the workforce. Additionally, career and technical education programs, such as these pilots, have shown increased earnings and greater attainment of post-secondary education in nursing, particularly for female, BIPOC, and economically disadvantaged students ([Ecton & Dougherty, 2023](#)). Long-term economic and educational impacts may thus be seen in rural communities in Washington, if these projects are sustained.

### **Performance Metrics and Expected Outcomes**

WABON will use the following performance metrics and expected outcomes to evaluate the pilot projects:

- Number of high school students who enter and subsequently graduate from the NA-C program
- Number of high school students who obtain certification after program completion
- Number of partner organizations engaged in pilot

- Number of clinical rotations established
- Number of students engaged in pilot via clinical
- Number of students who become employed after clinical
- Number of new nursing assistant training programs established
- Qualitative and quantitative responses regarding clinical partners (schools, hospitals, students)
- Qualitative and quantitative responses of students regarding impact of the project on future career plans and satisfaction with their training program.

The collection and analysis of this data will help inform future project direction and identify any barriers or gaps in the NA-C training programs.

## **Findings**

Implementing the pilot projects has revealed several challenges. Funding challenges have led to a limited availability of resources to support these NA-C training programs, including adequate program staffing. Issues with program staffing have been further compounded by the absence of qualified NA-C instructors and difficulties with attracting registered nurses (RNs) to teach NA-C students. (Federal regulations on specific instructor qualifications limit flexibility in addressing this by WABON.)

Prospective nursing students who complete the NA-C training program also face long waiting lists to enter RN programs. There is uncertainty surrounding job placement as there are no guarantees that the students would secure positions at their respective CAH after completing the NA-C training program. In fact, several hospitals and other health care facilities do not hire or allow 18-year-olds to participate in clinicals. These factors may cause apprehension amongst students who are considering participating in the pilot project.

## **Next Steps & Recommendations**

WABON and collaborating agencies continue to engage with new rural partners and invite interested parties to participate in the project. WABON has identified several future project sites and potential partnerships across the state, including:

1. Columbia County Health and Walla Walla University/Walla Walla Valley Academy (Dayton, WA)
2. Olympic Medical Center and Port Angeles, Sequim, Lincoln High Schools and Peninsula College (Port Angeles, WA)
3. Arbor Health General Hospital and Professional Medical Careers & New Market Skills Center (Morton, WA)
4. Confluence Health and Eastmont High School (Wenatchee, WA)

## **Recommendations**

- Identify creative ways to fund and provide resources to participating rural hospitals and high schools, including recruitment and hiring of RN instructors.
- Consider advocacy at the federal level to address regulations that create barriers to nursing assistant training.



- Increase enrollment and admission to RN programs to decrease waiting transition time from NA-C to RN.
- Increase RN instructor pay to attract NA-C instructors to rural areas.
- Identify creative approaches to on-line, synchronous/asynchronous, teaching to ease instructor challenges.
- Work with hospitals to consider loaned faculty to high school programs or other mechanisms to develop existing nurses and meet instructor demand.
- Consider Career and Technical Education director conference annual attendance of RN, LPN, NA-C, or home care aide delegates or representatives to network and highlight healthcare high school programs.
- Perform outreach to employers to increase knowledge of L&I guidelines for minor workers.
- Partner with L&I to assess current L&I guidelines for minor workers in healthcare to ensure appropriateness for current environment.

## **Conclusion**

Implementation of the pilot projects under ESSB 5582 represents a significant step toward addressing the pressing workforce shortages in rural healthcare settings. Partnerships with rural high schools and hospitals aim to create a sustainable pipeline of NA-Cs who can directly contribute to patient care while also providing a pathway to further nursing education and careers. Despite facing challenges, such as funding limitations and staffing shortages, the collaborative efforts among various interested parties and partners are poised to create a successful training environment for aspiring NA-Cs.

These pilot projects have significant potential to not only enhance healthcare delivery in rural communities but also empower high school students with valuable skills and career opportunities. The anticipated outcomes will be essential metrics for gauging the effectiveness of this initiative. Looking forward, it will be crucial for WABON and rural partners to address identified challenges and explore innovative solutions that ensure the longevity and impact of these training programs.



**Board of Nursing  
Meeting Agenda**

**November 8, 2024  
8:30 AM - 5:00 PM**

**This is a virtual meeting**, if you would like to participate in the meeting and you don't have computer or phone access you may attend at building TC2 **room 167** at 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/9101998501>

**Commission Members:**

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

**Assistant Attorney General:**

Sierra McWilliams, Assistant Attorney General

**Staff:**

Alison Bradywood, DNP, MPH, RN, NEA-BC, Executive Director  
Chris Archuleta, Director, Operations and Finance  
Reuben Argel, MBA, BSN, RN, 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.

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## 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](http://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](http://doh.wa.gov/about-us/public-records).

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

### **I. 8:30 AM – Opening, Dawn Morrell, 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 – Jacob Garcia**

##### **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. September 13, 2024
2. Advanced Practice Subcommittee
  - a. August 21, 2024
  - b. September 18, 2024

### **III. Consent Agenda – DISCUSSION/ACTION. Continued**

#### **A. Approval of Minutes. Continued**

3. Discipline Subcommittee
  - a. August 20, 2024
4. Consistent Standards of Practice Subcommittee
  - a. August 8, 2024
5. Licensing Subcommittee
  - a. August 20, 2024
  - b. September 2024 – No meeting
6. Research Subcommittee
  - a. October 21, 2024
7. Education Subcommittee
  - a. September 3, 2024

#### **B. Letter from NCSBN President Phyllis Johnson**

#### **C. Performance Measures**

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

#### **D. Licensing Report to the Governor’s Office**

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

1. W38.02 Work Site Monitoring

#### **F. Washington Center for Nursing/WABON monthly meetings**

1. September 16, 2024 – no minutes
2. September 24, 2024 – no minutes
3. September 26, 2024
4. September 30, 2024 – no minutes
5. October 8, 2024 – no minutes
6. October 14, 2024 – no minutes
7. October 21, 2024, included DOH

#### **G. Out-of-state travel reports**

1. Anita Nath, NCSBN Annual Meeting – August 28-30, 2024

### **IV. 8:45 AM – 9:00 AM – WABON Panel Decisions – DISCUSSION**

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

#### **A. Nursing Program Approval Panel (NPAP)**

1. September 19, 2024
2. September 26, 2024
3. October 3, 2024
4. October 21, 2024

#### **B. Nursing Assistant Program Approval Panel (NAPAP)**

1. October 14, 2024

**V. 9:00 AM – 9:15 AM – Chair Report – Dawn Morrell – DISCUSSION/ACTION**

**A. Appoint Nominations Committee for Officer Elections, Procedure, and WABON Award**

Situation: Annual appointment by the Chair of three board members to participate on the nominations committee for board officer elections, NCSBN award nominations, and WABON award.

Background: The nominations committee selects qualified members willing to serve in leadership positions and presents a slate of candidates to the board for elections in May (refer to procedure H01.03 in the packet for details). The nominations committee receives, reviews, and selects nominations for NCSBN awards, and recipients of WABON award.

Assessment: All board members are eligible unless they have served two consecutive terms on the nominations committee. This is a one-year appointment.

Recommendation: Consider volunteering to participate; notify staff if interested

**VI. 9:15 AM – 9:45 AM – Executive Director Report – Alison Bradywood – DISCUSSION/ACTION**

**A. Budget Report – Maikia Moua, Chris Archuleta**

**B. WCN Update**

**C. Strategic Plan Update**

1. Bill Implementation

a. 2023 SB 5499 – Multistate Licensing Volumes – Amber Bielaski

2. Data-Driven Practice – Debbie Carlson – No update

3. Diversity, Equity, Inclusion, & Belonging (DEIB) – Anthony Partridge – No update

4. Communications – Social Media Presence – Shad Bell

**D. Rules Update – Jessilyn Dagum**

**E. Health Enforcement and Licensure Management System (HELMS) Update – Karl Hoehn – No update**

**F. WABON Conference Evaluation**

**9:45 AM – 10:00 AM - Break**

**VII. 10:00 AM – 11:00 AM – Subcommittee Report – DISCUSSION/ACTION**

**A. Advanced Practice – Ajay Mendoza, Chair**

1. Performance Measures

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

1. Naloxone Distribution in Hospitals – Washington State Hospital Association (WSHA) Request

Situation: WSHA’s Safe Deliveries Roadmap pilot program found that some hospital-based implementation teams are encountering barriers with their institutions reading the [RCW 69.41.095](#) prohibiting naloxone dispensing from the inpatient setting.

Background: While the pilot project is aimed at obstetric units, the dilemma exists for all areas of care where at-risk patients may be present. Literature shows that the rate of naloxone prescribing is low and that the fill rate for those prescriptions is

even lower. The [Naloxone State-Wide Standing Order](#) permits dispensing and delivery to at-risk people in any setting.

Assessment: [RCW 69.41.095](#) allows nurses to distribute dispense, deliver, and administer naloxone to any individual in any setting following a standing order.

Recommendation: Develop a formal statement or guidance document(s) supporting nurses' ability to distribute and dispense naloxone to at risk-individuals in hospital settings. Options for guidance include:

1. Develop a stand-alone supporting statement.
2. Develop a joint statement with the Pharmacy Commission.
3. Add a supporting statement to the existing Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion.
4. Develop a stand-alone advisory opinion.
5. Develop FAQs specific to supporting dispensing directly to the patient at hospital discharge for patients at risk.

### **C. Discipline – Sharon Ness, Chair**

Situation: Five Washington Health Professional Services (WHPS) procedures were updated for terminology and references. These include adding a mental health component to monitoring, the Substance Use Disorder Review Panel, the stigma/stipend program, limitations of the nurse licensure compact related to WHPS, the term case managers, and alignment with contract language and other recently revised procedures. Adjustments related to current practice are detailed in the assessment below.

Background: Board staff and the Discipline Subcommittee (DSC) regularly review procedures to remain current with best practice standards and to reflect operational changes.

Assessment:

*Contract Terms and Conditions* (W35) allows for the nurse's monitoring contract for mild SUD diagnosis to be shortened from three to two years with proven abstinence for at least one year before entering the program. A nurse on a transition contract must not be on medication restriction in their employment, and minimum testing of 12 times/year (versus 12-18 times/year).

*Case Management* (W36) adds monitoring interruptions to the list of monitoring activities and additional monitoring activities to case manager discussion for case staffing meetings.

*Professional Peer Support Groups* (W39) aligns with the peer support group (PSG) facilitator contract language related to the licensing requirement. Broader reference to healthcare professionals (versus nurses) includes Washington Recovery and Monitoring Program (WRAMP) participants. The assistant director, WHPS, may remove a facilitator for performance concerns. A recently revised PSG facilitator agreement is added.

*Cease Practice Requirements* (W45) specifically mentions substance use non-compliance as a reason to remove a nurse from practice, and a requirement to follow all treatment recommendations.

*Graduation* (W46) identifies the removal of the *yes* indicator and associated disciplinary documents for SUD-related documents from Provider Credential Search upon the nurse's successful completion of the program.

Recommendation: The Discipline Subcommittee recommends adopting revisions to the following procedures to align with current terminology, best practices, current programs, contract language, and recently revised procedures.

1. W35 Contract Terms and Conditions
2. W36 Case Management

3. W39 Professional Peer Support Groups
4. W45 Cease Practice Requirements
5. W46 Graduation.

**D. Licensing – Dawn Morrell, Chair**

1. Canadian English Language Benchmark for Nurses (CELBAN) passing scores.

Situation: WABON approves education evaluation companies and English proficiency examinations used to meet nurse licensing requirements in Washington.

Background: WABON approved CELBAN as a provider for English proficiency exam at the September 13, 2024, Board meeting. The passing scores were reviewed by the subcommittee.

Assessment: The passing scores were discussed and reviewed by the subcommittee.

Recommendation: Subcommittee recommends approval of CELBAN’s passing scores.

**E. Research – Maikia Moua, Chair**

1. Performance Measures
2. Multistate License (MSL) Workforce Dashboard
3. Student Project Updates

**F. Education – Kimberly Tucker, Chair – No Report**

**VIII. 11:00 AM – 11:30 AM – Education – Gerianne Babbo, Reuben Argel -**

**DISCUSSION/ACTION**

**A. Nursing Education – Gerianne Babbo**

1. SB 5582 – 1:2 Simulation, and Nurse Administrator Qualifications for BSN Programs
2. Community and Technical Colleges Nursing Program Capacity Plan

**B. Nursing Assistant – Reuben Argel, Alana Esteban**

1. Strategic Plan Updates
2. WABON Legislative Report - ESSB 5582, Section 11 - 10.11.24
3. Skills Testing Pilot Updates

**11:30 AM – 1:00 PM – Lunch**

**IX. 12:00 PM – 1:00 PM – Education Session - 988 Suicide and Crisis Hotline – Elizabeth M. Emmett, Washington State Department of Health**

Providing information to Washingtonians to understand the 988-crisis line that connects people to the National Suicide Prevention Lifeline (NSPL).

**X. 1:00 PM – 1:15 AM – Public Comment**

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

**XI. 1:15 PM – 2:00 PM – ARNP Education Requirements Rules Hearing**

Situation: The Washington State Board of Nursing (board) proposes amendments to ARNP education requirements for licensure in response to a recommendation from the Joint Administrative Rules Review Committee (JARRC).

Background: On July 5, 2023, the JARRC found by a majority vote that by not defining "graduate degree" in rule, and by authorizing exemptions to WAC 246-840-340 and 246-840-342 by agency procedure, the board is using a policy in place of a rule that has not been adopted in accordance with all applicable provisions of law. The JARRC recommended that the board define "graduate degree" and provide for the exemptions in board procedures by rule.

Assessment: The proposed amendments to WAC 246-840-010, 246-840-340, and 246-840-342 address the JARRC's concerns by defining "graduate degree" as a master's or doctoral degree and incorporating existing exemptions for ARNP licensure into the formal rules.

Recommendation: It is recommended that the board adopt the proposed amendments to ensure compliance with JARRC's recommendation, clarifying the education requirements for ARNP licensure and appropriately handling exemptions within the formal rulemaking process.

**XII. 2:00 PM – 2:30 PM – Legislative Update – Anthony Partridge**

**A. Legislative Panel**

**B. Statewide Legislative Priorities**

**C. Emerging Mental Health for Healthcare Providers – Developing a proposal for Feasible Interventions**

**XIII. Meeting Evaluation**

**XIV. Closing**





**Board of Nursing  
Meeting Minutes**

**September 13, 2024  
8:30 AM- 5:00 PM**

This was a virtual meeting, people could attend the meeting if they did not have a computer or phone access at Washington State Department of Health, [111 Israel Rd SE, Tumwater, WA, 98501](https://www.doh.wa.gov/locations/111-Israel-Rd-SE-Tumwater-WA-98501), in room TC2 166. 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:**

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

**Excused:**

Adam Canary, LPN

**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

**I. 8:30 AM Opening**

**II. Call to Order**

**A. Introductions**

**B. Order of the Agenda**

Dr. Bradywood proposed an addition to the agenda to discuss an emergent item on mental health pilot proposal during the Legislative Update.

**ACTION:** MS. Daniels motioned with a second from Dr. Tucker, to add emerging mental health pilot proposal to the agenda during the legislative update. The motion passed.

**C. Land Acknowledgement – Ajay Mendoza**

**D. Announcements**

Reminder – October 2<sup>nd</sup> Voice and Vision: The Possibilities Conference.

National Hispanic Heritage Month

**III. Consent Agenda – DISCUSSION/ACTION**

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

**ACTION:** Dr. Tucker moved, with a second from Ms. Guilford to approve the consent agenda. The motion passed.

**A. Approval of Minutes**

1. WABON Business Meeting
  - a. July 12, 2024
2. Advanced Practice Subcommittee
  - a. July 17, 2024
3. Discipline Subcommittee
  - a. June 18, 2024
4. Consistent Standards of Practice Subcommittee
  - a. June 4, 2024
5. Licensing Subcommittee
  - a. June 18, 2024
  - b. July 2024 – No meeting
6. Research Subcommittee
  - a. July 15, 2024
7. Education Subcommittee – No meeting

**B. Letter from NCSBN President Jay Douglas**

**C. Performance Measures**

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

**D. Licensing Report to the Governor's Office**

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

1. W37.02 Practice Approval
2. W47.02 Outreach and Education
3. W48.02 Office Hours and Standards
4. H14.03 Evaluation of Executive Director

- III. Consent Agenda – DISCUSSION/ACTION. Continued.**
  - F. Washington Center for Nursing/WABON monthly meetings**
    - 1. July 25, 2024
    - 2. August 12, 2024 (WCN/DOH/WABON)
    - 3. August 15, 2024
  - G. Out of state travel reports – no report**

**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. July 18, 2024
- 2. July 22, 2024
- 3. August 1, 2024
- 4. August 15, 2024
- 5. August 19, 2024
- 6. September 5, 2024

**B. Nursing Assistant Program Approval Panel (NAPAP)**

- 1. June 10, 2024
- 2. July 8, 2024
- 3. August 12, 2024
- 4. September 9, 2024

**V. Executive Director Report – Alison Bradywood – DISCUSSION/ACTION**

**A. Budget Report – Maikia Moua, Chris Archuleta – No report**

**B. Strategic Plan Update**

- 1. Bill Implementation
  - a. 2023 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 on the implementation of the removal of the “yes” on credential search with the hard work from IT. Mr. Hulteen further reported, the mentorship program has successfully begun with four mentors approved. Dr. Bradywood reported a BONcast on Washington Health Professional Services (WHPS) from a graduate has been release and encouraged those interested to view it here: [Listen to BONcast Episode 8 Now | Washington State Board of Nursing](#)
  - b. 2023 SB 5499 – Multistate Licensing Volumes – Amber Bielaski  
Ms. Bielaski reported the multistate licensing volumes continue to increase. As of August 2024, a total of 356 LPN MSLs (3.4% of active LPNs) and 4,285 registered nurse MSLs (4% of active RNs) have been issued in Washington state. Dr. Bradywood reported the multistate information is now on the data dashboards.
  - c. 2024 SB 6286 – Anesthesia Workforce Study – Anthony Partridge  
Mr. Partridge reported on the CRNA grant and workforce study progress, WABON is expecting submissions by the end of the year.

**V. Executive Director Report – Alison Bradywood – DISCUSSION/ACTION. Continued.**

**B. Strategic Plan Update. Continued.**

2. Data-Driven Practice – Debbie Carlson, Margaret Holm, Shana Johnny, Marlin Galiano  
The practice team presented an update on data driven practice on data collection utilizing forms such as practice inquiries, early remediation, continuing competency, educational presentations, and reported on the testing phases of the priority matrix and presentation evaluations.
3. Diversity, Equity, Inclusion, & Belonging (DEIB) – Anthony Partridge – No update
4. Communications – Social Media Presence – Shad Bell  
Mr. Bell reported on analytics regarding GovDelivery, and the nursing website. In the second quarter of 2024, the Washington State Board of Nursing (WABON) website received a total of 254,461 users with an average engagement time of 1 minutes and 35 seconds. Most users arrived at the website through direct traffic (45.9%), followed by organic search (39.5%), and then referral (14.2%). The top visited pages were the Verify a License page, the Home page, and the Online Application Instructions page.  
Ms. Sharar reported on analytics on social media. The WABON Facebook following is currently 62 Facebook users, Instagram has 46 followers, and LinkedIn has 45 followers. Ms. Sharar explained the reach of social media and encouraged the board of follow WABON's social media accounts to assist in extending that reach.

**C. Rules Update – Jessilyn Dagum**

1. Rules Update  
Ms. Dagum reported on rules in progress.
2. Chapter 246-840 WAC Rewrite (5-year formal review process)  
Ms. Dagum presented the proposal to conduct a five-year phased rewrite of Chapter 246-840 WAC. This project aims to ensure that the rules are up to date, reflect current best practices, and align with the Board's statutory responsibilities. The proposed changes include adding new sections, cleaning up and restructuring the chapter, updating the chapter title to accurately reflect the Board's purview, replacing instances of "commission" with "board," and correcting outdated WAC references.  
**ACTION:** Mr. Garcia moved, with a second by Mr. Mendoza, to approve the Chapter 246-840 rewrite rulemaking project. The motion passed.
3. J21.02 – Interpretive Statements and Policy Statements procedure  
Ms. Dagum presented procedure revisions for J21.02 on interpretive and policy statements to update the format, WABON name change, and technical items to reflect current practice.  
**ACTION:** Ms. Daniels moved, with a second by Mr. Mendoza, to approve Procedure J21.02 – Interpretive Statements and Policy Statements. The motion passed.

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

Mr. Hoehn reported the HELMS project is on track to current timelines. The planned date for release two is February 19<sup>th</sup>, 2025, and release three is scheduled for the last quarter of 2025. A funding request has been submitted to the legislature.

**V. Executive Director Report – Alison Bradywood – DISCUSSION/ACTION. Continued.**

**E. Aesthetics Interagency Taskforce – Alison Bradywood**

Dr. Bradywood reported a new taskforce on aesthetics starting in June. The taskforce has met four times and spans multiple agencies including cosmetology, dentistry, medical, licensing, DOH and nursing. The role of the taskforce is on aligning efforts to provide safe, quality care and to support patients with best practices and education.

**F. State Auditor’s Office Licensing Performance Report – Alison Bradywood**

Dr. Bradywood reported on the state auditor’s office performance of nursing licensing.

**VI. Subcommittee Report – DISCUSSION/ACTION**

**A. Advanced Practice – Ajay Mendoza, Chair**

1. AP Compact Alternative

Mr. Mendoza updated the board on the advanced practice compact alternative. Dr. Gorski reported NCSBN three or four states have joined the compact, Washington is in the preliminary stages.

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

1. New Commonly Asked Questions

Ms. Guilford presented new commonly asked questions. The Practice Team receives numerous questions about nurse delegation. The CAQs will help clarify requirements for nursing delegation and allow consistency in responses specific to blood glucose testing and insulin administration.

1. RN Delegation of Blood Glucose Testing/Monitoring and Administration of Insulin for Treatment of Diabetes Mellitus to the Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C) or Home Care Aide-Certified (HCA-C)
2. RN Delegation of Blood Glucose Testing/Monitoring and Administration of Insulin for Treatment of Diabetes Mellitus to Non-Credentialed Staff in Public and Private Schools, Kindergarten-Twelfth (K-12) Grades

**ACTION:** Ms. Guilford moved, with a second by the Consistent Standards Subcommittee, to approve two new Commonly Asked Questions related to RN delegation of Blood Glucose testing/monitoring, and administration of insulin. The motion passed.

**C. Discipline – Sharon Ness, Chair**

Ms. Ness presented procedure and policy statement revisions recommended by the Discipline subcommittee.

1. Procedure Revisions

a. A34.10 Early Remediation Program

Procedure A34.10 adds discrimination to the list of practice deficiencies that may be eligible for early remediation. It also eliminates the language for employee monitoring (Board no longer requires monitoring in action plans) and distinguishes review by the nurse consultant instead of investigation.

**ACTION:** Ms. Ness moved, with a second by the Discipline Subcommittee, to adopt revisions to procedure A34.10 *Early Remediation Program*. (makes discrimination eligible for ER; removes employee monitoring from action plan; changes investigation to review to describe the work of the nurse consultant). The motion passed.

**VI. Subcommittee Report – DISCUSSION/ACTION. Continued.**

**C. Discipline – Sharon Ness, Chair. Continued.**

- b. W30.02 Confidentiality, Records Management, and Security  
Nurses in the WHPS monitoring program are required to interact with their case managers to ensure effective monitoring and compliance with their contract. Nurses represented by legal counsel does not prevent working directly with their case manager. Revisions to this procedure eliminate language that prohibits case managers from speaking to nurses when they are represented.

**ACTION:** Ms. Ness moved, with a second by the Discipline Subcommittee, to adopt revisions to procedure W30.02 *Confidentiality, Records Management, and Security*. (allows case managers to directly communicate with represented nurses in the program; updates reference to the paperless environment for records management; specifically addresses confidentiality in the telework environment). The motion passed.

2. Discrimination policy statement language  
A policy statement on discrimination, is needed to formalize disciplinary action. This statement is aligned with the WABON DEIB statement approved at the July 2024 business meeting.

**ACTION:** Ms. Ness moved, with a second by the Discipline Subcommittee, to adopt the policy statement on discrimination and file with the Code Reviser's Office according to Procedure J21.02 Interpretive Statement and Policy Statement, as well as post on the WABON website. The motion passed.

**D. Licensing – Dawn Morrell, Chair**

Ms. Morrell presented avenues to assist in foreign credential evaluations as recommended by the Licensing subcommittee.

1. Review Canadian English Language Benchmark Assessment for Nurses (CELBAN)

CELBAN is a test of nursing language. The tasks are modelled on English language use in a nursing-related context and represent the ways in which nurses use language in the workplace.

2. Review International Education Evaluations, LLC (IEE)

WABON approves education evaluation companies and English proficiency examinations used to meet nurse licensing requirements in Washington. International Education Evaluations (IEE) is requesting approval to provide credentials evaluations for RN, LPNs in Washington state.

**MOTION:** Ms. Morrell moved, with a second from the Licensing subcommittee, to approve the Canadian English Language Benchmark Assessment as an approved English proficiency exam and the International Education Evaluations, LLC as an authorized organization to provide foreign credential evaluations to meet WABON licensing requirements.

**E. Research – Maikia Moua, Chair**

1. Student Engagement; introductions of Fall/Winter students.

Ms. Hamilton introduced the fall/winter students joining the research team.

**VI. Subcommittee Report – DISCUSSION/ACTION. Continued.**

**F. Education – Kimberly Tucker, Chair**

1. NCLEX Attempts

Dr. Bradywood presented on limiting NCLEX attempts in context of Operation Nightingale applicants without appropriate educational backgrounds. The Education subcommittee considered limiting testing accesses may deter fraudulent application from testing in Washington, contribute to closing the national safety net, and would be minimal impact as a single state. Possible actions include limited testing by time from graduation, limiting by number of attempts or a combination with a remediation plan.

**MOTION:** Dr. Tucker moved, with a second by the Education subcommittee, to approve rule making regarding limiting NCLEX attempts and required remediation for those that exceed the established limits. The motion passed.

**VII. 11:30 AM – 11:45 AM – Public Comment**

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

Josie Ramsay – spoke of their struggle with mental health and taking the NCLEX, Josie asked the board to consider that in their decisions on limiting the testing.

**VIII. Education Session – The Collaborative Compass: Guiding IV Hydration Regulation for Improved Patient Outcomes in Mississippi, Phyllis Johnson, DNP-RN, FNP-BC, Executive Director, Mississippi Board of Nursing**

Dr. Johnson presented Mississippi’s collaborative efforts to navigate and enhance IV hydration practices, ultimately leading to improved patient outcomes.

**IX. Legislative Update – Anthony Partridge**

**A. Legislative Priorities One-Pager**

Mr. Partridge presented the approved legislative priorities one pager.

The graphic is a one-pager titled "Washington State Board of Nursing 2025 LEGISLATIVE PRIORITIES". It features a scenic background of a lake and mountains. The content is organized into three numbered columns:

1	2	3
<b>Consolidate Regulatory Authority for Nursing Assistants</b>	<b>Fund the Substance Use Disorder (SUD) Stipend Program to Support Nurses</b>	<b>Augment Nursing Faculty Salaries and Professional Development</b>
WABON Request Legislation Transfer credentialing and disciplinary authority of Nursing Assistants from the Secretary of Health to WABON	Request funding for the SUD Stipend Program (RCW 18.79.440) to reduce barriers and increase access to substance use treatment	a. Subsidize nursing faculty salaries to reduce disparities across the industry, stabilize, retain, and recruit diverse nursing faculty b. Invest in simulation professional development to provide grant options for faculty development, program endorsements, and open-sourced materials for training to increase accessibility

**IX. Legislative Update – Anthony Partridge. Continued.**

**A. Legislative Priorities One-Pager. Continued.**

**4 | Support Advanced Registered Nurse Practitioner (ARNP) Pay Parity**  
Support insurance reimbursement for ARNPs and physician assistants at the same rate as physicians

**5 | Address Long-Term Care (LTC) Staffing Needs**

- a. Advance research on Licensed Practical Nurse (LPN) workforce to define value, quality of care, and models of care delivery in Washington
- b. 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

**6 | Enhance the Nursing Workforce**

- a. Retain
  - i. Support well-being and burnout prevention programs
  - ii. Prevent healthcare workplace violence
- b. Develop
  - i. Support new graduate nurse transition to practice
  - ii. Build new pipelines of entry to nursing
- c. Innovate
  - i. Identify and test new models of care delivery
  - ii. Align academia and practice to support new nurse transition
  - iii. Share staff and resources across settings
  - iv. Enhance diversity of the nursing workforce and nursing faculty

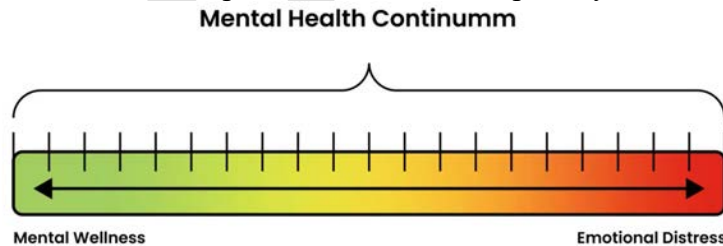
**B. Nursing Assistant Request Legislation – Confirmation to Submit**

Mr. Archuleta presented the final financial review prior to Nursing Assistant (NA) agency request legislation proposal submission for the 2025 legislative session. Mr. Archuleta’s forecast was positive.

**MOTION:** Ms. Daniels moved, with a second from Mr. Mendoza, to approve the submission of the Nursing Assistant request legislation proposal for the 2025 legislative session. The motion passed.

**C. Emerging Mental Health for Healthcare Providers - Developing a Proposal for Feasible Interventions.**

Dr. Bradywood presented a pilot program proposal, brought forth by a legislator, for supplemental mental health for providers utilizing an interactive screening program out of the American Foundation for Suicide Prevention. The goal is to develop interprofessional recommendations for next steps. Priorities for any mental health initiative is for a collaborative decision to have population-based focus on the higher risk or top 50-80% of the scale; and interprofessional work is a priority.



**MOTION:** Ms. Ness moved, with a second from Ms. Moua, to approve staff developing the proposal for submission and delegated to the board officers for approval due to time constraints. The motion passed.



## **X. Education, DISCUSSION/ACTION**

### **A. Nursing Education – Gerianne Babbo**

1. SB 5582 – 1:2 Simulation, and Nurse Administrator Qualifications for BSN Programs.  
Dr. Babbo reported the draft rule for simulation final hearing took place in August and the CR 103 to be filed soon, to become law 31 days later. The education department has developed FAQs and tools for the website to answer questions.
2. NCLEX Conference Report  
Dr. Babbo reported an overview of the NCLEX results post the new exam which measures clinical judgement. 419k exams have been delivered, and positive reporting on the new exam. The pass rates remain stable.

### **B. Nursing Assistant – Reuben Argel, Christine Tran**

1. Strategic Plan Updates  
Mr. Argel presented an update on the strategic plan, with a mandatory date for specialty curricula implementation by Sept 1, 2025.  
Mr. Argel presented a survey of nursing education programs on preferences for training or certifying students as nursing assistants with positive responses.
2. SB 5582 – Rural Hospital and High School Nursing Assistant Partnership  
Ms. Muriu presented new collaborations with Providence Mt. Carmel Hospital and Colville High School and on the challenges to rural hospitals including lack of resources and small FTE.
3. Skills Testing Pilot Updates  
Ms. Tran presented NAC skill exam testing data demonstrating high pass rates.

## **XI. Board Pay Summary: July 1, 2023 – June 30, 2024 - Bethany Mauden – DISCUSSION**

Ms. Mauden presented the board pay summary from the previous fiscal year.

## **XII. 2:50 PM – 3:59 PM – Executive Session**

Executive Session was closed to the public. The board convened under RCW 42.30.110(i).

## **XIII. WCN Contract - Dawn Morrell - DISCUSSION/ACTION**

### **A. WCN Contract Expiration Next Steps**

Ms. Morrell briefly discussed the WCN Contract challenges and opened discussion from the board.

#### **Potential options:**

- Open contract to RFP (allow WCN to apply or not)
- Move forward with renewal of the WCN contract (for 1- or 2-year period)
- Ms. Ness suggested a contract extension with evaluation tools, score card, and training.

**XIII. WCN Contract - Dawn Morrell - DISCUSSION/ACTION. Continued.**

**Motion:** Ms. Moua moved, seconded by Ms. Ness, to authorize the Executive Director to extend the contract for six months and delegate to the Executive Director to request to open for proposals if necessary/applicable. The motion passed.

**XIV. November Business Meeting**

Ms. Daniels moved, with a second from Ms. Ness, add discussion of the November meeting to the agenda. The motion passed.

Due to concerns regarding not yet receiving the new appointments for the board from the Governor’s office, having a virtual meeting was discussed.

**ACTION:** Ms. Daniels moved, with a second from Ms. Guilford, to have the November meeting be virtual if appointment have not been received within the next two weeks. The motion passed.

**XV. Meeting Evaluation**

Did the length of the packet meet your needs?

Strongly Agree 6/9 (66%) Agree 3/9 (33%) Neither Agree or Disagree 0/9 (0%) Disagree 0/9 (0%) Strongly Disagree 0/9 (0%)

Was the information and SBAR in the packet helpful?

Strongly Agree 7/9 (77%) Agree 2/9 (22%) Neither Agree or Disagree 0/9 (0%) Disagree 0/9 (0%) Strongly Disagree 0/9 (0%)

Did you feel like your voice was heard?

Strongly Agree 8/9 (88%) Agree 1/9 (11%) Neither Agree or Disagree 0/9 (0%) Disagree 0/9 (0%) Strongly Disagree 0/9 (0%)

The meeting content was relevant to the Strategic Plan and to the Board?

Strongly Agree 9/9 (100%) Agree 0/9 (0%) Neither Agree or Disagree 0/9 (0%) Disagree 0/9 (0%) Strongly Disagree 0/9 (0%)

Comments

J. Garcia: Was a very informative meeting great job everyone

H. Hufnagel: Happy Birthday Alison! We need to have a Board end of year get together.

E. Guilford: Excellent information and speaker presented. Thank you!

Q. Daniels: Great meeting!

A. Mendoza: Thanks again all

**XVI. 4:20 PM Closing**



**Washington State Board of Nursing (WABON)  
Advanced Practice Subcommittee Meeting Minutes  
August 21, 2024 7:00 p.m. to 8:00 p.m.**

**Subcommittee Members Present:** Ajay Mendoza, CNM, Interim Chair  
Kelli Camp, MSN, CRNA, ARNP  
Bianca Reis, DNP, MBA, ARNP, PMHNP-BC  
Michelle Dedeo, DNP, ARNP-CNS, ACCNS-AG, CCRN, CNRN, SCRNP  
Cyd Marckmann, DNP, ARNP

**Absent:** Bliss Ali, RN, MN, ARNP, CNM, MPH  
Wendy E. Murchie, DNP, CPNP-AC  
Aaron Eastman, DNP, CRNA, ARNP  
Jeffery Ramirez, Ph.D., PMHNP, CARN-AP, CNE, FNAP, FAANP, FAAN  
Molly Dutton, MS, MN, ARNP-BC

**Staff Present:** Mary Sue Gorski, PhD, RN, Director, Advanced Practice and Research  
Heather Hamilton, Research Assistant  
Anthony Partridge, Assistant Director, Regulatory Affairs  
Jessilyn Dagum, Policy Analyst

**I. 7:00 PM Opening – Ajay Mendoza, Interim-Chair  
Call to Order**

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

**II. Standing Agenda Items**

- Announcements/Hot Topic/WABON Business Meeting Updates were given by Ajay Mendoza on telehealth federal guidelines.
- Review of Advanced Practice Draft Minutes: July 17, 2024
  - The subcommittee reviewed with a consensus to bring the minutes to the September 13, 2024 Business Meeting.

**III. Old Business**

- Mary Sue gave an update on AP Compact workgroup that is continuing its work on recommendations.

**IV. New Business**

- Ajay Mendoza introduced an upcoming project involving Nurse Mid-wives in Washington
- Heather Hamilton updated the committee on work for an Advanced Practice questionnaire Form for standardizing inquiries coming in through phone and email.
- Jessilyn Dagum gave a Rulemaking Update about 246-840 Chapter Rewrite.
  - Chapter Rewrite: Phase 1 – Licensing and Continuing Competency
  - Applicants Educated Outside the United States

**V. Ending Items**

- Public Comment was sought after the meeting due to an error in the zoom link invite. Resources, meeting packet, zoom links, and request for feedback and public comments were emailed to public members attempting to attend.
- Date of Next Meeting – September 18, 2024
- Adjournment – The meeting adjourned at 7:28pm

DRAFT



**Washington State Board of Nursing (WABON)  
Advanced Practice Subcommittee Meeting Minutes  
September 18, 2024 7:00 p.m. to 8:00 p.m.**

**Subcommittee  
Members Present:**

Ajay Mendoza, CNM, Interim Chair  
Kelli Camp, MSN, CRNA, ARNP  
Michelle Dedeo, DNP, ARNP-CNS, ACCNS-AG, CCRN, CNRN, SCRNP  
Cyd Marckmann, DNP, ARNP  
Wendy E. Murchie, DNP, CPNP-AC  
Aaron Eastman, DNP, CRNA, ARNP  
Jeffery Ramirez, Ph.D., PMHNP, CARN-AP, CNE, FNAP, FAANP, FAAN  
Bianca Reis, DNP, MBA, ARNP, PMHNP-BC

**Absent:  
Staff Present:**

Alison Bradywood, DNP, MPH, RN, NEA-BC, Executive Director  
Mary Sue Gorski, PhD, RN, Director, Advanced Practice and Research  
Heather Hamilton, Research Assistant

**I. 7:00 PM Opening – Ajay Mendoza, Interim-Chair  
Call to Order**

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

**II. Standing Agenda Items**

- Announcements/Hot Topic/WABON Business Meeting Updates
  - Ajay Mendoza gave an update that an anesthetist workforce work has started, the first report is scheduled to come out June 2025
  - Heather Hamilton shared information and the postcard on the WABON Conference on October 2, 2024
- Review of Advanced Practice Draft Minutes: August 21, 2024
  - The subcommittee reviewed and approved the minutes to be brought to the board.

**III. Old Business**

- Ajay Mendoza noted there are no new updates on the Advanced Practice Compact Work group, and work is continuing.
- Heather Hamilton informed the subcommittee the draft inquiry form for advanced practice will send notice via GovDelivery once available for the public.
- MarySue Gorski shared information regarding the ARNP Title Change plan timeline.
  - Alison Bradywood shared information from the WABON licensing page regarding new updates the ARNP Title Change

**IV. New Business**

- Heather Hamilton requested all specialty credentials and certifications be communicated [via the expertise and representation among various roles are](#) 189  
November 8, 2024

present.

- Clare M. Sherley DNP, CNM, ARNP (she/her/hers) shared information on the Mid-Wifery project. The board was given opportunity to comment and ask questions.

**V. Ending Items**

- Public Comment was sought at 7:39pm
  - Louise Kaplan made comments on the Mid-Wifery project on concerns and possible legislation routes. Louise also commented that the APRN Title change is not a legal designation and urged WABON to send communication about the latest update.
- Date of Next Meeting – October 16, 2024
- Adjournment – The meeting adjourned at 7:50pm

DRAFT



Washington State Board of Nursing  
Discipline Subcommittee **Minutes**  
August 20, 2024  
3:30 pm to 5:30 pm

Click Here to Join the Meeting: <https://us02web.zoom.us/j/89717096607>  
To Participate by Phone Only: +2532158782,,89717096607#  
Zoom Meeting ID: 897 1709 6607

**Committee Members Present:** Sharon Ness, RN, Chair  
Dawn Morrell, BSN, RN  
Quiana Daniels, GCertHealthSc, BS, RN, LPN  
Tiffany Randich, RN, Pro-Tem  
Bliss Ali, RN, MN, ARNP, CNM, MPH *absent*  
Karen Joiner, MS, ARNP *absent*  
Michelle Dedeo DNP, ARNP-CNS, ACCNS-AG, CCRN, CNRN, SCRNP, Pro-Tem  
Tracy Rude, LPN, Pro-Tem, ad hoc  
Adam Canary, LPN *absent*

**Staff Present:** Catherine Woodard, Director, Discipline and WHPS  
Karl Hoehn, JD, Assistant Director, Discipline – Legal  
Grant Hulteen, Assistant Director, Discipline – Investigations and WHPS  
Rena Powell, Case Manager  
Barb Elsner, HSC  
Holly Palmer, HSC  
Margaret Holm, JD, RN, ad hoc  
Teresa Corrado, LPN, Complaint Intake Officer, ad hoc  
Mary Sue Gorski, PhD, RN, ARNP, Director, Research, ad hoc *absent*  
Lynn Batchelder, Investigations Supervisor, ad hoc *absent*

Angela Nottage, RN -  
Kelli Camp, MSN, CRNA, ARNP – Pro-Tem  
Alysha Duggar, LPN – Listening in

1. **3:30 pm opening – Sharon**
  - a. Call to Order – Digital Recording Announcement
  - b. Roll Call of Board Members and Staff
  
2. **June 18, 2024 Minutes – Sharon**
  - a. Approved to be moved to the September 13, 2024 business meeting for final approval
  
3. **Performance Measures – August 2023-July 2024 – Catherine, Grant, Karl**
  - o Thanks to Holly and Emma for adding all the additional data back into the charts, including the raw data for you to see.
  - o We will include only the scaled down version of the charts in the board meeting packet.
  - a. Investigations – Grant gave the highlights.
  - b. Legal – Karl gave the highlights.
  - c. WHPS- Grant gave the highlights for both WHPS and SUDRP. Added that IT was finally able to activate the public-facing ‘yes’ indicator for discipline on Provider Credential Search, which Adena is now removing for nurses who have successfully completed WHPS. Changing the indicator from ‘yes’ to ‘no’ also removes the disciplinary documents. Adena has received emails from grateful nurses!
  - d. SUDRP- Grant provided highlights.
  
4. **Discrimination Statement Draft – Catherine**
  - o This grew from the research Lohitvenkatesh completed earlier this year regarding potential complaints involving discrimination in complaints reviewed at CMT.
  - o Anthony (our regulatory affairs manager) consulted Sierra McWilliams regarding the correct placement of a statement on discrimination.
  - o She described the difference between DOH’s statement on the website and WMC’s policy statement filed with the code reviser. DOH’s statement addresses laws pertaining to discrimination. WMC’s statement refers to specific actions they are taking to address discrimination, which is more in line with our statement.
  - o Once you and the full board approve the draft language, we will go through the process to file the statement with the code reviser’s office, and we will place it on our website.
  - o A clean copy of this statement will be submitted to the full board for review and approval at the September board meeting.
  
5. **Procedure Review – Catherine, Karl** Note: we have not yet finalized the drafts to include in the Board packet – we always find a few more typos or tweaks we need to make when we’re doing the final edits and formatting.
  - Some of these need Dawn Morrell’s credentials corrected.
    - a. A.34.10 Early Remediation Program Main changes include updating and cleaning up the language; adding discrimination to the list of practice deficiencies that may be eligible for ER; eliminating the language for employee monitoring as we no longer require that in action plans; changing the term investigation to review.
      - o Approved to move forward to the September board meeting for final approval.
    - b. A.56.02 Continuing Competency Reviews We updated the language and added the two appendices that the procedure refers to. Those are the letter we send to the respondent notifying them of the audit, and a template to use to organize the records that must submit.
      - o This is a “staff” procedure, not a “board” procedure and as such will be signed by the Executive Director, not approved by the board.



- c. W.30.02 Confidentiality, Records Management, and Security These are the beginning of the WHPS procedure reviews. Expect another glob at the October meeting. Besides updated language (WABON and SUDRP), the major change in this procedure is that we no longer prohibit a case manager from speaking with nurse participants if they are represented by counsel; WHPS scans and tosses documents; and, made mention of confidentiality in a telework environment.
  - o Approved to move forward to the September board meeting.
- d. W.37.02 Practice Approval No substantive changes, only language clean up. (consent agenda on September 13)
  - o Approved to move forward to the September board meeting.
- e. W.47.02 Outreach and Education No substantive changes, only language clean up. (consent agenda on September 13)
  - o Approved to move forward to the September board meeting.
- f. W.48.02 Office Hours and Standards No substantive changes, only language clean up. (consent agenda on September 13)
  - o Approved to move forward to the September board meeting.
- g. W.49.02 Performance Reports and Procedure Review Removed from the agenda – we reviewed this and the board approved revisions in November 2023.
  - o Not discussed

**6. Work Plan – Sharon, Catherine**

- The subcommittee approves of the changes and additions to the performance measures & discipline reports.

**7. Public Comment – Sharon**

- No public comment

**8. Anything For the Good of the Order? – All**

- a. Portion of the agenda during which members may make statements or offer observations about the character or work of the subcommittee without having any particular item of business before the meeting.
- b. CCW – WABON’s conference on October 2<sup>nd</sup> , Voice and Vision: The Possibilities, is now open for registration and is posted on our website.
  - a. WHPS & WABON will both have a table at the conference
  - b. Would be nice to introduce any board members who attend
  - c. Reviewed Agenda for Voice & Vision conference

**9. Adjournment**



**WASHINGTON STATE BOARD OF NURSING (WABON)**  
**Consistent Standards of Practice Sub Committee Minutes**  
**August 6, 2024 12 p.m. to 1 p.m.**

**Join the Meeting on Zoom**  
from your computer, tablet or smartphone

**You can also dial in using your phone**

United States: +1 (253) 215-8782

Meeting ID: 863 7463 1831

**Committee Members:** Ella Guilford, MSN, M.Ed., BSN, RN, Chair  
Quiana Daniels, BSN, RN, LPN, Member  
Heleena Hufnagel, MBA-HCA, BS, Member  
Tiffany Randich, RN, LPN, Pro Tem  
Diana Meyer, DNP, RN, NEA-BC, FAEN, Pro Tem

**Staff:** Shana Johnny, DNP, RN, Nursing Practice Consultant  
Margaret Holm, JD, RN, Nursing Practice Consultant  
Marlin Galiano, MN, RN, Nursing Practice Consultant  
Seana Reichold, Staff Attorney  
Luis Cisneros, Staff Attorney  
Dennis Gunnarson, Administrative Assistant  
Deborah Carlson, MSN, RN, Nursing Practice Director

I. Opening

- a. Ella called the meeting to Order at 12:01
- b. Ella read the Public Disclosure Statement
- c. Ella/Shana introduced members and staff.

II. Standing Agenda Items

Ella: We have the practice performance measures form and the SharePoint transition. Shana, did you want to say anything about that?

Shana: We are transitioning a lot of our documents and projects. Even the CSPSC meeting minutes and agendas will be on SharePoint. We're transitioning to SharePoint with the goal of doing that by the end of August. You will receive orientation for how to access the CSPSC Agenda and packet.

Deborah - WABON: Josh who is leading this work said he will be doing individual orientations. It will be different than the Y/ X drive that you're using now.

Ella: She's sending out links so you can make an appointment with them.

Deborah - WABON: We're still having that interagency task force meeting for aesthetics and IV hydration. You know, that's why we put our informed consent Advisor Opinion on hold and waiting for recommendations from that interagency task

**WASHINGTON STATE BOARD OF NURSING (WABON)**  
**Consistent Standards of Practice Sub Committee**  
**August 6, 2024 12 p.m. to 1 p.m.**

force, and we've broken out into, I want to say 3 or 4 subgroups working on different topics.

Gail McGaffick: Hey, this was just perfect timing, because I had a follow up question for Debbie. I'm curious about this inter-agency task force on informed consent. And I wonder if you could provide any more detail about the four subgroups.

Deborah: There's one on entrepreneurship regarding these cosmetic places opening up medical spa businesses. Then there's one specifically on informed consent. I don't remember the other two.

Gail: If there's an opportunity, either, maybe before the next meeting, if you could send an email. I'm interested in tracking this, and I know that WSHA would as well.

Deborah: Our Jurisprudence (JP) module is in the process of being revised. It's going to sustain significant changes because of the nurse licensure compact. The JP module is not active right now. We've decided to just not have it open for use now, because the licensing section is going to be so different.

Ella introduced the WABON Nursing Conference on **October 2nd**, and the topic will be Voice and Vision, the Possibilities. Next, the Washington State presentation Webinar.

Shana: Margaret, I, and Marlin have a presentation for WSNA tomorrow for a large swath of nurses from all over.

- a. Ella opened the floor for public comment
- b. Ella introduced the **June 4th** minutes for discussion and approval. We will send them to the next BON meeting. June 4<sup>th</sup> meeting minutes approved

III. Draft minutes approved.

IV. Old Business

- a. CAQ Drafts – Debbie

Ella: Next item on the agenda is old business.

Deborah: We had all those commonly asked questions (CAQs) the board and approved. Two were kept out because there was this discussion about the current advisory opinion that says the nurse can delegate giving insulin, but it doesn't say non-insulin. Our advisory opinion was done a few years ago that said they could also give non-insulin for treatment of diabetes. We were going to be revising this, there was a question about whether we really could use the word non-insulin for treatment of diabetes because of the way the way the law is written. I took out non-insulin and just left insulin. Gail had a couple of minor clarifications that are not in the packet. The changes are just grammatical changes.

- i. RN Delegation of Blood Glucose Testing/Monitoring and Administration of Insulin/Non-Insulin for Treatment of Diabetes Mellitus to Non-Credentialed Staff in Schools, Kindergarten-Twelve (K-12) Grades, Public and Private.
- ii. RN Delegation of Blood Glucose Testing/Monitoring and Administration of Insulin/Non-Insulin for Treatment of Diabetes

**WASHINGTON STATE BOARD OF NURSING (WABON)**  
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**August 6, 2024 12 p.m. to 1 p.m.**

Mellitus to the Nursing Assistant-Registered/Nursing Assistant Certified (NA-R/NA-C) or Home Care Aide-Certified (HCA-C).

Ella: Shana wanted to say something about the consent agenda?

Shana: I think Debbie really touched on this earlier, and I think you did. And then Gail, of course, had her questions about the interagency task force. I just want to give a little bit of background to the public. The conversation around aesthetics has really shapeshifted due to a lot of depth and complexity to a lot of these issues that keep arising, so a task force was recommended. We brought all these internal agencies first together. They're prioritizing these topics that cascade down from aesthetics. One of those being informed consent. We had drafts in place, but we've placed everything on hold. The task force is really there to help us. Other agencies, the pharmacy and the Medical Board, all have a piece of this.

Deborah : The questions we are getting are difficult to answer because there are no laws or rules around medical spas and cosmetic procedures.

Ella led the vote to approve the CAQS. Approved.

V. Ella presented the new business.

a. Quality Improvement/CSPSC's Prioritization Work Update

Shana: This is a prioritization matrix. And we're at this stage now, where we're really refining and testing it so that it can really enhance our ability to prioritize. Our work activities, the requests that are made to the CSP. The requester can be an internal agency or a public member, and they can fill it out to ask. You know whatever question is supposed to be practice related. We put weight to the actual inquiry, the weight having to do with risk. Is this a risk to the public, and so forth. Thank you, Dennis and Marlin. It calculates the weights that we have placed to the actual task. To the right is our priority value.

The higher number is more of a priority than the lower number. We're looking at improving how we respond to the public and being more efficient in our work. We're in the testing phase. The next step is we will have just a very small work group come together to see

Quiana: I'm loving to see how everything has been organized and I'm loving the scale that let's see what we need to prioritize.

b. Shana: Diane was our consultant. She has had some great ideas. And certainly, Marlin and Dennis developed this form.

VI. Ending Items

a. Ella presented the meeting evaluation.

b. Date of Next Meeting – October 1, 2024



## WASHINGTON STATE BOARD OF NURSING

### Licensing Subcommittee Minutes

August 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 **November 8, 2024**, WABON meeting. For a copy of the actual recording, please contact the Public Disclosure Records Center (PDRC) at [PDRC@doh.wa.gov](mailto:PDRC@doh.wa.gov).

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

- **Roll Call**
- **Call to Order** - Board Member Dawn Morrell, Board Member Helen Myrick, Board Member Adam Canary, Board Member Yvonne Strader, Dr. Shana Johnny, Ms. Miranda Bayne, Ms. Jessilyn Dagum, Mr. Karl Hoehn, Ms. Amber Zawislak-Bielaski, Ms. Lori Underwood.

#### **II. Standing Agenda Items**

- **Announcements/Hot Topic/WABON Business Meeting Updates** - Board Member Morrell asked the committee if there were any topics or announcements to be discussed. Board member Myrick mentioned that although she was not present at the last business meeting, she knew there was much discussion regarding the addition of the nursing assistants. She shared that she was excited about this because it's been something the Board has been talking about for some years now. It will not take effect for another year and a half, but it is wonderful to see the progress we have made in that regard. She also shared that there may be an additional one to two members added to the WABON for the nursing assistants. Board member Morrell added that legislation must be passed before we can actually start taking action; but the good news is that we are working towards this.
- **Approve Minutes for June 18, 2024** - Board Member Strader moved with a second from Board Member Myrick to approve the minutes for the June 18, 2024 meeting.

### III. Old Business

- **Nurse Licensure Compact Implementation Update** – Ms. Zawislak-Bielaski advised that there was really not anything new to add as an update other than we've been fully implemented now since January 2024. We continue to see both initial applications and conversion applications. With regards to the upgrade/conversion applications, we are still trying to get the word out there about our multistate license. We are still waiting for data as well to see what the trends will be over the course of the first year of implementation. Ms. Zawislak-Bielaski asked if there were any questions regarding the multistate license. None were brought forward.
- **HELMS Update** – Ms. Zawislak-Bielaski provided an update on the HELMS project. She shared that she will be one of our HELMS business subject matter experts, or what they refer to as a BSME. She will be helping with all the testing they are working on in the continued development of HELMS. She also explained that they are in the development of release two. The date changed as far as the implementation of release two as it pertains to our internal credentialing. Release three encompasses more of the discipline side of things. Ms. Zawislak-Bielaski asked Mr. Hoehn if he could share what the date for release three could be. Mr. Hoehn advised that the release of three would be at the end of next year. He also shared that the updated deadlines for release two are now the middle of February 2025. Ms. Zawislak-Bielaski shared that they were able to resolve many of the bugs that were in the first release, HELMS lite. Mr. Hoehn added that there were lots of lessons learned from the first release rollout and that they will not be repeated in release two.

### IV. New Business

- **Governor's Weekly Report** – Ms. Underwood provided an update on the Governor's report. She shared that we were averaging an eight-day processing of temporary practice permits in the month of July. Much of this we attributed to HELMS lite issues, which began to cause bottleneck issues in our process. We revamped our process a bit, and now we are seeing better results. In the beginning of August, we were able to get our processing days down to under seven days. We have been able to keep our processing days between four to five days. Ms. Underwood asked if there were any questions regarding the report. Board member Morrell asked if we knew what new graduates were choosing, multistate license or single state license. Ms. Underwood explained that we are still trying to collect that data. She also shared that the benefits of having a multistate license are included in the exam presentations for new graduates.
- **Phase One of Chapter Rewrite Rules Project Introduction and Approval** – Ms. Dagum introduced herself to the committee as WABON's policy analyst. She also introduced the assistant director of regulatory affairs, Mr. Anthony Partridge. Ms. Dagum presented a power point to the committee sharing information about a new and upcoming rule project, a chapter rewrite of our current chapter of rule 246-840 practical and registered nursing. Ms. Dagum advised that committee that they were not asking for any action from the committee today. Today's presentation was only informational and a preview of what will be shared with the board in September. Ms. Dagum shared background on the project. She explained that boards and commissions are

required to do a five-year formal review of their existing rules in accordance with RCW 43-70-041. The entire project will take about four to five years, it will be divided into phases and these phases will take about twelve to eighteen months. Ms. Dagum continued to present the phases to the committee. After the presentation, Ms. Dagum asked if there were any questions. None were brought forward.

- **Canadian English Language Benchmark Assessment for Nurses – NPAP approval** – Ms. Underwood explained to the committee that the Nursing Program Approval Panel (NPAP) reviewed, evaluated and have recommended that the Licensing subcommittee consider presenting CELBAN to be approved by the full WABON. Board member Strader asked how many of the other approved providers we had. Ms. Underwood shared that we also use TOEFL, MET, OET, and IELTS as approved providers for the English proficiency examination. Mr. Hoehn further explained that we have had conversations with the British Columbia Board of Nursing over the past few months and have tried to figure ways that we can streamline the process for our nurses to become Canadian nurses and vice versa. Board member Morrell asked for a motion to approve bringing CELBAN to the full board. Board member Strader moved with a second from Board member Myrick to approve. All were in favor, and motion was approved.
- **International Education Evaluations, LLC – NPAP approval** - Ms. Underwood explained to the committee that the Nursing Program Approval Panel (NPAP) reviewed, evaluated and have recommended that the Licensing subcommittee consider presenting IEE, LLC to be approved by the full WABON. Board member Morrell asked if there were any questions regarding the IEE documents. None were brought forward. Board member Morrell asked for a motion to approve bringing IEE to the full board. Board Member Myrick moved with a second from Board member Strader to approve. All were in favor, and motion was approved.

## V. Ending Items

- **Public Comment** - None
- **Review of Actions** -
- **Meeting Evaluation** - All
- **Date of Next Meeting** - October 15, 2024
- **Adjournment** 1:41 PM







**Washington State Board of Nursing (WABON)  
Research Subcommittee Meeting Minutes  
July 15, 2024 5:00 p.m. to 6:00 p.m.**

**Subcommittee Members:** MaiKia Moua, RN, BSN, MPH, Chair  
Heleena Hufnagel, BS, MBA-HCA  
Sharon Ness, RN

**Absent:** Mary Baroni, PhD, RN

**Staff Present:** Mary Sue Gorski, PhD, RN, Director of Advanced Practice and Research  
Emma Cozart, Data Consultant  
Lohitvenkatesh Oswal, Research Assistant  
Heather Hamilton, Research Assistant

**I. 5:00 PM Opening**

- Call to Order, Introduction, Public Disclosure Statement, Roll Call
  - Maikia Moua called the meeting to order at 5:03pm and introduced the Research subcommittee and staff members. The Public Disclosure statement was read aloud for the meeting attendees.

**II. Standing Agenda Items**

- Announcements/Hot Topic/NCQAC Business Meeting Updates
- Review of Draft Minutes: April 15, 2024
  - The April 15, 2024 minutes were reviewed with consensus to bring to the WABON business meeting approval on September 13, 2024.

**III. Old Business**

- HELMS Update
  - MarySue Gorski gave an update on current progress on HELMS
- Update on Discrimination in Discipline Cases presentation (Lohitvenkatesh Oswal)
  - Lohitvenkatesh Oswal gave a debrief about presentation at the *National Forum of State Nursing Workforce Centers Conference*.

**IV. New Business**

- Performance Measures
  - Emma Cozart shared a summary of work progress in WABON on performance measures and model of standardized performance measures using volume, turnaround time, and customer satisfaction.
- Future Directions for the subcommittee

- The subcommittee looked at the work plan, discussed revised priorities, and updated research questions for the next year.
- The subcommittee discussed meeting bi-annually for a 2-hour period.

**IV. Ending Items**

- Public Comment
  - The public was given the opportunity to comment on the agenda items.
- Summary of Meeting
  - Maikia Moua gave a summary of the meeting.
- Date of Next Meeting – October 14, 2024
- Adjournment – Meeting adjourned at 5:45pm

DRAFT



## Washington State Board of Nursing

### Education Subcommittee Meeting Minutes

Tuesday, September 3, 2024 at 9:00am-10:00am

**Committee Members:**

Kim Tucker PhD, RN, CNE, Chair  
Ajay Mendoza PhD, CNM, ARNP, CM  
Norma Perez, M.Ed, CM  
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  
Helen Myrick, Public Member (Ad-HOC)  
Tracy Rude, LPN Member (Ad-HOC)

**Staff:**

Alison Bradywood, DNP, MN/MPH, RN, NEA-BC, Executive Director  
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  
Anita Nath, WABON Attorney  
Judy Soeum, BA, Health Services Consultant

### 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**

- Discussion of Limiting NCLEX Attempts- Dr. Alison Bradywood

#### **Ending Items**

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

### **New Business**

#### **Discussion of Limiting NCLEX Attempts:**

Presentation by Dr. Alison Bradywood:

Prior to 2007, Washington limited attempts to 2 years post-graduation or 3 attempts, whichever came first.

Operation Nightingale was noted as one impetus for this discussion.

The FBI opened Operation Nightingale investigation looking at information from 2016.

As of 2023, at least 7600 fraudulent diplomas have been issued nationwide.

As of 2024, 19 programs have been identified and the list continues to grow.

One additional consideration for the discussion was Washington has entered the Nurse Licensure Compact. Transcripts are not reviewed for those practicing in Washington with a Multistate License (MSL).

Transcripts are reviewed for all initial applications to Washington and for single state endorsements when from unfamiliar education programs.

One possible way to protect patients and limit licensure if an individual has not attended a nursing program that provides adequate nursing education would be to limit testing time or limit the number of testing attempts.

Limiting may deter those with fraudulent transcripts from testing in Washington but since other states have unlimited attempts at this point in time, applicants may shop around and test elsewhere. Limiting testing in Washington could have minimal impact as a single state at this point.

NCSBN 2022 NCLEX Attempt Data presented.

NCSBN 2022 NCLEX Nightingale Attempt Data presented.

Data from other states presented.

Remediation approach used by other states discussed.

Subcommittee comment: Could applicants state what school they attended then if from a legitimate school, the applicant would have unlimited attempts but if from a Nightingale identified school, limited attempts? Is there data addressing the pass rates after remediation?

Recommendations for the Subcommittee to consider:

1. Washington limits testing by time from graduation?
2. Washington limits testing by number of attempts?
3. Remediation: ATI/Kaplan or individualized plan.

Note: Nightingale data hasn't been shared widely yet so other states may make changes when fully informed with the data.

**Subcommittee Discussion:**

- Unintended impacts to students with test anxiety?
- With unlimited number of attempts does the person testing retain the knowledge over time to be able to pass NCLEX? Wouldn't there be a decreased knowledge base?
- Remediation comment: If mandated, but a financial burden on the people who are trying to be licensed as products are not cheap.
- Focused on licensed nurses, but does this include CNAs?  
Response: No – LPN and RN discussion today.
- Test anxiety – Would need a process in place for student to prove they have test anxiety and had accommodations such as extended testing time. Is there a way to have a different process for single state vs multistate? Maybe don't limit the number of attempts but at 3 or 5 attempts (for example), would trigger remediation but could keep testing. It was noted that current process does allow those with accommodation during the nursing program to have the accommodation recognized during the NCLEX.
- With MSL, only as strong as weakest link, so shopping students will find a state to test. What are other states in compact going to do?
- Is there data on the sweet spot for allowing testing attempts related to the number of years out of school? Could there be different rules for those graduating from Washington schools than from out of state schools? Does NCSBN have best practices to share?
- Are any states limiting the number of attempts and the time from graduation?  
Dr. Bradywood provided names of a handful of states.

**Public Comment:**

- Excited about the conversation. Students challenged with test taking is a concern. Operation Nightingale/fraudulent schools presentation supports this as a relevant topic for consideration. If limit time or the number of attempts, would there be state funds students could access to help with remediation costs? Or possibly schools who offer remediation?

- Interesting there isn't a lot of research on the topic. It would be helpful to have additional data from other states in relation to the decision. It's interesting that the focus is on MSL and Nightingale, but not necessarily connected with disciplinary issues WABON has seen. There was concerns about the financial impact for students with required remediation.

**Subcommittee Discussion of Recommendations:**

How do other disciplines address this issue in Washington? Physical Therapy can test up to 6 times, Physicians and Pharmacists up to 3 times.

1. Washington limits testing by time from graduation?
2. Washington limits testing by number of attempts?
3. Remediation: ATI/Kaplan or individualized plan.

Discussion included the following:

- Newness of the topic and the lack of available data;
- The role of WABON in protection of the public;
- The need to be inclusive and equitable and consider resources for students who may need them;
- The difficulty with defending protection of the public with the current process (lack of limits to number or years from graduation and lack of limits to number of attempts); and
- Consideration of timeliness of receiving testing dates.

**Education Subcommittee recommendation to WABON:**

Open the rulemaking process at the Sept 13, 2024, meeting to set limits on NCLEX testing.

**Meeting adjourned at 9:55am**



# Letter FROM THE President

## POST-BOARD MEETING UPDATE

Oct. 3, 2024

Greetings Colleagues:

The NCSBN Board of Directors (BOD) convened in Chicago Sept. 23–25, 2024. A significant component of the first meeting for fiscal year 2025 (FY25) was the welcoming of new BOD members, Ann Oertwich (Nebraska), Missy Poortenga (Montana) and Tammy Vaughn (Arkansas). Their addition to the BOD is a crucial step as we navigate the path for regulators, reinforcing the importance of our mission to empower and support nursing regulators in their mandate to protect the public. It is the shared knowledge, innovation, commitment and sound decision making of our members that illuminates the path forward and embodies public protection. As we reflect on the past year, we not only celebrate our past accomplishments, but look forward to a new year filled with innovation, growth and opportunities. The regulatory landscape continues to change and evolve. NCSBN is committed to leading the way, ensuring that public protection remains an essential component of its strategic initiatives in fulfillment of its mission.

A significant responsibility of the BOD is to consider the Finance Reports. The BOD, in its commitment to transparency and sound financial management, accepted the financial statements for the period ended June 30, 2024, and approved the audit plan for FY24 engagements. Additionally, the BOD approved the budget for FY25, ensuring that our financial resources are allocated in a manner that best serves our mission and members.

The BOD received staff reports on remote proctoring and strategic initiative outcomes. Federal Affairs staff reported on federal legislation since July 2024. The staff continues to work to promote a multitude of issues that align with the organization's policy priorities. As the BOD and NCSBN leadership determine the priorities for 2025, the Federal Affairs staff will formulate a policy agenda to work toward the organization's goals and continue raising awareness of NCSBN as the voice for nursing regulation and workforce issues.

A welcome addition to the agenda was a report from the State Affairs staff. The staff continues to track legislation impactful to nursing regulation, strengthen public policy knowledge and skills of our members, and build relationships with key policy partners. Moreover, State Affairs continues to promote our legislative campaigns (NLC, APRN Compact and Nursing America).

The proposed agenda topics for the Midyear Meeting were discussed. The BOD provided input and direction regarding these meetings. It was emphasized that presentations should ensure we were responding to topics of interest to the membership.

With the election of Jose Castillo, III to the President-elect role, the Area III Director position became vacant. In accordance with the bylaws, the BOD appointed Jenny Barnhouse, DNP, RN, executive director, Oklahoma Board of Nursing to fill the Area III Director vacancy. She will serve a one-year term.

# Letter FROM THE President

## POST-BOARD MEETING UPDATE, CONTINUED

The BOD will meet in October for a strategic thinking session, a crucial step in planning the initiatives that will move the organization forward in leading regulatory excellence worldwide.

Kindest Regards,

*Phyllis Johnson, DNP, RN, FNP-BC*

**Phyllis Polk Johnson, DNP, RN, FNP-BC**

President

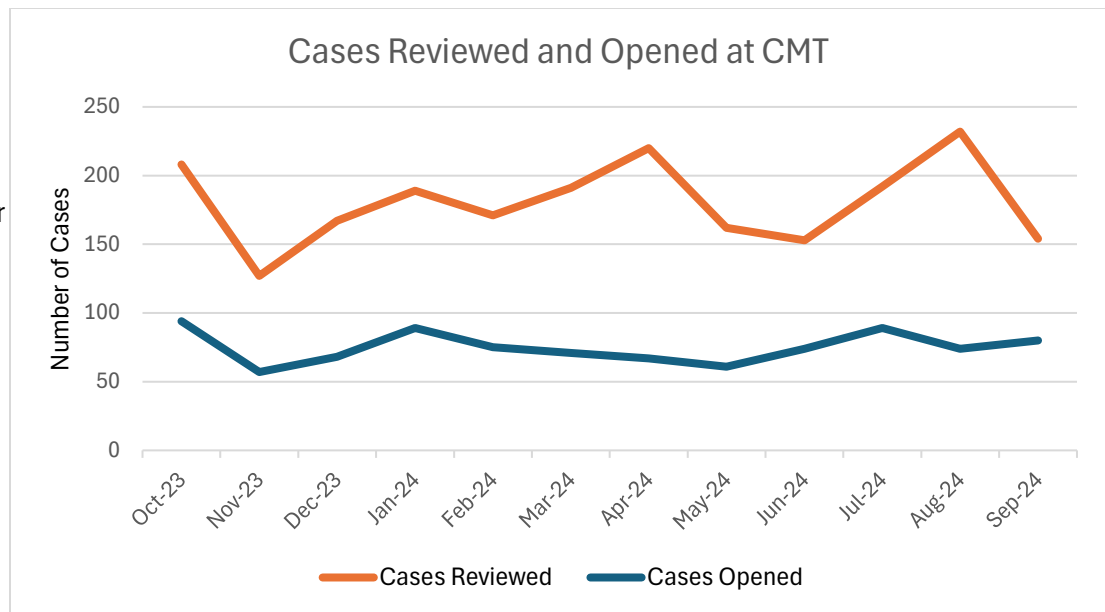
pjohnson@msbn.ms.gov



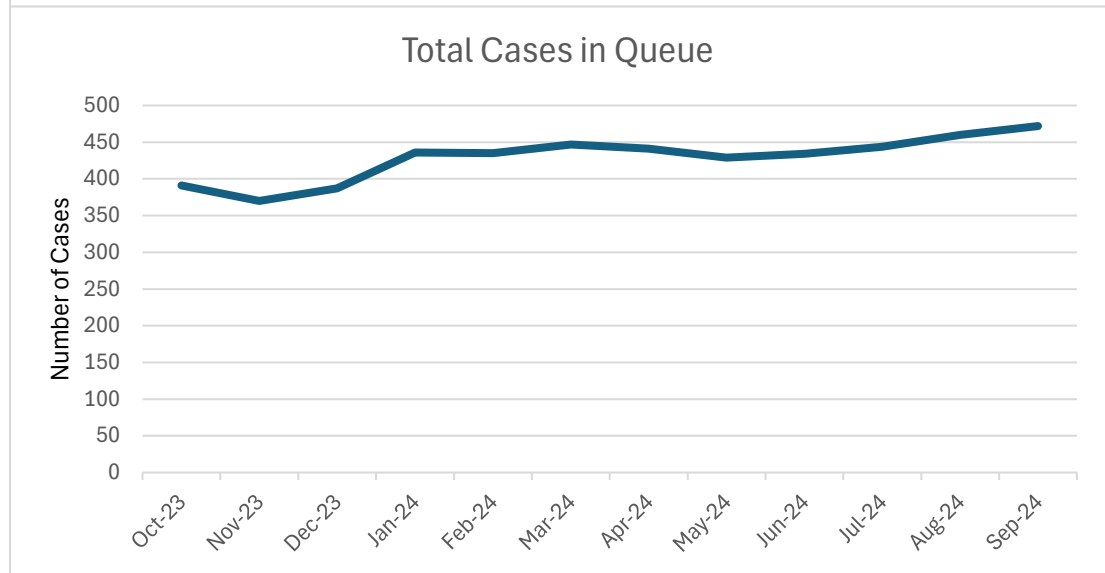
# Investigations Performance Measures



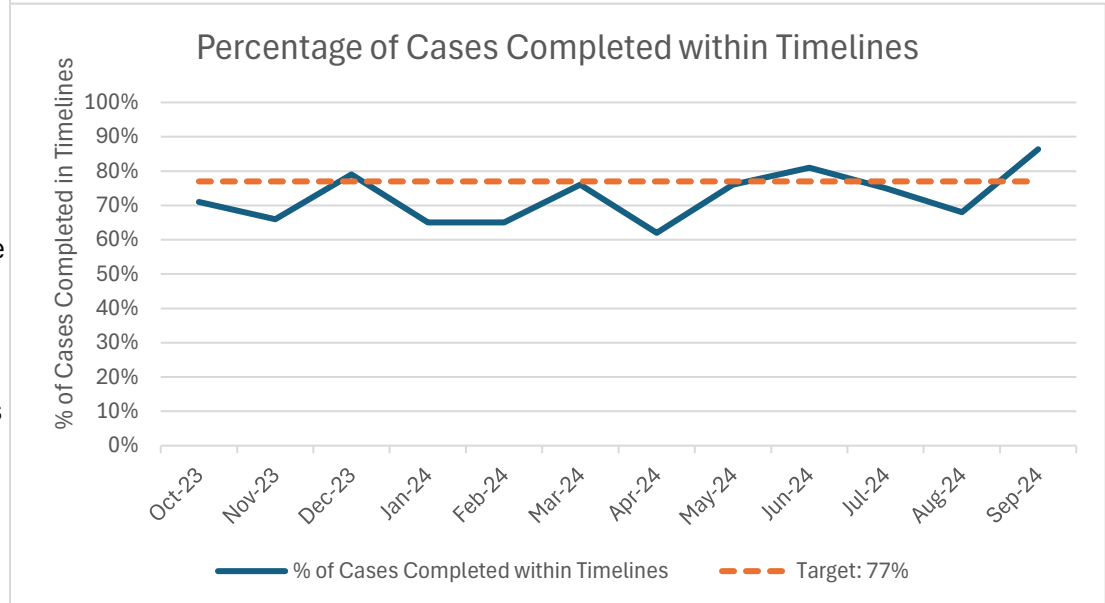
**Volume.** The number of cases reviewed and opened each month in the last 12 months by the Case Management Team.



**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%.

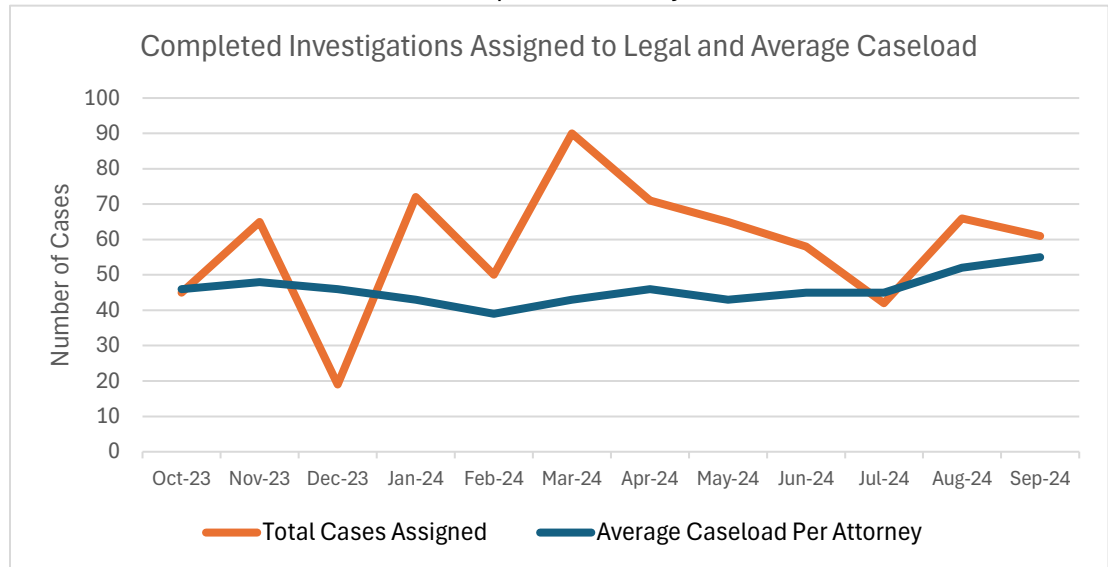


# Legal Unit Performance Measures

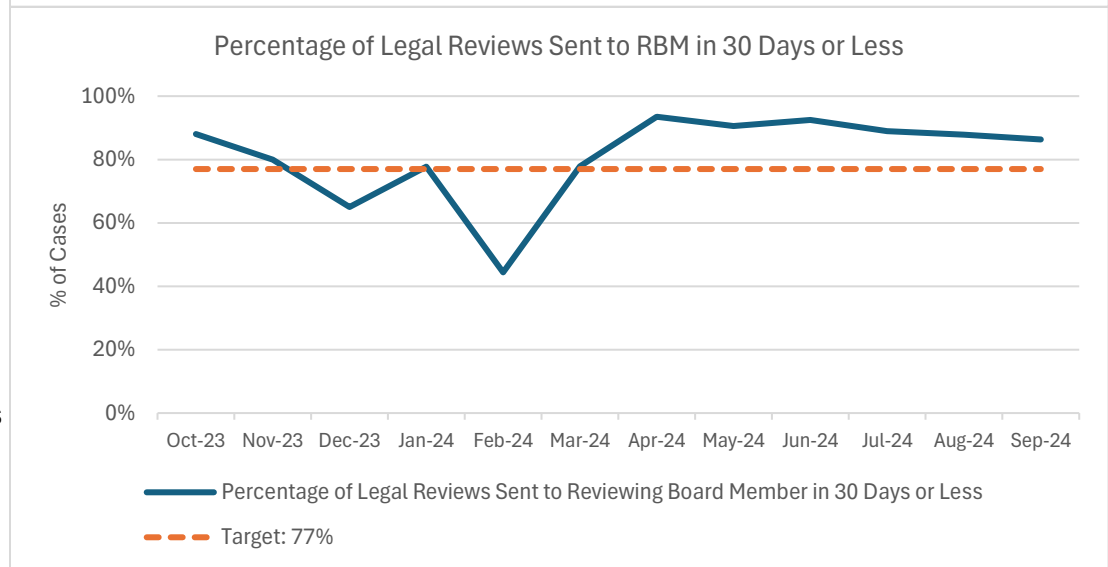


*These measures reflect discipline cases only.*

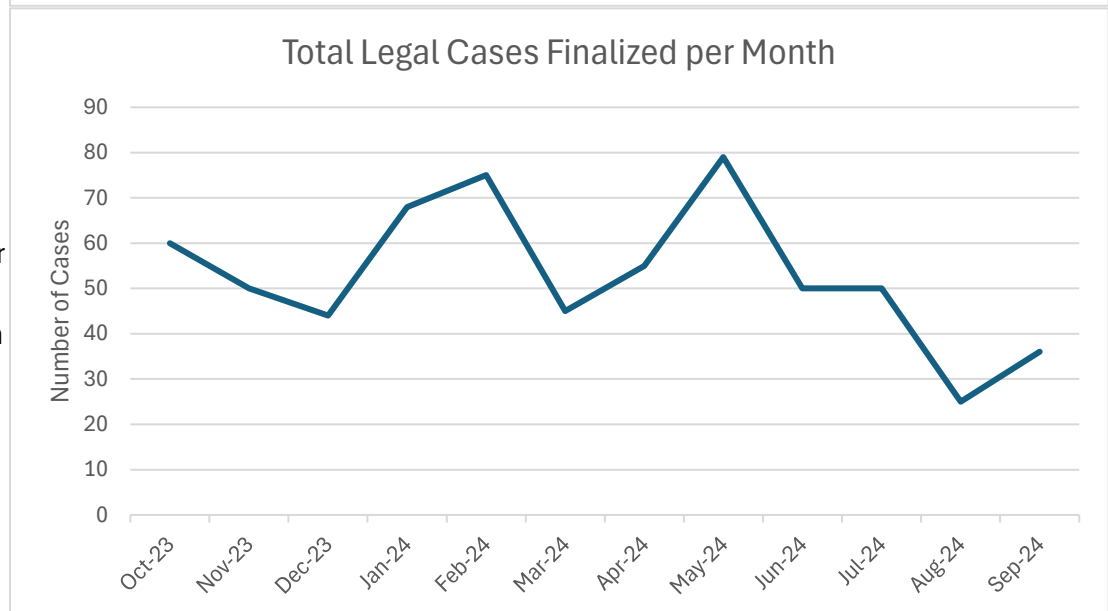
**Volume.** The total number of cases completed by investigations and assigned to legal and the average caseload per attorney each month. The goal is a flat average caseload to show similar amounts of cases opened and closed.



**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.

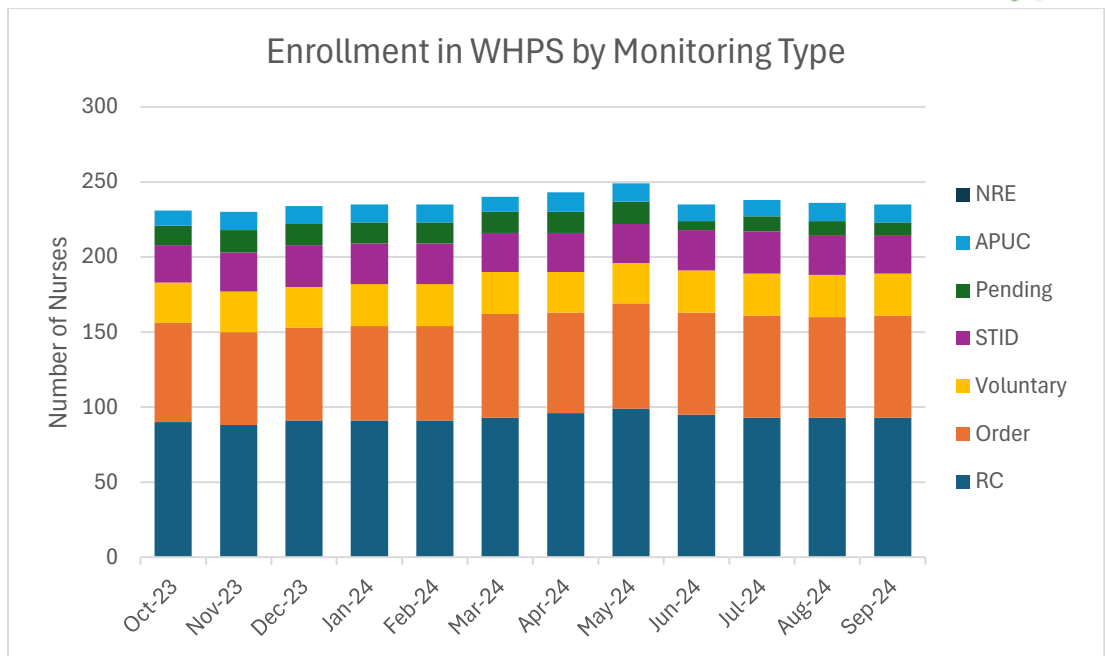


# WHPS and SUDRP Performance Measures



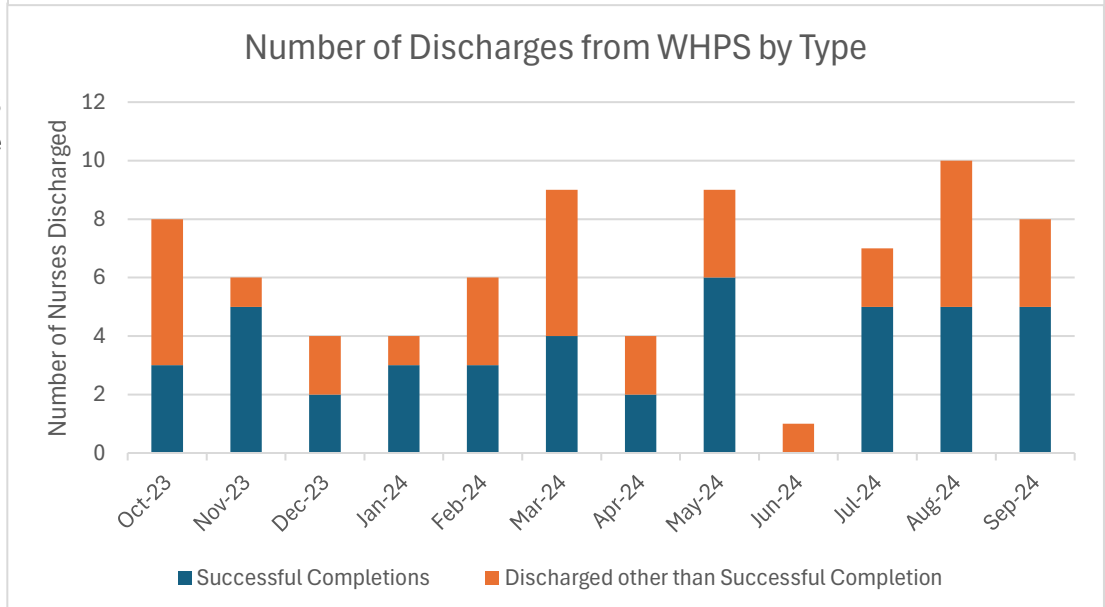
**Volume.** The number of nurses enrolled in WHPS by entry type. Entry types include:

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

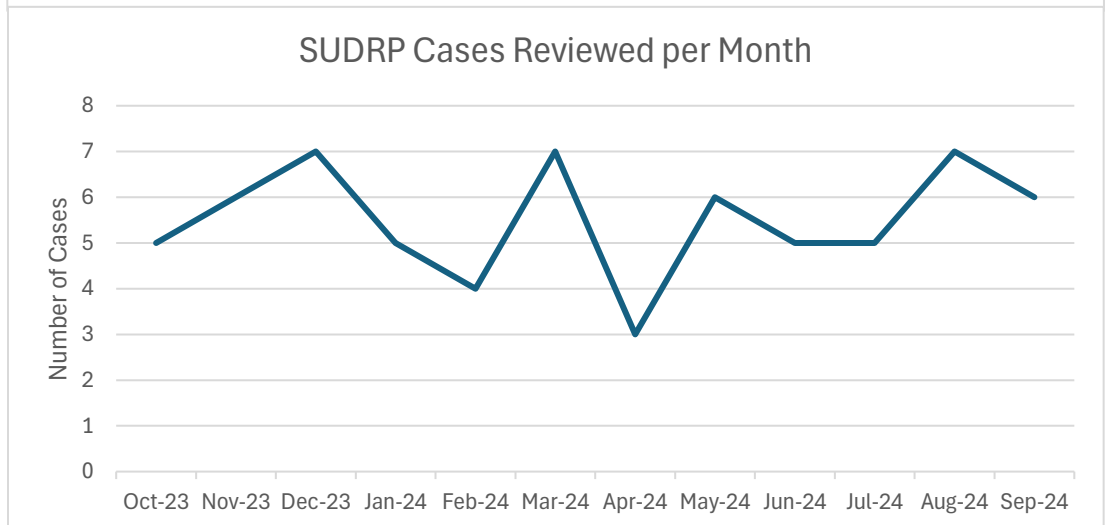


**Satisfaction.** Discharges from WHPS each month by the type of discharge it was. "Other" discharge reasons include:

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



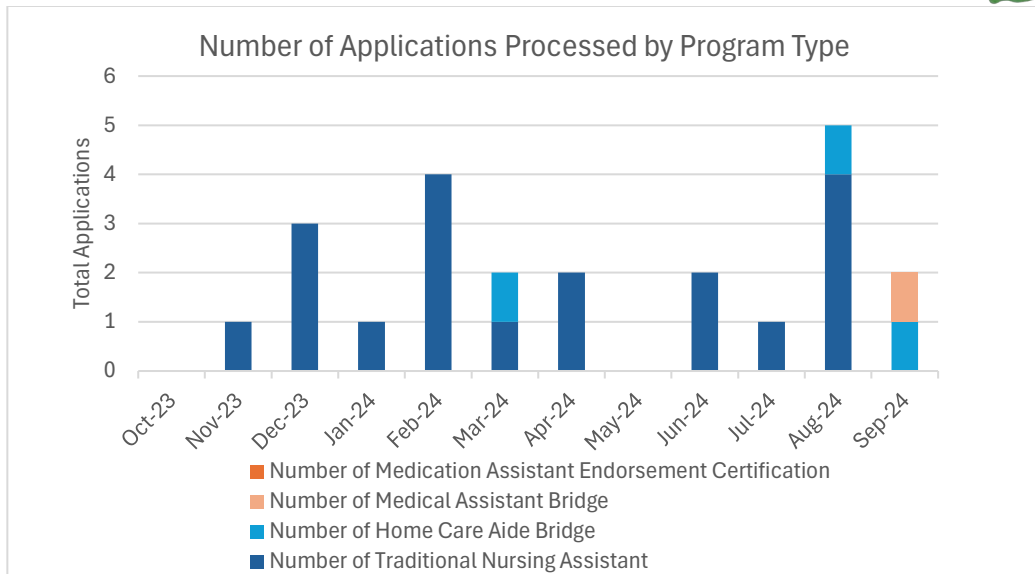
**Volume/ Satisfaction.** The number of SUDRP cases reviewed each month in the last 12 months. The goal of the program is to need to review no SUDRP cases.



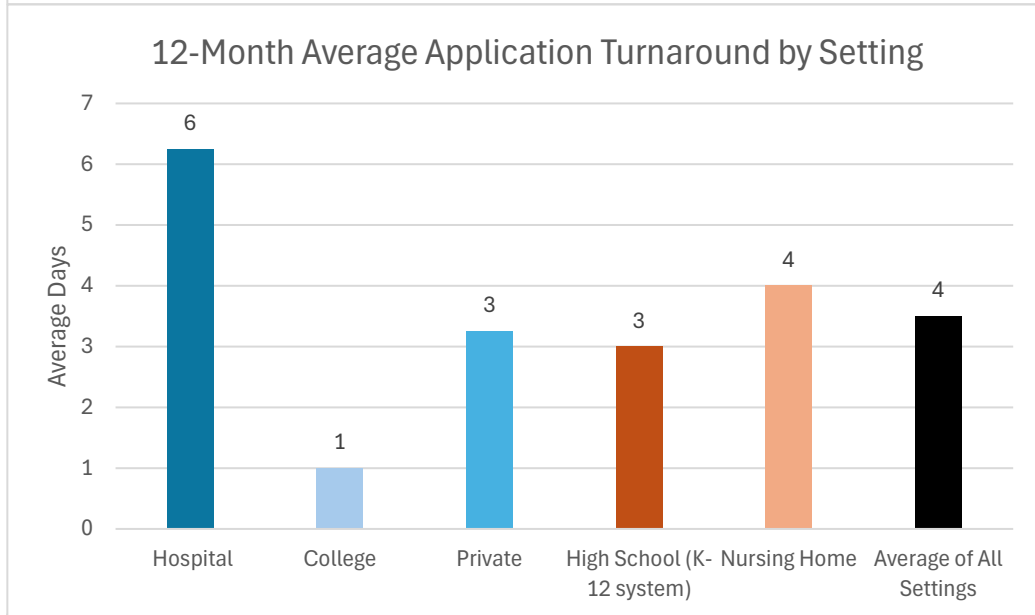
# Nursing Assistant Performance Measures



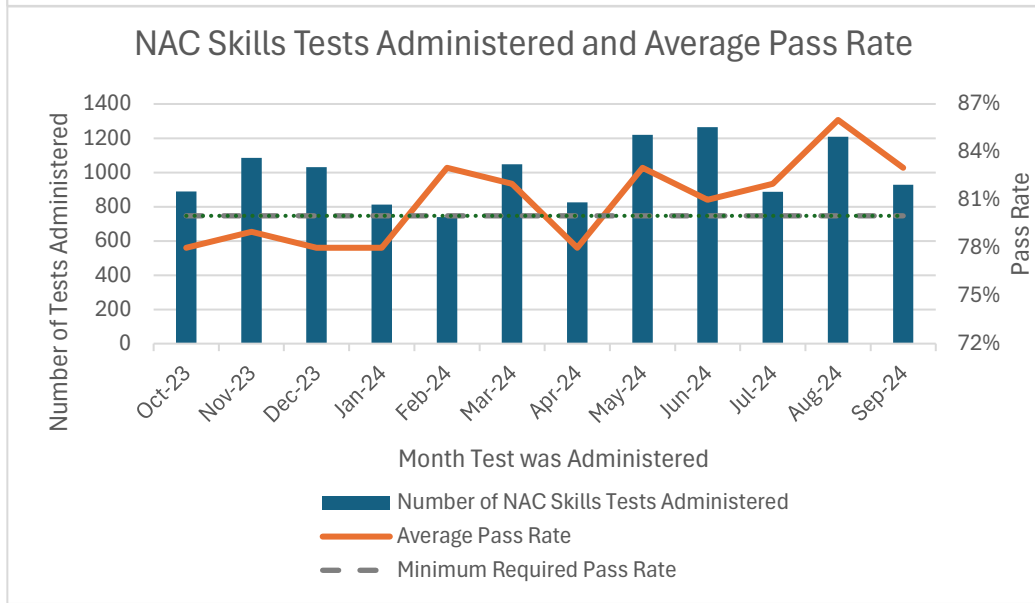
**Volume.** The volume of Nursing Assistant Program applications processed each month by month the applications was received and the type of program it was.



**Turnaround Time.** The turnaround time for new program applications to be processed and returned to new programs. The target is 30 calendar days.



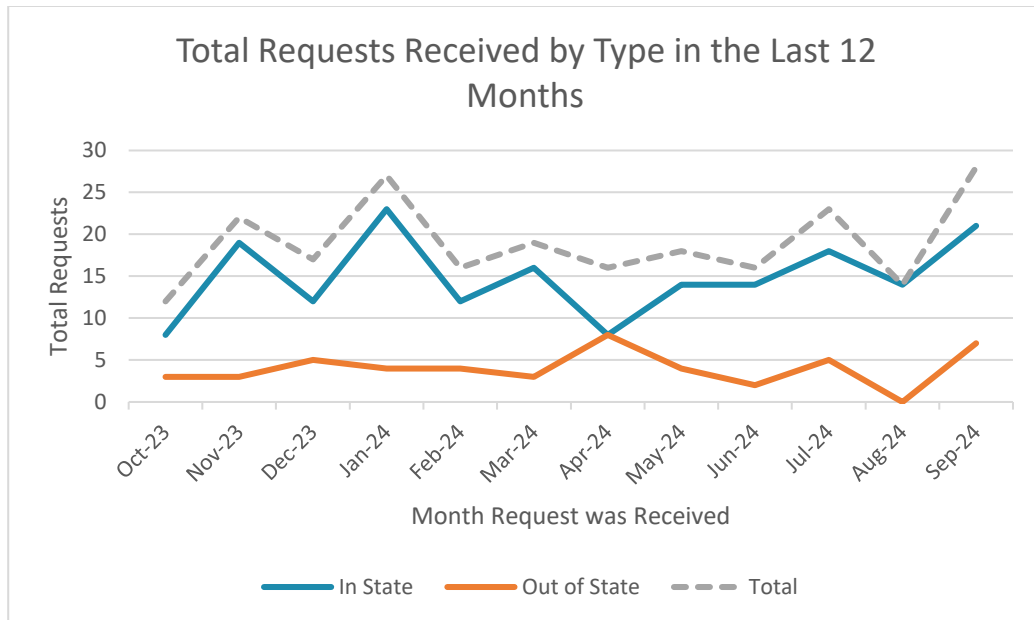
**Satisfaction.** The number of NAC skills tests administered and the average pass rate of the test per month. The program standard for pass rates is 80%.



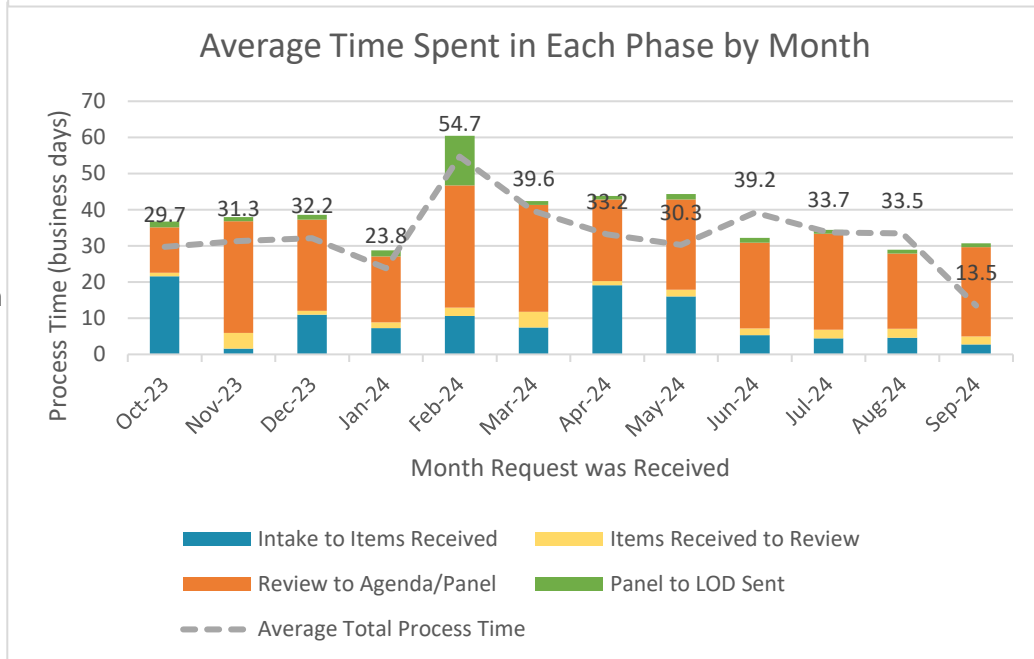
# Education Performance Measures



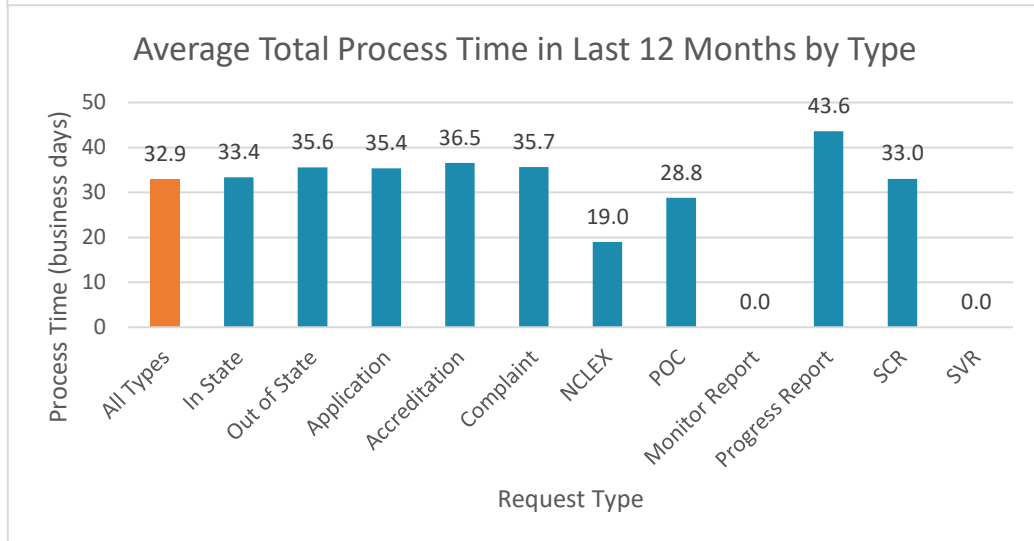
**Volume.** The total number of requests received in the education inbox by whether they were in state or out of state requests.



**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.



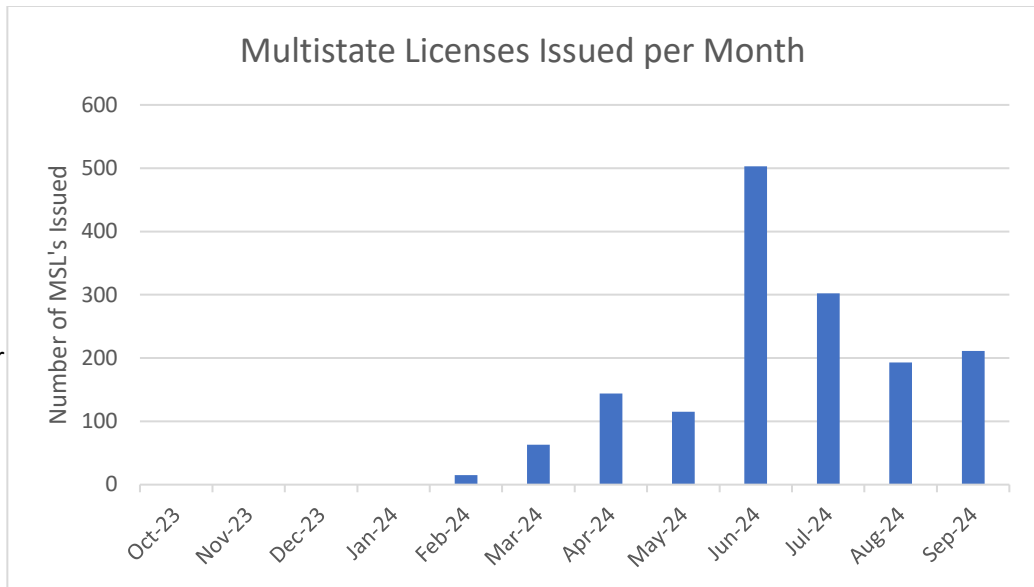
**Turnaround.** The average total process time that it took to process an education inbox request in the last 12 months by the type of request it was. The average time for all types is shown in orange.



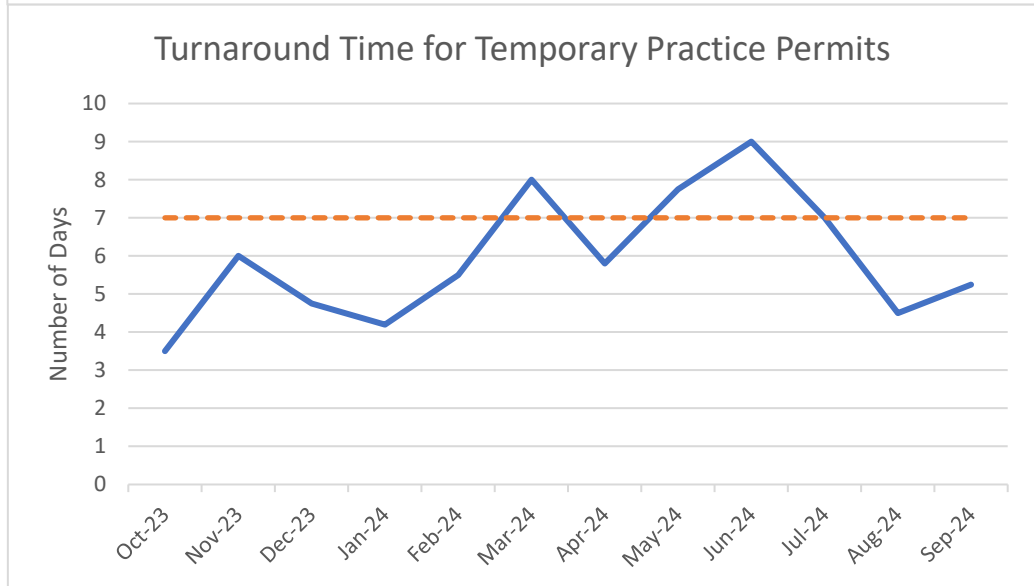
# Licensing Performance Measures



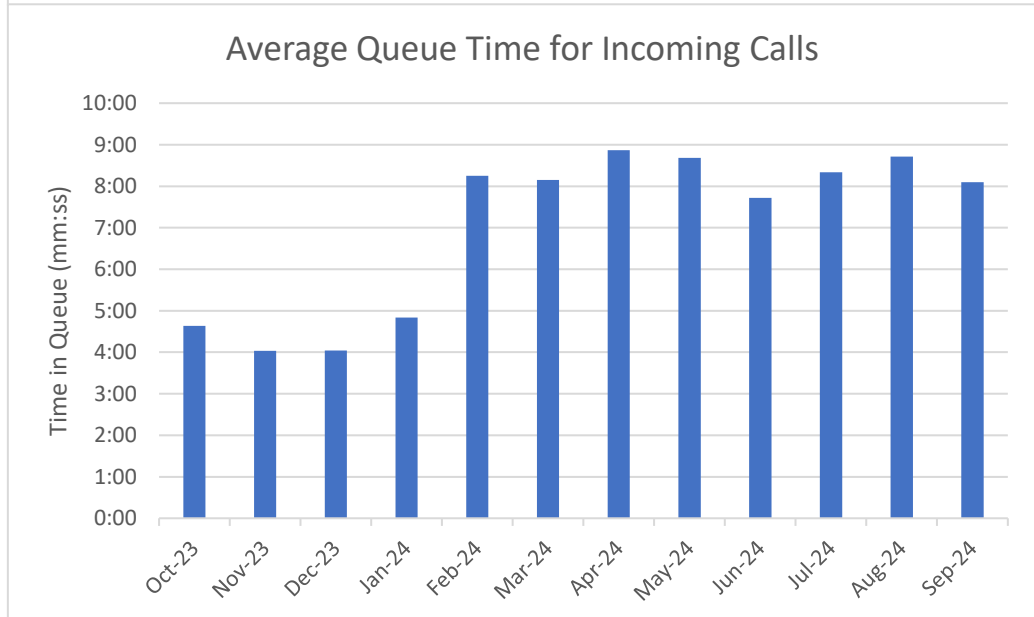
**Volume.** The number of Washington state multistate licenses (MSLs) issued monthly in the last 12 months. The current goal is to increase the number of multistate licenses issued. WABON began issuing MSLs February 2024.



**Turnaround.** The average turnaround time for issuing temporary practice permits in the last 12 months. The goal is to issue licenses within 7 days of receiving complete applications.



**Turnaround Time/ Satisfaction.** The total amount of time phone callers spent in queue in the last 12 months. The goal is to reduce the amount of time that callers have to spend in the queue.



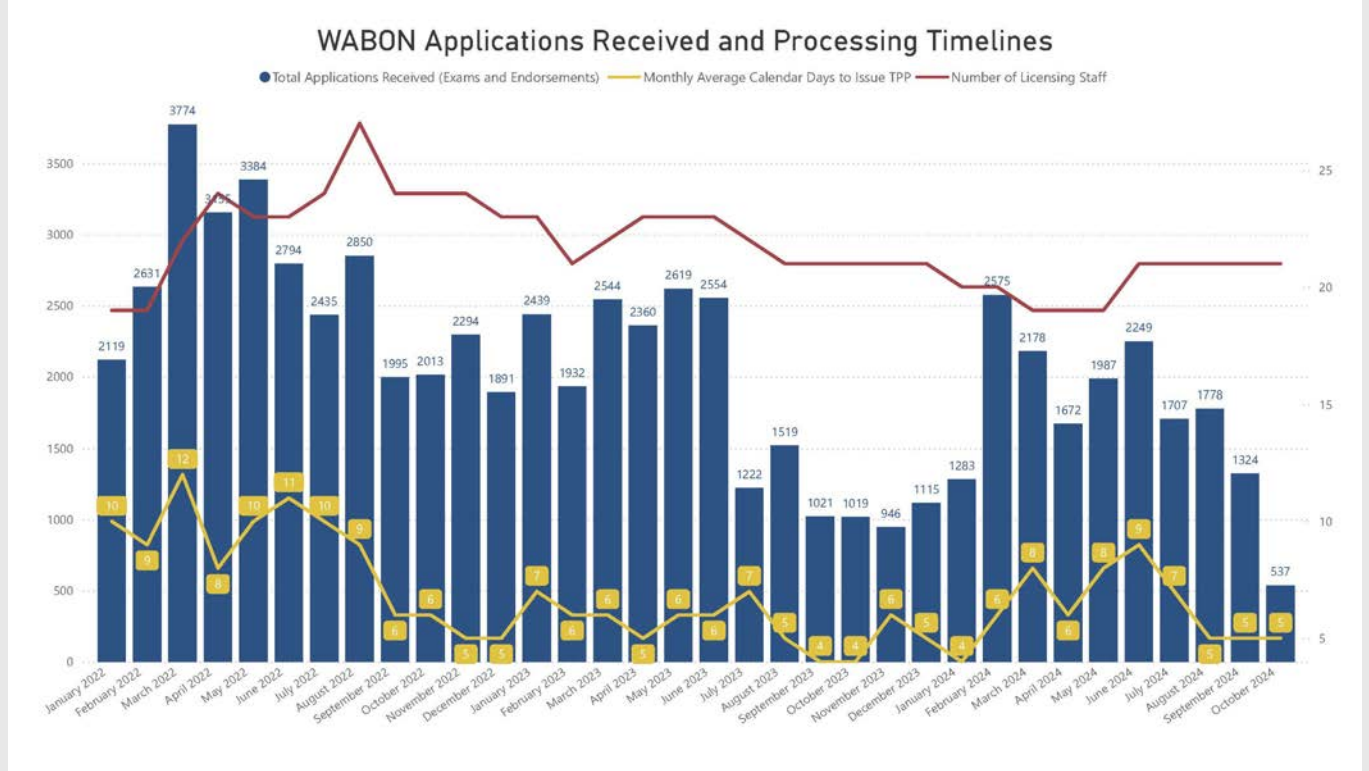
# Washington State Board of Nursing (WABON)

## Nurse Licensure Timelines

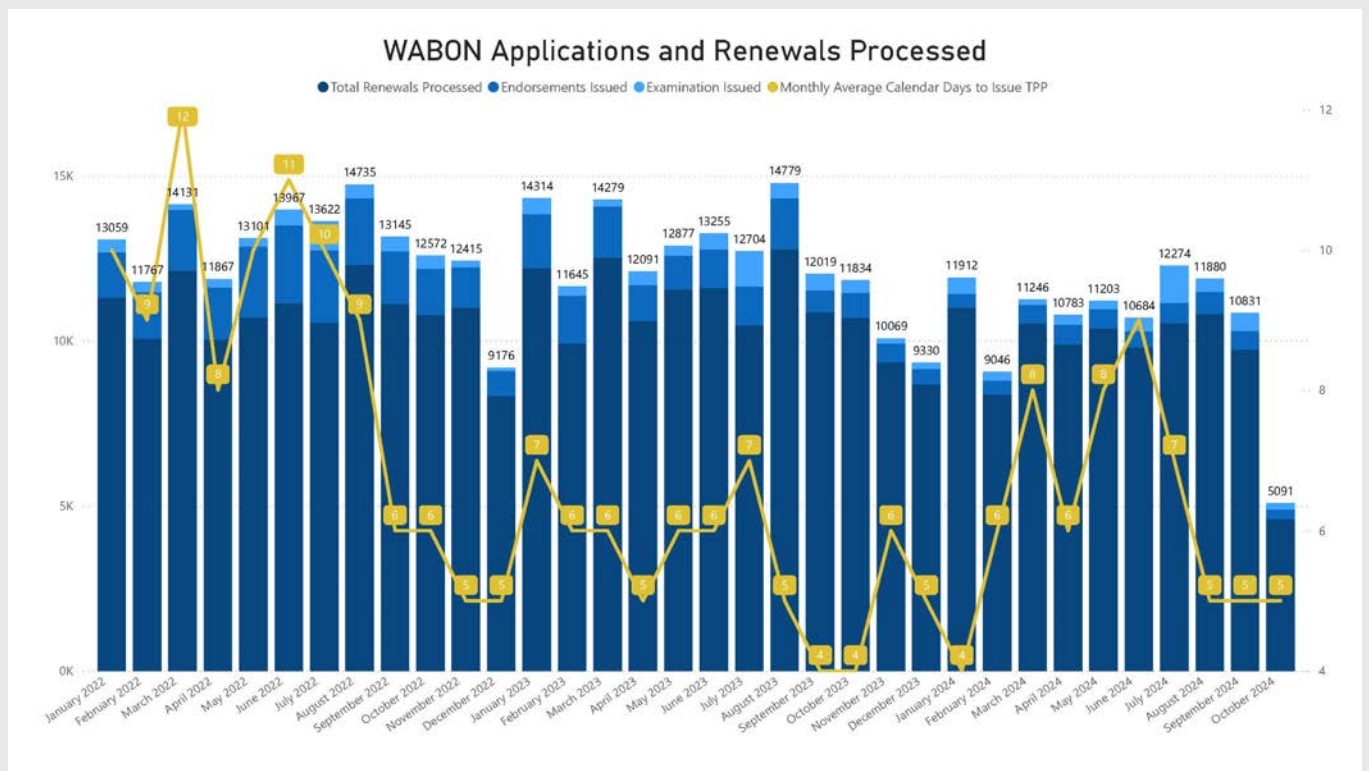
Update: Monday, October 14, 2024

For the week of October 14, 2024, the current processing time to issue a complete temporary practice permit (TPP) was five days (including weekends and holidays). For the month of September 2024, the average time to issue a complete TPP was five days.

The first chart below reflects the monthly nursing application volumes, application processing times, and staffing levels for WABON since January 2022. The WABON received 1,324 new applications during September 2024. Of the applications received, 326 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 September 2024, the WABON issued a total of 1,149 new nursing licenses. In addition, 9,728 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 background check. Applications that require a deficiency email are omitted from the report since this delay is outside of the WABON's control.

WABON Business Meeting  
November 8, 2024

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

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<b>Title:</b>	Work Site Monitoring	<b>Number:</b>	W38.02
<b>Reference:</b>	<p><a href="#">RCW 18.130.160</a> - Finding of unprofessional conduct—Orders—Sanctions—Stay—Costs—Stipulations.</p> <p><a href="#">RCW 18.130.175</a> - Physician health and voluntary substance use disorder monitoring programs (<i>as amended by 2023 c 425</i>).</p> <p><a href="#">RCW 18.79.440</a> - Public posting of enforcement actions restricted—Substance use disorder monitoring stipend program.</p> <p><a href="#">WAC 246-840-750</a> - Philosophy governing voluntary substance use monitoring programs.</p> <p><a href="#">WAC 246-840-760</a> - Definitions of terms used in WAC <a href="#">246-840-750</a> through <a href="#">246-840-790</a>.</p> <p><a href="#">WAC 246-840-770</a> - Approval of substance use monitoring programs</p> <p><a href="#">WAC 246-840-780</a> - Conditions for participants entering the approved substance use monitoring program.</p> <p><a href="#">WAC 246-840-790</a> - Substance use disorder monitoring stipend program</p>		
<b>Contact:</b>	Catherine Woodard Director, Discipline and Washington Health Professional Services Washington State Board of Nursing (WABON)		
<b>Effective Date:</b>	November 8, 2024	<b>Date for Review:</b>	November 8, 2026
<b>Supersedes:</b>	W38.01- November 4, 2022 W14.01- January 8, 2016		
<b>Approved:</b>	Dawn Morrell, BSN, RN Chair Washington State Board of Nursing (WABON)		

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**PURPOSE:**



Washington Health Professional Services (WHPS) requires all nurses in the program employed in healthcare positions have a work site monitor (WSM).

## **PROCEDURE**

### I. WSM Responsibilities and Orientation

- A. The WSM and an employer representative (e.g., Human Resources, Director of Nursing Services) reviews and signs the employment contract, evaluates the nurse's job performance, ensures adherence to work restrictions, and acts as WHPS's primary point of contact with the employer. The employment contract contains WSM criteria. The WSM signature verifies compliance with these criteria.
- B. WHPS specifies work place restrictions in the employment contract, with lines for the nurse and WSM to initial.
- C. The WSM verifies completion of the WHPS Orientation Module within seven working days prior to starting duties. The nurse will not begin working until WHPS receives the WSM's verification of completion of the WHPS Orientation Module.
- D. WHPS strongly encourages the employer to identify alternate WSMs who have completed the Orientation Module to act as a temporary replacement when necessary.
- E. In the event there are a limited number of people who can perform as a WSM, the employer will identify an alternate WSM with WHPS approval.

### II. WSM Duties

- A. It is preferred that the WSM be in a supervisory position; however, WHPS may approve another person as an alternate monitoring relationship.
- B. The WSM provides monthly reports to WHPS on the status of the nurse's job performance and behavior.
- C. In the event the nurse must cease practice, the WHPS case manager communicates directly with the WSM or employer representative. WHPS must approve the nurse's return to practice.
- D. When the employer assigns a new WSM or makes changes to the nurse's duties, WHPS issues a new employment contract which the WSM must return within seven business days.



**WCN/WABON CHECK IN Meeting  
September 26, 2024  
Minutes**

Present: Alison Bradywood, Bethany Mauden, Frank Kohel, Angelina Flores-Montoya  
 Regrets: Sofia Aragon

<b>Topics</b>	<b>Discussion</b>	<b>Action Needed</b>
Call to Order	11:00 AM	
1. Review of Deliverables	8.1 - Frank addressed concerns from Ms. Hufnagel on the timeframe of the meetings and an explanation. 4.6 - Angelina addressed concerns to add clarity by calling out successes and suggestions. It was also suggested to add page numbers and bookmarks to assist in the call out.	Frank and Angela will update and send the deliverable next week.  Frank to schedule meeting with Sofia and Alison to discuss additional outstanding deliverables.
2. Performance Measures	Alison shared scorecard and performance measures with Angela and Frank.	

	<p>Quantity #</p> <p><b>Effort</b></p> <p><b>How much did we do? #</b></p> <p># of clients/customers served # of activities \$ amount spent</p> <p>Examples: # students served # students with disabilities served # of classes or sessions held # grants given # policies/rules passed \$ distributed to partners</p>	<p>Quality %</p> <p><b>How well did we do it? %</b></p> <p>Timeliness Ratio Attendance Completion to Task Standards/Satisfaction Rate</p> <p>Examples: % served within x amount of time Trainer to participant ratio % parents who attended 10 sessions % of policies/rules through equity review % of grants awarded to organizations run by women</p>	
	<p><b>Effect</b></p> <p><b>Is anyone better off? #</b></p> <p># with improvement in: Behavior   Attitude   Circumstance   Knowledge   Skill</p> <p>Examples: # of women delivering full term babies in birth centers funded by DOH birth equity program # of families ↑ fruit and vegetable intake</p>	<p><b>Is anyone better off? %</b></p> <p>% with improvement in Behavior   Attitude   Circumstance   Knowledge   Skill</p> <p>Examples: % of smokers quit for x amount of time % of full-term births (or preterm births) of women served by birth equity project grantees % of pregnant women using opioids % of WIC program staff that advance in their careers</p>	
3. Next Contract	Define clear measurable goals and acceptance criteria.		
4. Next Steps	<p>Training for reviewers, WCN and WABON Staff.</p> <p>Alison has met with DOH to discuss a facilitator.</p> <p>Funding has been released for Q3 and Q4.</p> <p>Angelina requested deliverables templates clarity and Alison &amp; Bethany shared the tracking tool.</p> <p>Contract extension from June 2025 – December 2025.</p>		<p>Alison has a meeting set up with a 3<sup>rd</sup> party contractor for training consultation. Cost information is pending,</p> <p>SharePoint site to be explored to assist in data sharing. Bethany to send the tracking tool to Frank.</p> <p>Alison will be working with contracts and discuss the contract extension with Sofia and the WCN Board.</p>
5. Next Meeting	October 31, 2024		

Adjourned: 11:45 AM.

# WCN/DOH/WABON QUARTERLY MEETING

October 21, 2024

**Attendees:**

- Alison Bradywood
  - Bethany Mauden
  - Dawn Morrell
- Frank Kohel
  - Jonnita Thompson
  - Melissa Hutchinson
- Sheryl Hilt
  - Sofia Aragon
  - Tracy Rude

**Regrets:**

- Antwinett Lee
  - Debbie Brinker
  - Heleena Hufnagel
  - Jacob Garcia
- Fawzi Belal
  - Michelle James
- Patricia Moulton
  - Theresa Berry

Called to order – 1:01 PM

**Welcome and Introductions**

All

**Finance Update**

Sheryl Hilt

Surcharge revenue projections

HEALTH SUPPLEMENTAL ACCT ONLY				
<b>DIVISION # AND TITLE:</b>		060 - HSQA		
<b>OFFICE:</b>		Office of the Assistant Secretary		
<b>PROGRAM:</b>		Nursing Resource Center Account		
<b>CONTACT:</b>		Sheryl Hilt	<b>PHONE #:</b>	Teams
<b>WAC/RCW Reference:</b>		RCW 18.79.202		
<b>REVENUE SOURCE:</b>		02.58.200000		
<b>CURRENT BIENNIUM (23-25)</b>				
23-25 BEGINNING	YR 1 ACTUAL	YR 2 PROJECTED	23-25 PROJECTED	23-25 PROJECTED
BALANCE	REVENUE	REVENUE	EXPENDITURES	ENDING BALANCE
506,188	973,673	1,056,000	2,019,673	516,188
<b>ENSUING BIENNIUM (25-27)</b>				
25-27 BEGINNING	YR 1 PROJECTED	YR 2 PROJECTED	25-27 PROJECTED	25-27 PROJECTED
BALANCE	REVENUE	REVENUE	EXPENDITURES	ENDING BALANCE
516,188	1,056,000	1,056,000	2,618,188	10,000
<b>COMPLETE THIS SECTION FOR FEDERAL GRANTS</b>				
<b>Federal Program Name</b>		<b>Federal Agency</b>		<b>Match Percentage</b>
CFDA NO.	Fiscal Year	Federal Fiscal Year	State Fiscal Year	State Match Amounts
	2024	-		
	2025			

This information has been shared with Theresa Berry at WCN previous to the meeting as Theresa was unable to attend. Sofia suggested revising the meeting dates to accommodate Theresa’s schedule who is off on Monday’s.

## Fiscal year end 2024

Current Revenue and Expenditures - July 1, 2023 to September 30, 2024

	Fiscal Year 2024								Year End Balance True Up	
	FY23 Reconcile	July - December 2023				January - June 2024				
		QTR 1 Payments Due	QTR 1 Activity	QTR 2 Payments Due	QTR 2 Activity	QTR 3 Payments Due	QTR 3 Activity	QTR 4 Payments Due		QTR 4 Activity
Beginning Balance	506,188									Through 6-30-2024
Revenue		240,520		230,307		253,066		259,782		
Agency Expenditures		371	371	534	534	9,537	9,537	2,573	2,573	
WCN Payment		137,600	137,600	137,600	486,109	137,600	-	137,600	137,600	
Balance Payment										
Reserve	10,000		10,000		10,000		10,000		10,000	
<b>Running Balance</b>	<b>496,188</b>		<b>598,737</b>		<b>342,401</b>		<b>585,930</b>		<b>705,539</b>	
Credential Count			30,065		28,788		31,633		32,473	

Sheryl is processing remaining payments and end of year payments.

## Fiscal year 1<sup>st</sup> quarter 2025

	Fiscal Year 2025								Running Year End Balance True Up	
	FY24 Reconcile	July - December 2024				January - June 2025				
		QTR 1 Payments Due	QTR 1 Activity	QTR 2 Payments Due	QTR 2 Activity	QTR 3 Payments Due	QTR 3 Activity	QTR 4 Payments Due		QTR 4 Activity
Beginning Balance	-									
Revenue		258,378		-		-		-	-	
Agency Expenditures		503	503	-	-	-	-	-	-	
WCN Payment		137,600	-	137,600	-	137,600	-	137,600	-	
Balance Payment										
Reserve	10,000		10,000		10,000		10,000		10,000	
<b>Running Balance</b>	<b>-</b>		<b>120,275</b>		<b>120,275</b>		<b>120,275</b>		<b>120,275</b>	
Credential Count			32,297		-		-		-	

Alison discussed Oregon joining the compact which may affect the bottom line for Washington, but not likely to effect the surcharge as they may already have a multistate licensure.

### Evaluation Training

Alison Bradywood

Contract Training – Alice and Brad Dykstra on November 22.

Documentation of the outcomes

The “now what”

### Facilitator Options

Alison Bradywood

Character looking for in facilitator

Roles

DEI

Mediation

Leadership

CLEAR – evaluation with DEI focus

Understanding contracting process with DOH

Top Three

Carter

Leadership Academy

Marcus

Questions to be developed with the same team completing the interviews, Sofia will send some example questions to Alison and Jonnita for feedback. Questions to be sent once agreed upon by Friday October 25, final approval by Sofia and Alison.

Interview Team: Sofia Aragon, Alison Bradywood, Melissa Hutchinson

**DOH contract monitoring, evaluation, performance approaches**

Sofia Argon

**Other Business:**

Contract planning timeline – November 22, 2024

Contract 6-month extension - Sofia requested a written contracting timeline for the six months as well as the minutes from the business meeting. Alison will draft a brief timeline.

Sofia asked for clarity regarding contract changes previously discussed.

Request for technical assistance

Partner on Efforts

Shift Racism in Nursing Video – hosting on a public screening for health equity credits.

Listening sessions – across the state in partnership on the work what we and WCN does.

Alison will follow up via email. Dawn suggested having a table at events.

Bethany and Frank will send updated invitation lists to Jonnita for future meetings.

**Trip Report**  
**2024 NCSBN ANNUAL MEETING**  
**AUG. 28–30, 2024**  
**Chicago, Illinois**

**Anita Nath and Sara Kirschenman**

**PURPOSE:** This is the annual NCSBN meeting in which representatives from each state member-board gather for education and official NCSBN business. Attendees participate as delegates if applicable and as observers. The annual meeting presentations and sections provide observers with the opportunity to be informed and updated on all NCSBN business and relevant issues related to nursing regulation and the nursing profession in general.

**OUTCOME:** The above participants attended all relevant and public conference sessions on the following topics:

President Address

CEO Address

Global Leaders in RN: America’s Health Responders - Presented by RDML Jennifer Moon, DNP, MPH, MSN, FNP-BC, Chief Nurse Officer, United States Public Health Service Commissioned Corps

Measuring Impact Presented by Gregory Nielsen, JD, President and CEO, Training and Consulting LL

Measuring Impact Panel Q&A

Member Engagement: Fully Engaged, Creating Tomorrow’s Experience Presented by Alicia Byrd, RN, Director, Member Engagement, NCSBN

Knowledge Network Lunches NCSBN Knowledge Networks are brainstorming discussions regarding regulatory trends in Simulation

All NCSBN sponsored off-site activities and group meals to support development and networking

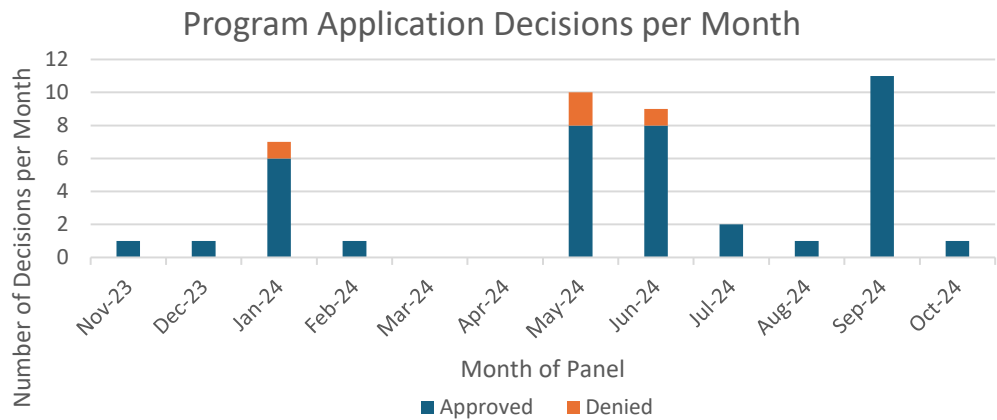
**RECOMMENDATION:** The meeting was engaging, inspiring, and provided valuable information to the attendees who were member board staff. I recommend continuing to support this conference by sending WABON staff to both attend, and if possible, participate and present at the meeting.

# NPAP Summary Report



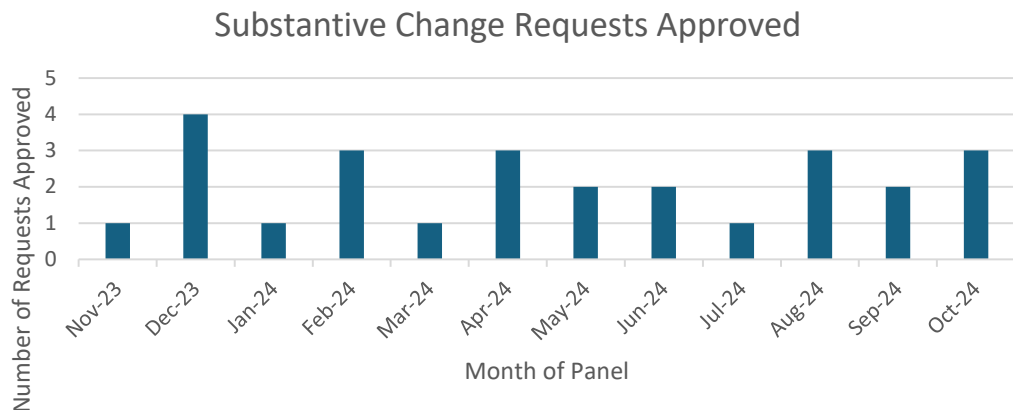
## Program Applications.

The number of decisions reached and letters of decision sent to programs regarding applications by the month of the NPAP panel, and whether those applications were approved or denied.



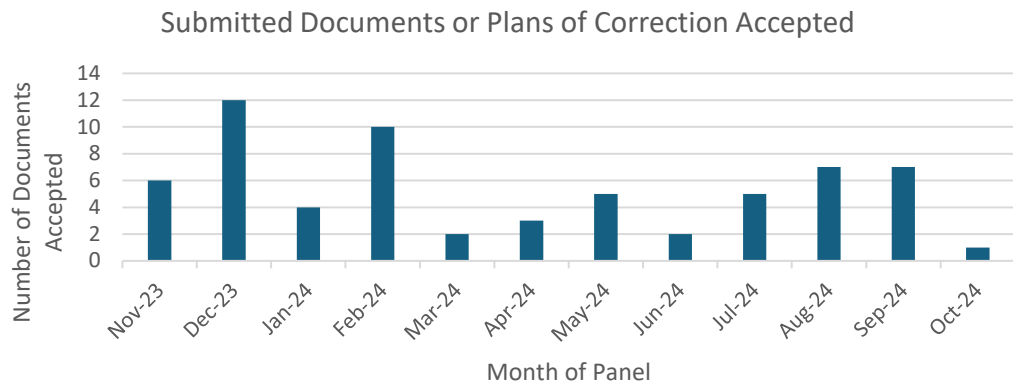
## Change Requests.

The number of decisions reached and accompanying letters of decisions sent to programs regarding substantive change requests by the month of NPAP panel.



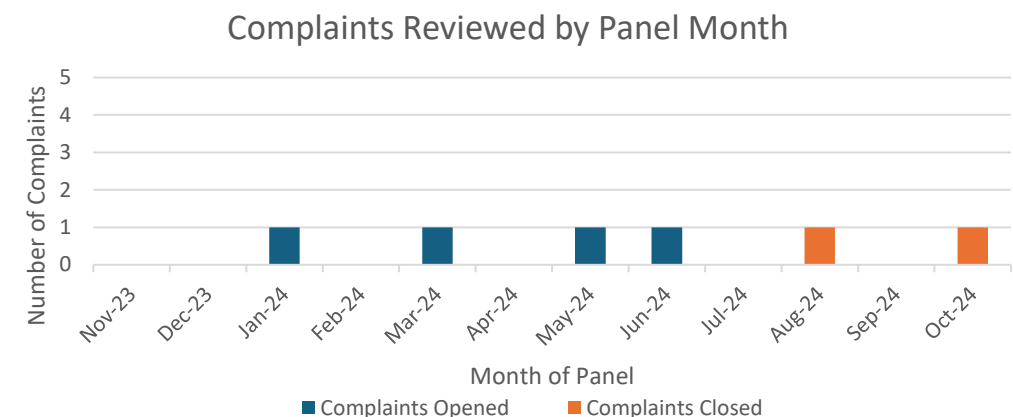
## Accepted Documents.

The number of submitted documents or plans of correction that were accepted at NPAP meeting panels per month.



## Program Complaints.

The number of complaints that were either opened or closed at NPAP meetings by panel month.






**Washington State Board of Nursing  
NPAP DECISION SUMMARY REPORT**

**Date: October 3, 2024 & October 22, 2024 Updated: October 22, 2024**

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:						8 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	122 Post BSN Programs	459 MSN Programs
Letter of Decision:						4 Refresher Programs	22 DNP Programs
Approval – Programs	(2) 3	42	80	21	30	7 LPN to BSN	1 RN Refresher Program
Deny Approval – Program		4					6 PMC Programs
Approval – Sub Change Request	(3)	21	34	35	20	5 PVR	1 LPN Refresher Program
Plan of Correction (POC) Required		3	8	4	2	8 LPN to ADN	11 Nurse Tech
Acceptance of Submitted Documents or POC	(1) 2	46	75	60	64		
Additional Documents or Actions Required		1	2	1	4		
Deferred Action		18	10	9	12		
Removal of Conditional Approval							
Limit Student Enrollment			1	1	1		
Voluntary Closure			1		1		
Require Monitoring Report		6	13	8			
Site Visit Report		9	11	10	3		

Removal of Moratorium on admissions					
Covid-19 Curriculum Adjustments					7
Other		4	1	3	2
Other-Acknowledge Receipt of POC			2		
Letter of Concern				1	
Approvals-Miscellaneous (non-program)	(3)	10	3	3	2
<b>Monitoring Report:</b>					
Accept			22	1	
Not Accept					
Deferred					
<b>Out-of-State DL Student Waivers:</b>					
Accept					
Deny					
Deferred					
<b>Complaints:</b>					
Open	1	6	8	2	3
Closed	(1)	1	3	3	3
Defer		1			
<b>Complaint Investigation Reviewed:</b>					
Accept Investigation Report		3	4	1	3
No Action Required		1	1	1	
Action required		2			
<b>Licensing Education Exemption (Waiver) Request:</b>					
Exemption Request Approved		6	1	4	5
Exemption Request Denied				2	1

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

<b>Title:</b>	Officer Nominations	<b>Number:</b>	H01.04
<b>Reference:</b>	<a href="#">RCW 18.79.100</a>		
<b>Author:</b>	Chris Archuleta Director, Operations and Finance Nursing Care Quality Assurance Commission		
<b>Effective Date:</b>	May 12, 2023	<b>Date for Review:</b>	May 12, 2025
<b>Supersedes:</b>	H01.01 – November 18, 2011 H01.02 – March 1, 2016 H01.03 – March 10, 2017		
<b>Approved:</b>			
	Yvonne Strader, RN, BSN, BSPA, MHA Chair 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. This procedure describes the responsibilities of the nominations committee. The nominations committee selects qualified members of the NCQAC who are willing to serve in leadership positions. The nominations committee presents a slate of qualified candidates to the NCQAC for the annual election.

**PROCEDURE:**

- I. During the November meeting each year, the chair of the NCQAC appoints three members of the NCQAC to the nominations committee. Members serve a one-year term on the nominations committee. No member should serve more than two consecutive terms on the nominations committee. The Executive Director may appoint a staff member to support the work of the nominations committee.

- A. Members of the nominations committee review the position descriptions for the chair, vice chair, and secretary/treasurer positions. Questions, edits and revision to the position descriptions must be presented to the NCQAC at the January meeting.
  - B. Committee members approach every member of the NCQAC requesting interest in candidacy for an office. Every member of the NCQAC is eligible as a candidate for an officer position.
  - C. Committee members review the position descriptions with each NCQAC member. Committee members determine if interviews are needed to evaluate candidate's competencies for the chair, vice chair, and secretary/treasurer positions.
  - D. Committee members contact each candidate with the results of the evaluation. If the candidate meets the qualifications and continues to be willing to serve, their name is placed on the slate of candidates.
  - E. The committee is charged with selecting at least two candidates for each officer.
- II. At the March meeting, the committee verbally presents the slate of candidates to the NCQAC. The slate of candidates is included in the business-meeting packet of materials. If there are any questions on the slate, questions for the individual candidates, or challenges to the slate, these must be presented to the NCQAC prior to the election of officers.
- A. The NCQAC chair reads the slate of candidates. The chair asks if there are any nominations from the floor. Three members of the NCQAC must support candidates from the floor.
  - B. The NCQAC chair asks all nominees from the floor if they are qualified and willing to be placed on the slate of candidates.
  - C. The nominations committee interviews candidates from the floor prior to placing their name on the final slate of candidates.
  - D. Each candidate and nominees from the floor present a brief statement. The presentation must include their purpose for seeking an office and goals.
  - E. Each nominee may contact all NCQAC members by telephone, email or in person to discuss their desire to serve as an officer.
  - F. Nominees cannot offer any perceived benefits to sway votes. Perceived benefits include promises to assign out of state travel, gifts, monetary rewards, or preferential treatment.
  - G. Nominees are prohibited from consulting with staff related to the election, nominees and offering perceived benefits.
- III. At the May meeting, the nominations committee presents the final slate of candidates to the NCQAC from the committee with a second. Once the slate of candidates is adopted by the NCQAC, then the NCQAC proceeds with the election of officers.

# Washington State Board of Nursing

## Position Description

### Nominations Committee

#### Purpose:

1. Select members of the Washington State Board of Nursing who are qualified and willing to serve in leadership positions.
2. Select members of the WABON and staff to be nominated for awards. Complete applications as necessary.

#### Membership:

1. At least three members of the WABON appointed by the Chair.
2. No member should serve more than two consecutive years on the nominations committee.

#### Duties and Responsibilities:

1. Select at least two candidates each for the position of WABON Chair, Vice Chair, and Secretary/Treasurer.
2. Nominate WABON members and staff for awards, such as the NCSBN annual awards. Complete and submit applications.

#### Timeline for leadership nominations and elections:

1. November meeting -  
WABON Chair appoints new members to the Nominations Committee.
2. January meeting –  
Announces opening for nominations for the WABON annual award.
3. March meeting –
  - a. Verbally presents the slate of candidates to the WABON. The WABON approves the slate of candidates.
  - b. Candidates may speak to the WABON.
4. May meeting –
  - a. Election of the Officers, according to Procedure H02.
5. July meeting –
  - a. New officers take office.
  - b. Presents the WABON annual award.

#### Staff:


Executive Director or designee

Adopted: 7/06, 7/08

Revised: 6/08, 9/10, 11/11, 3/13, 3/17

Approved: 7/06, 7/08, 3/13, 3/17

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

<b>Title:</b>	Election of Officers	<b>Number:</b>	H02.04
<b>Reference:</b>	<a href="#">RCW 18.79.100</a> <a href="#">RCW 42.30.060</a>		
<b>Author:</b>	Chris Archuleta Director, Operations and Finance Nursing Care Quality Assurance Commission		
<b>Effective Date:</b>	May 12, 2023	<b>Date for Review:</b>	May 12, 2025
<b>Supersedes:</b>	H02.01 - May 8, 2015 H02.02 - November 18, 2011 H02.03 - March 1, 2016		
<b>Approved:</b>			
	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)		

**PURPOSE:**

The NCQAC shall annually elect officers from among its members. The NCQAC elects a chair, vice chair, and secretary/treasurer.

**PROCEDURE:**

- I. 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.
- II. 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.*

- III. The election proceeds with a ballot. The ballot includes the names of all nominees, including nominations from the floor. Since the Open Public Meetings Act prohibits a secret ballot, all voting NCQAC members must sign their ballots. NCQAC members attending virtually make their selection(s) by voice vote.
  - A. The presiding officer directs the NCQAC members to cast their ballots. Only members attending the May NCQAC meeting in person or virtually may vote. Absentee ballots are not allowed.
  - B. 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.
  - C. The presiding officer reads the final tally and announces the new officers for chair, vice chair, and secretary/treasurer.
  - D. The staff member then places ballots and the documented count on a tabletop in the meeting area for public view.
  - E. The ballots and documented count remain on the tabletop until the meeting is adjourned. The count totals and individual selections are recorded in the minutes of the meeting.
  
- IV. 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.

# Washington State Board of Nursing

## Position Description

### Chair

#### Qualifications:

Served on the Washington State Board of Nursing (WABON) a minimum of one year at the time the term as the chair is to begin.

Demonstrated leadership characteristics by serving at least one of the following:

Chair of a sub-committee

Chair of a panel

Leadership in employment, association or community work

#### Duties and Responsibilities:

1. Provides strategic vision and leadership to the WABON, in collaboration with the Executive Director, determining WABON priorities, policy, and practice.
2. Conducts meetings of the WABON according to Roberts Rules of Order. Votes when necessary to make or break a tie.
3. Appoints chairpersons and members of all regular and special committees, panels, and task forces.
4. Participates as a member of the Legislative Panel.
5. Represents the WABON in public forums.
6. Appoints members to the Nominating Committee at the November meeting, receives the list of nominations in March, and oversees the election of officers in May.
7. Plans for succession and smooth transition to the next chairperson.
8. Addresses WABON member performance issues.
9. Uses signatory authority on documents as required.
10. Serves as a delegate to the National Council of State Boards of Nursing for the annual delegate assembly held each August.

Approved: 7/06, 7/08

Revised: 10/08

03/11

03/13/15

01/11/19



# Washington State Board of Nursing

## Position Description

### Vice Chair

#### Qualifications:

Served on the Board a minimum of one year at the time the term begins as vice chair.  
Demonstrated leadership characteristics by serving at least one of the following:

- Chair of a sub-committee
- Chair of a panel
- Leadership in employment, association or community work

#### Duties and Responsibilities:

1. Assumes the duties of the Chair as needed.
2. Chairs the Legislative Panel.
3. Provides assistance to the Chair and Executive Director as needed.
4. Participates at the HSQA Boards and Commission Forum as a representative of the WABON.
5. Participates in National Council of State Board of Nursing meetings and events as available.
6. Participates on WABON duties with various task forces, committees, charging panels, hearings.

Approved: 07/06, 07/08

Revised: 06/08

03/11

09/13

03/13/15

## Washington State Board of Nursing

### Position Description

#### Secretary Treasurer

#### Qualifications:

Served on the Washington State Board of Nursing (WABON) a minimum of one year at the time the term is to begin.

Demonstrated leadership characteristics by serving at least one of the following:

- Chair of a sub-committee
- Leadership in employment, association or community work

#### Duties and Responsibilities:

1. Reviews the minutes from the WABON business meetings prior to publishing in the packet of materials for the next business meeting. Editorial comments and substantive comments are forwarded to the executive director's administrative assistant within two weeks of receipt of the draft minutes.
2. Gathers input from WABON members on budgetary priorities through the strategic planning process.
3. Reviews the biennial budget proposals with the executive director prior to being submitted through the Department of Health.
4. Reviews the monthly budget reports with the budget manager.
5. Presents the budget reports at the WABON business meetings.
6. Participates in state budget meetings as directed by the chair.
7. Conducts the WABON business meeting in the absences of the Chair or Vice Chair.

Approved: 03/13/15

Revised: 03/13/15

Revised: 09/09/16

## NURSING BUDGET STATUS REPORT – September 2024

### 2023-2025 BIENNIUM:

This report covers the period of July 1, 2023, through September 30, 2024, fifteen months into the biennium, with nine months remaining. The WABON budget is underspent by about 15% or just over \$3.7M and the current revenue balance is just over \$94K.

### **REVENUES FROM FEES:**

The recommended revenue balance or “reserve” should be 12.5% of biennial budgeted allotments, or approximately \$4.7M. Revenue projections for the biennium were adjusted to account for the anticipated \$2.5M annual loss in fee revenues from implementation of phase one of the NLC in July 2023 (actual loss in FY24 was \$2.2M). 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). Revenues from fees in recent months have lagged adjusted projections and YTD revenues are 4.6%, or just over \$933K short of adjusted projections.

### **EXPENDITURES:**

Highlights:

- **Direct Charges:** Actual direct expenditures are trending below budget as anticipated. Salaries and Benefits savings are due to open positions; Rent due to reduction of WABON footprint in Tumwater; and AG costs continue to come in below estimates.
- **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, actual expenditures 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 and 90% of new applications would upgrade or select the MSL each month. Since full implementation, those predictions have been adjusted down to 10% of eligible single state license holders and 50% of new applicants would convert monthly. The actual conversion rates have been closer to 8.3% and 17.8% respectively. WABON is actively promoting the benefits of MSL in hopes of increasing these rates. To prevent a negative fund balance, WABON will continue to evaluate all future expenditures and limit unnecessary spending where possible.

**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.



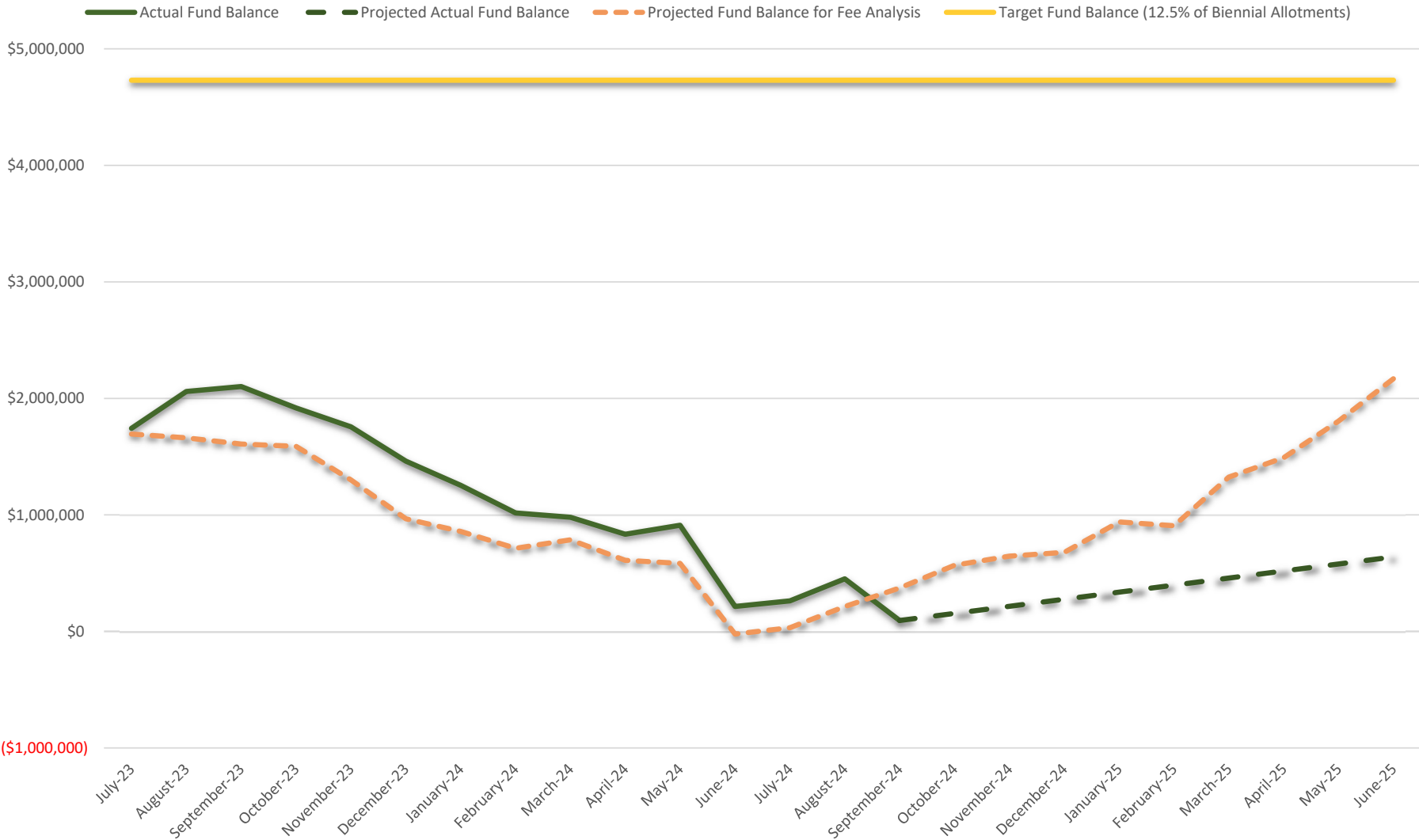
**Washington State Board of Nursing**  
**Monthly Expenses for Commission + Staffing, Long Term Care, and Compact Provisos**  
**02G Health Professions Account**  
 For the period July 1, 2023 through September 30, 2024

EXPENDITURES TYPES	BIENNIAL BUDGET	ALLOT BTD thru FM13	EXP BTD thru FM13	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
<b>DIRECT EXPENDITURES:</b>											
FTEs (total)	1,954.73	127.22	132.64	86.23	84.48	86.23	85.10	119.02	123.18	-4.16	103.50%
Staff Salaries & Benefits	21,796,288	11,540,318	10,601,373	943,238	858,086	943,240	865,233	13,426,796	12,339,169	\$ 1,087,627	91.90%
Commission Salaries	611,112	330,920	298,170	25,472	19,419	25,472	17,138	381,864	334,727	\$ 47,137	87.66%
Goods & Services	890,310	516,377	320,108	33,904	31,563	34,204	40,558	584,485	461,447	\$ 123,038	78.95%
Rent	1,059,195	549,466	280,858	46,893	24,516	46,893	0	643,252	301,970	\$ 341,282	46.94%
Attorney General (AG)	1,705,439	932,439	680,260	70,000	151,507	70,300	54,531	1,072,739	740,252	\$ 332,487	69.01%
Travel	140,664	75,753	76,428	5,901	3,004	5,901	2,807	87,555	82,085	\$ 5,470	93.75%
Equipment	154,134	154,134	103,675	0	8,453	0	12,293	154,134	124,203	\$ 29,931	80.58%
IT Support & Software Licenses	496,238	251,185	236,504	22,544	5,688	22,544	38,008	296,273	280,374	\$ 15,899	94.63%
<b>TOTAL DIRECT</b>	<b>\$ 26,853,380</b>	<b>\$ 14,350,592</b>	<b>\$ 12,597,376</b>	<b>\$ 1,147,952</b>	<b>\$ 1,102,235</b>	<b>\$ 1,148,554</b>	<b>\$ 1,030,569</b>	<b>\$ 16,647,098</b>	<b>\$ 14,664,228</b>	<b>\$ 1,982,870</b>	<b>88.09%</b>
<b>SERVICE UNITS:</b>											
FBI Background Checks (TA090)	\$ 767,864	\$ 503,650	\$ 436,573	\$ 39,710	\$ 2,105	\$ 38,848	\$ 120,258	\$ 582,208	\$ 556,831	\$ 25,377	95.64%
Office of Professional Standards (TA020)	\$ 571,764	\$ 305,846	\$ 145,435	\$ 24,032	\$ 558	\$ 24,032	\$ 38,742	\$ 353,910	\$ 184,177	\$ 169,733	52.04%
Adjudication Clerk (TA010)	\$ 346,400	\$ 185,299	\$ 69,635	\$ 14,601	\$ 163	\$ 14,699	\$ 8,603	\$ 214,599	\$ 78,237	\$ 136,362	36.46%
HP Investigations (TA040, 070, 100)	\$ 81,092	\$ 48,473	\$ 21,940	\$ 3,832	\$ 111	\$ 3,832	\$ 5,586	\$ 56,137	\$ 27,526	\$ 28,611	49.03%
Legal Services (TA140, 150, 210)	\$ 44,864	\$ 29,968	\$ 14,677	\$ 2,320	\$ 4	\$ 2,320	\$ 6,976	\$ 34,608	\$ 21,653	\$ 12,955	62.57%
Call Center (TA030)	\$ 58,038	\$ 33,761	\$ 34,087	\$ 2,667	\$ 117	\$ 2,555	\$ 8,748	\$ 38,983	\$ 42,835	\$ (3,852)	109.88%
Public Disclosure (TA180)	\$ 504,940	\$ 262,332	\$ 176,103	\$ 21,920	\$ 728	\$ 21,935	\$ 43,490	\$ 306,187	\$ 219,592	\$ 86,595	71.72%
Revenue Reconciliation (TA200)	\$ 126,343	\$ 81,194	\$ 82,366	\$ 6,400	\$ 376	\$ 6,400	\$ 23,813	\$ 93,994	\$ 106,178	\$ (12,184)	112.96%
Online Healthcare Provider Lic - Staff (TA130)	\$ 507,012	\$ 271,842	\$ 217,018	\$ 21,379	\$ (70,961)	\$ 21,379	\$ 25,465	\$ 314,600	\$ 242,483	\$ 72,117	77.08%
Online Healthcare Provider Lic - Contract (TE8000)	\$ 289,734	\$ 142,850	\$ 71,425	\$ -	\$ -	\$ -	\$ -	\$ 142,850	\$ 71,425	\$ 71,425	0.00%
Suicide Assessment Study (TA120)	\$ 30,927	\$ 16,544	\$ -	\$ 1,307	\$ -	\$ 1,307	\$ -	\$ 19,158	\$ -	\$ 19,158	0.00%
<b>TOTAL SERVICE UNITS</b>	<b>\$ 3,328,978</b>	<b>\$ 1,881,759</b>	<b>\$ 1,269,257</b>	<b>\$ 138,168</b>	<b>\$ (66,799)</b>	<b>\$ 137,307</b>	<b>\$ 281,681</b>	<b>\$ 2,157,234</b>	<b>\$ 1,550,938</b>	<b>\$ 606,296</b>	<b>71.89%</b>
<b>INDIRECT CHARGES:</b>											
Agency Indirects (16.9%)	\$ 5,071,253	\$ 2,719,664	\$ 2,137,305	\$ 216,826	\$ 161,122	\$ 216,736	\$ 203,399	\$ 3,153,227	\$ 2,501,826	\$ 651,401	79.34%
HSQA Division Indirects (11.3%)	\$ 3,389,052	\$ 1,817,048	\$ 1,405,637	\$ 144,947	\$ 105,996	\$ 144,884	\$ 133,849	\$ 2,106,878	\$ 1,645,482	\$ 461,396	78.10%
<b>TOTAL INDIRECTS (28.2%)</b>	<b>\$ 8,460,306</b>	<b>\$ 4,536,712</b>	<b>\$ 3,542,941</b>	<b>\$ 361,773</b>	<b>\$ 267,118</b>	<b>\$ 361,620</b>	<b>\$ 337,248</b>	<b>\$ 5,260,105</b>	<b>\$ 4,147,308</b>	<b>\$ 1,112,797</b>	<b>78.84%</b>
<b>GRAND TOTAL</b>	<b>\$ 38,642,664</b>	<b>\$ 20,769,063</b>	<b>\$ 17,409,575</b>	<b>\$ 1,647,893</b>	<b>\$ 1,302,555</b>	<b>\$ 1,647,481</b>	<b>\$ 1,649,497</b>	<b>\$ 24,064,437</b>	<b>\$ 20,362,474</b>	<b>\$ 3,701,963</b>	<b>84.62%</b>

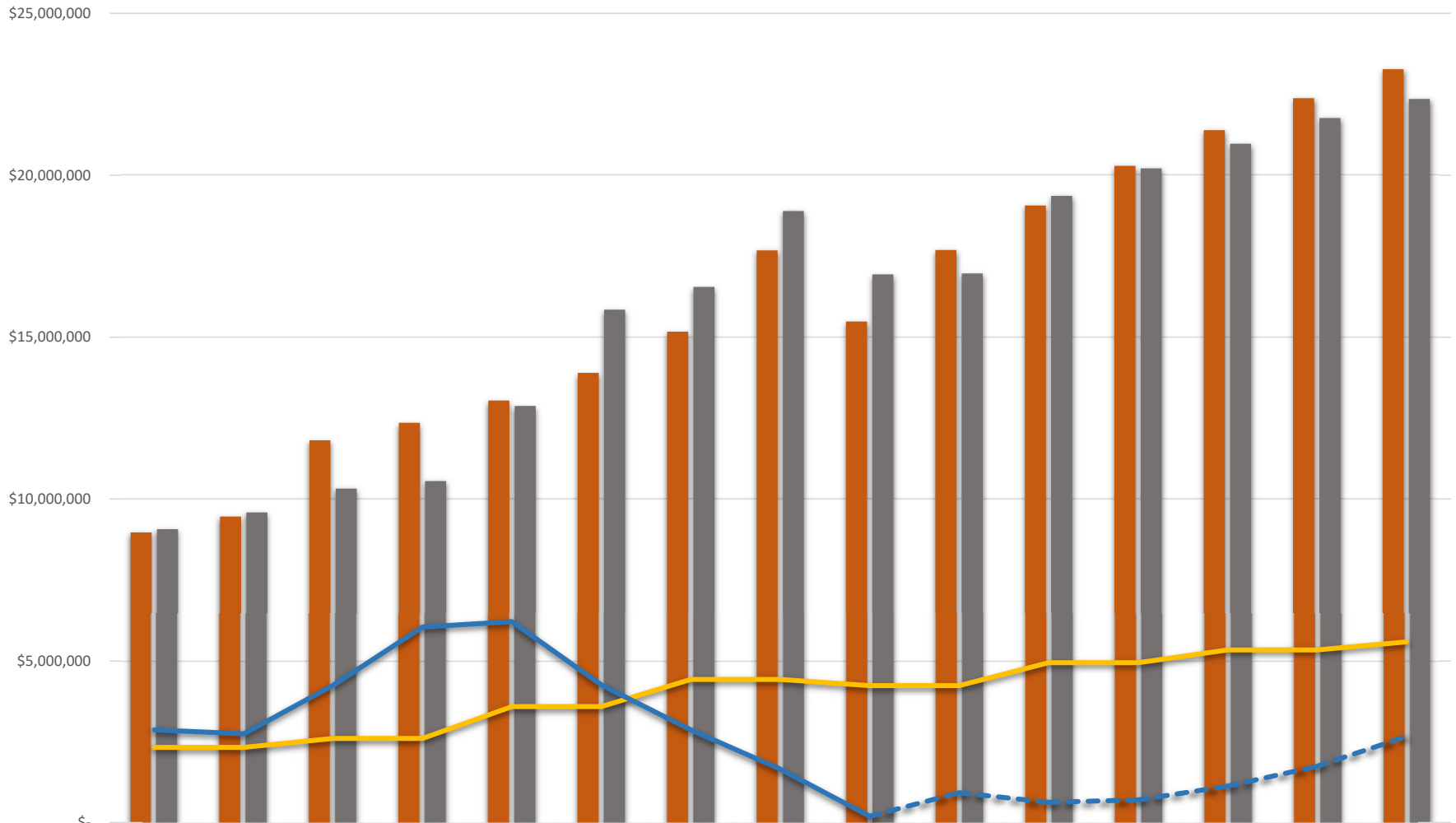
**NURSING REVENUE**

BEGINNING REVENUE BALANCE	\$ 1,659,304
21-23 REVENUE TO-DATE	\$ 19,576,707
21-23 HELMS ASSESS. TO-DATE	\$ 779,532
21-23 EXPENDITURES TO-DATE	\$ 20,362,474
<b>ENDING REVENUE BALANCE</b>	<b>\$ 94,005</b>

### 23-25 WABON Fund Balance Through FM15 + Projected

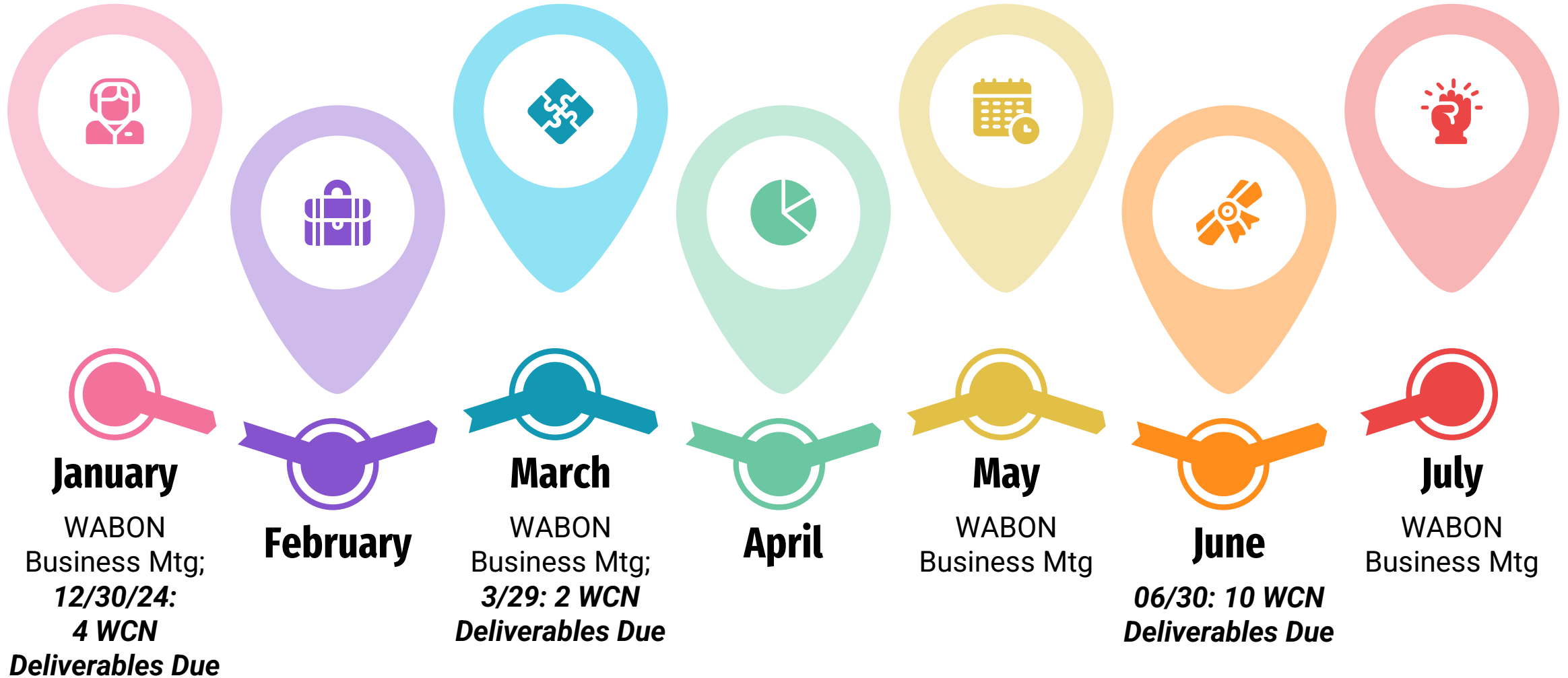


## WABON Financial Forecast Through FY30



	FY16	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30
Revenue	8,968,627	9,460,426	11,813,707	12,353,477	13,042,446	13,893,210	15,171,442	17,679,890	15,484,345	17,693,551	19,064,407	20,290,486	21,390,594	22,380,649	23,274,377
Expenditure	9,069,664	9,582,807	10,318,652	10,552,286	12,874,913	15,851,083	16,554,354	18,894,820	16,939,349	16,966,516	19,362,887	20,214,287	20,971,263	21,764,048	22,356,490
Target Reserve (12.5%)	2,331,559	2,331,559	2,608,867	2,608,867	3,590,750	3,590,750	4,431,147	4,431,147	4,238,233	4,238,233	4,947,147	4,947,147	5,341,914	5,341,914	5,589,122
Fund Balance	2,873,627	2,751,246	4,246,302	6,047,492	6,215,025	4,257,152	2,874,240	1,659,310	204,305	931,340	632,860	709,059	1,128,389	1,744,990	2,662,877

# 2025 WABON/WCN Contract Timeline

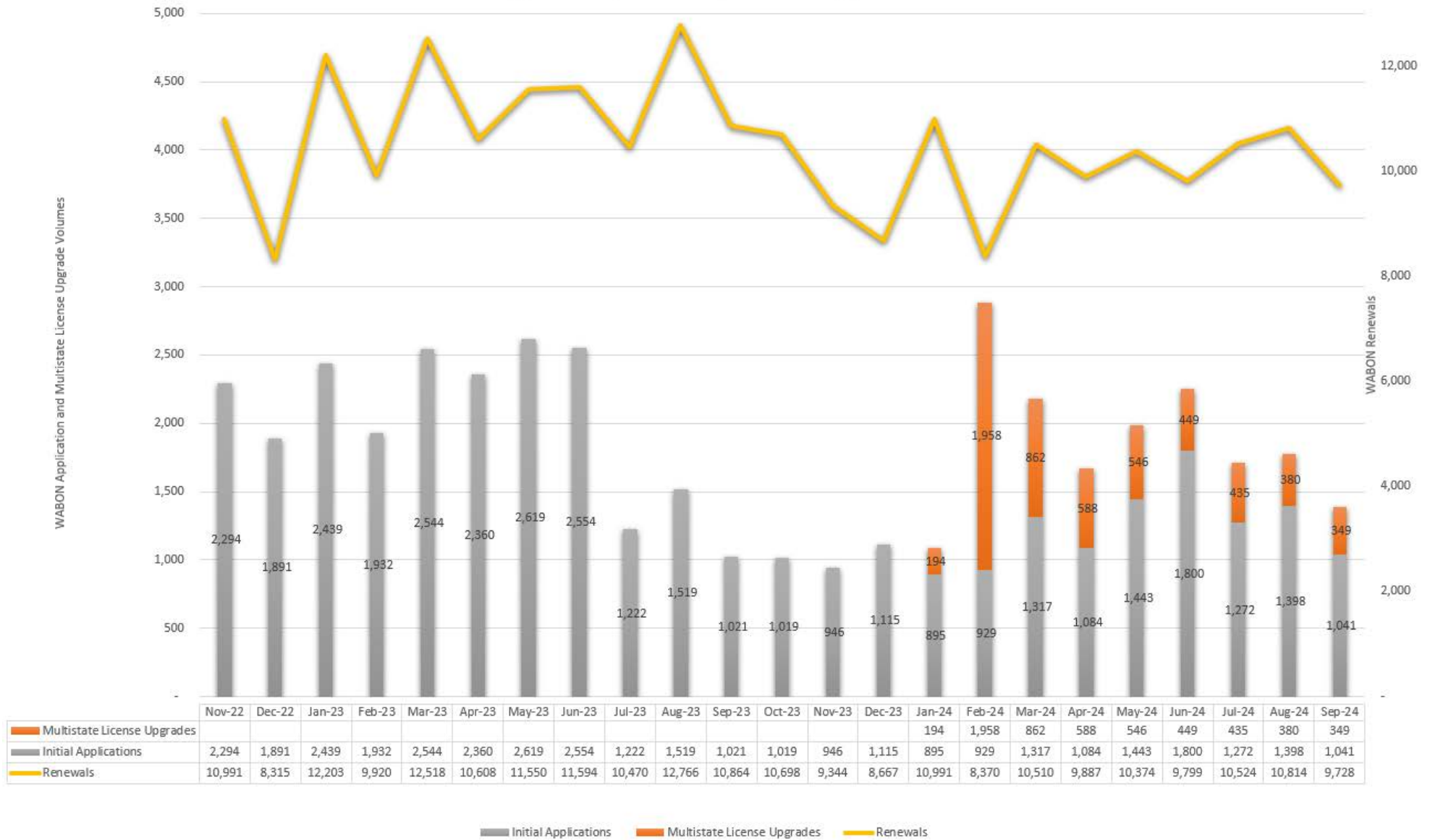


Joint Development of Contract 07/01/25 - 12/31/25

WABON Business Meeting  
November 8, 2024

WABON Decision on Contract Next Steps

### WABON Applications, Renewals, and MSL Upgrade Volumes



The grey bar reflects the total volume of applications received between November 2022 through September 2024. This includes registered nurses (RNs), licensed practical nurses (LPNs), advanced registered nurse practitioners (ARNPs), and nursing technicians (NTECs). The orange bar reflects the total volume of RNs and LPNs with an active Washington single state license, who have applied to upgrade/convert to a Washington multistate license (MSL) since January 31, 2024. Please note, these nurses are not new to the Washington state nursing population. As of January 2024, 17.8% of new (exam or endorsement) RNs and LPNs have applied for an MSL and 82.2% have applied for a single state license.



# GovDelivery Performance: Bulletin Report Analytics

Compiled October 4th, 2024

Data Range: July 1<sup>st</sup>, 2024 through September 30<sup>th</sup>, 2024

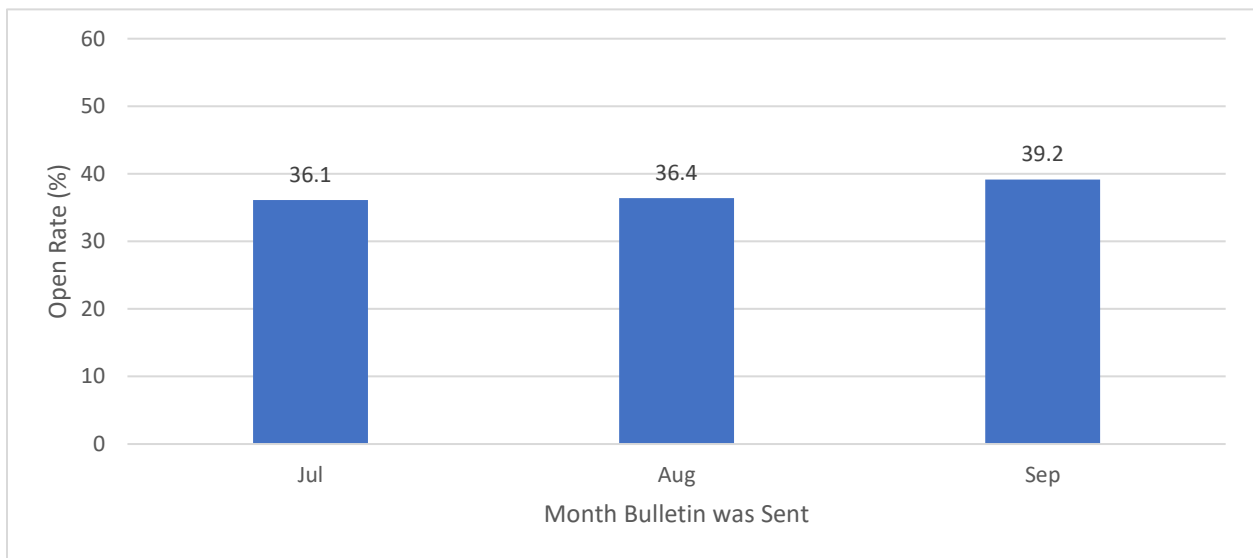
## Summary

Data is collected by GovDelivery on all bulletins sent out. This report compiles some of that data from the date range: July 1st, 2024 through September 30th, 2024. The data shows that email open rate was the highest in September, and the highest for the Legislation and Rules category. News and Alerts had the highest number of total opens, and the bulletin “CR103 FILED - Military Spouse Temporary Practice Permit, WAC 246-12-051” had the most total opens.

## Highest Viewed Bulletins

Bulletin Subject	Total Opens
CR103 FILED - Military Spouse Temporary Practice Permit, WAC 246-12-051	226,794
Telehealth New Laws	195,609
Naturopathic scope of practice sunrise - sharing draft report for public comments - due August 31	183,317
Collecting Health Care Professionals' Demographic Information	132,385
988 Lifeline and the Veterans Crisis Line	118,973

## Average Unique Email Open Rate

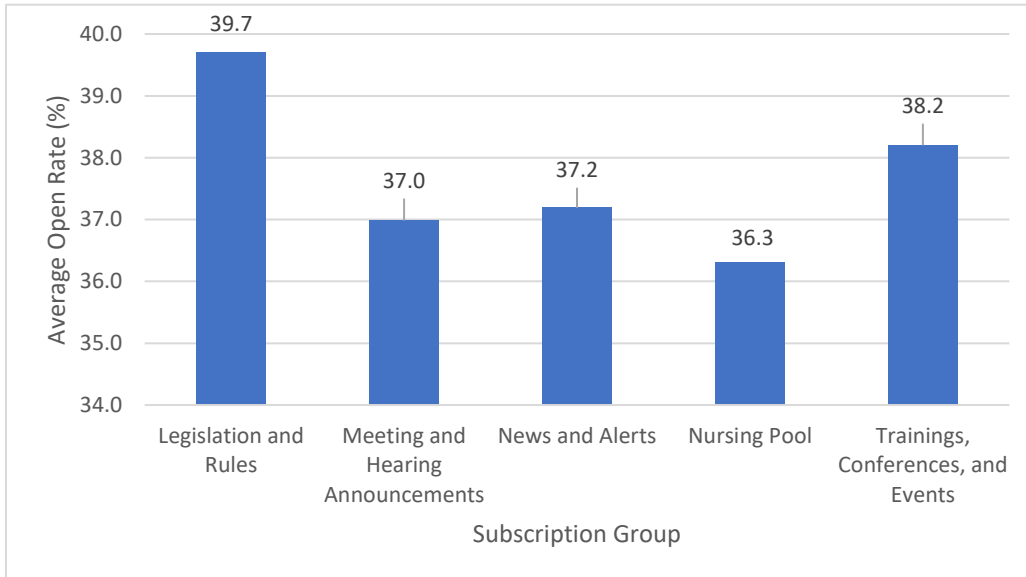


## Total Opens by Month and Subscription Group

Subscription Group	July	August	September	All Quarter
Legislation and Rules	60,610		62,148	122,758
Meeting and Hearing Announcements	254,162	644,827	345,779	1,244,768
News and Alerts	271,180	673,447	312,103	1,256,730
Nursing Pool	132,385	1,541	118,973	252,899

Trainings, Conferences, and Events		56,972	65,352	122,324
Grand Total	718,337	1,376,787	904,355	2,999,479

*Average Unique Email Open Rate by Subscription Group in the Last 12 Months*



# Social Media Analytics Report – WABON

Quarter 3 of 2024

## Executive Summary

In the third quarter of 2024, the Washington State Board of Nursing (WABON) saw significant increases with social media followers and establishment of social presence.

## Introduction

This report includes an overview of the WABON social media performance during Q3 2024, including sources of traffic, top-performing pages, session details, and more.

## Methodology

Data in this report was collected through Meta Business Suite Analytics and LinkedIn Analytics, and includes collected during the third quarter of 2024, from July 1st, 2024, through September 30<sup>th</sup>, 2024.

## Results

### Key Findings

#### 1. Total Followers:

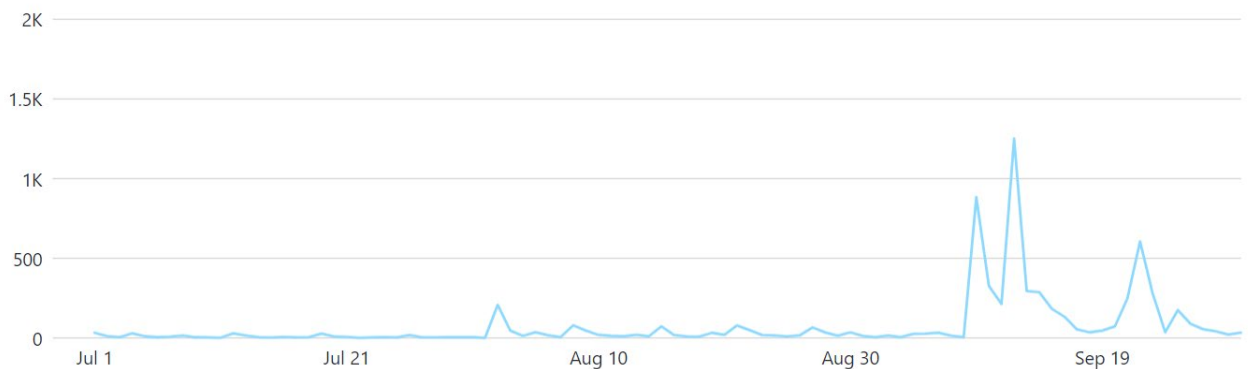
Facebook Followers: 111  
Instagram Followers: 78  
LinkedIn Followers: 71

#### 2. Reach (Active Visits):

Facebook: 4,569 (up 144%)  
Instagram: 716 (up 96.2%)  
LinkedIn: 792 (no percentage available yet for comparison)

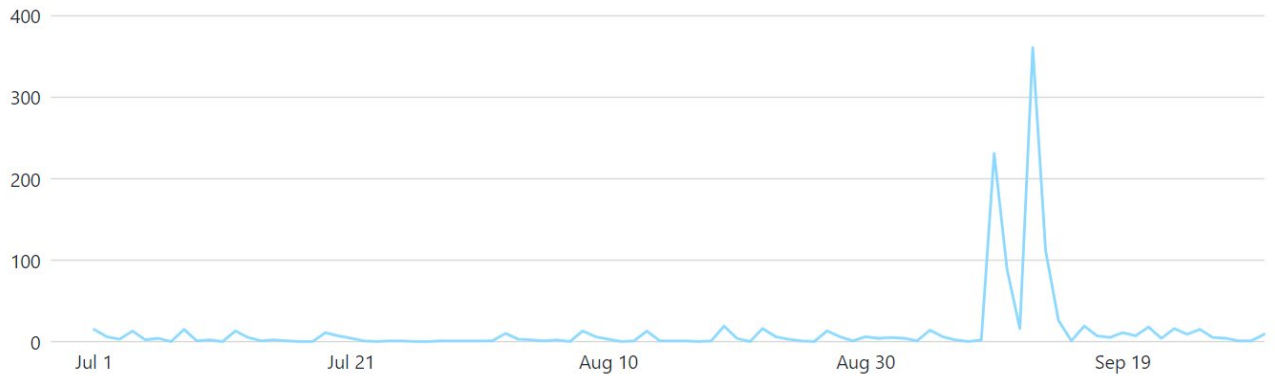
#### Facebook reach ⓘ

4.6K ↑ 144.1%



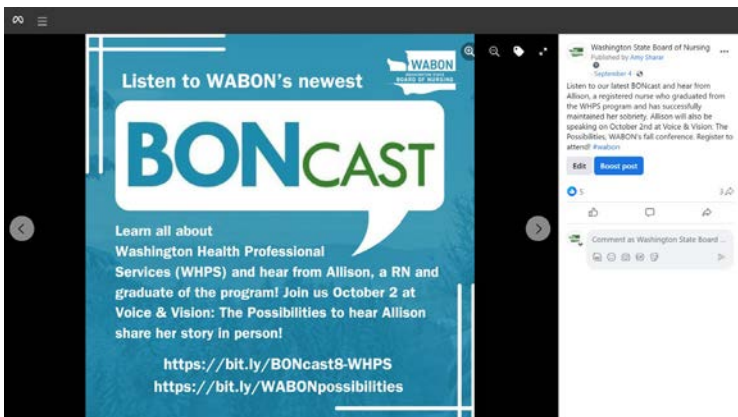
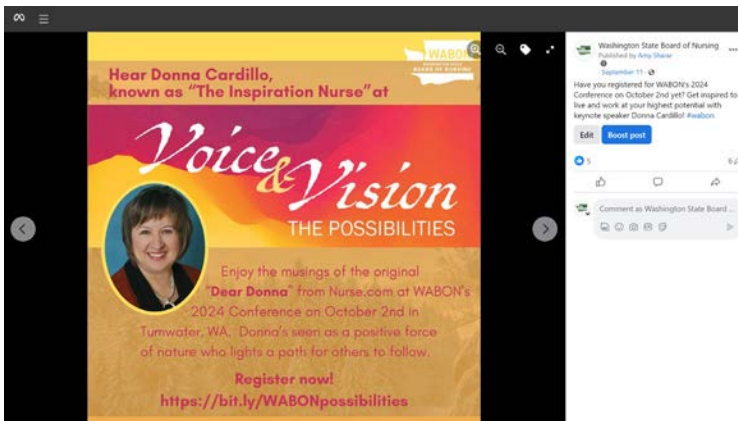
Instagram reach ⓘ

716 ↑ 96.2%



3. Highest post interactions:

- Facebook: Conference plug 9/11/24 (reach of 2,231)  
BONcast plug (reach of 1,639)
- Instagram: Conference plug 9/11/24 (reach of 520)  
BONcast plug 9/11/24 (reach of 329)



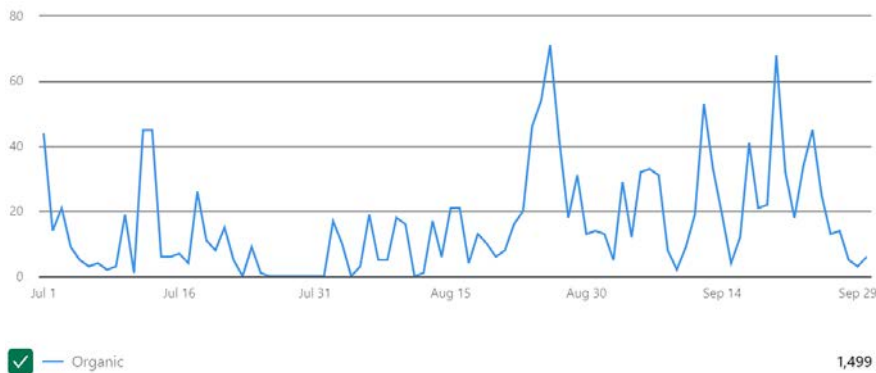
4. **Audience:** We have not reached 100 followers on Instagram yet, so no audience demographic information is available.

Facebook follower demographics:

- 92.2% female
- 7.8% male
- 95.5% of followers are from the United States

5. **LinkedIn Unique Views:**

### LinkedIn Unique Views, Q3



### Conclusions

The third quarter of WABON’s social media has shown significant increases in followers and activity. While some analytics may show decreases in interaction with posts, this is not alarming or of concern. We anticipate further growth in followers over Q4.

# Website Analytics Report – WABON

Quarter 3 of 2024

## Executive Summary

In the third quarter of 2024, the Washington State Board of Nursing (WABON) website received a total of 274,599 active users with an average engagement time of 1 minute and 24 seconds. The majority of users arrived at the website through direct traffic (44.2%), followed by organic search (39.6%), and then referral (19.3%). The most visited pages were the Verify a License page, the Home page, and the Renew or Reactivate a License page.

## Introduction

This report includes an overview of the WABON website performance during Q3 2024, including sources of traffic, top-performing pages, session details, and more.

## Methodology

Data in this report was collected through Google Analytics, and includes all website traffic during the third quarter of 2024, from July 1<sup>st</sup>, 2024 through September 30<sup>th</sup>, 2024. Comparisons were made using data from Q2 of 2024, from the time period April 1<sup>st</sup>, 2024 through June 30<sup>th</sup>, 2024.

## Results

### Key Findings

1. **Total Visits:** The WABON website had 406,574 total sessions during Q3 of 2024, which is an increase of 4.4% from the previous period, Q2 of 2024.
2. **Engagement Rate:** Of these 406,574 sessions in Q3 of 2024, 239,630 were considered “engaged sessions”, meaning that the sessions lasted longer than 10 seconds, or the user visited 2 or more pages during their session. The website therefore had an engagement rate of 58.9%, an increase of 0.7% from the previous period.
3. **Active Visitors:** The WABON website had 274,599 active users during Q3 of 2024. This is an increase of 7.7% from the previous period, Q2 of 2024.
4. **New Visitors:** The WABON website had 256,331 new visitors during Q3 of 2024. This is an increase of 8.7% from the previous period, Q2 of 2024.
5. **Page views:** The website recorded 994,035 total page views during the Q3 of 2024, representing an increase of 2.5% from the previous period.
6. **Bounce Rate:** The website had a bounce rate of 41.1% during Q3 of 2024, a decrease of 1.0% from the previous period. Bounce rate indicates the number of sessions that were not engaged sessions.

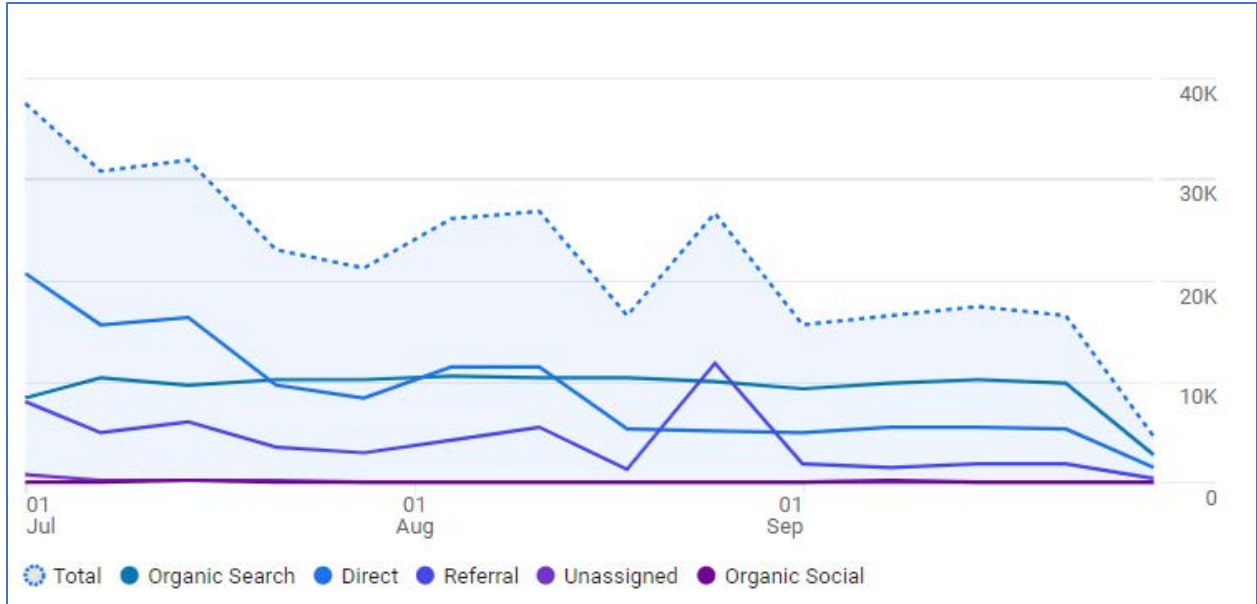


Figure 1. New Users by Traffic Source by Week in Q3 of 2024

### Pages

The most popular pages on the website during the period were:

1. **Verify a License:** 125,781 page views, an increase of 18.1% from the period before.
2. **Home:** 75,512 page views, an increase of 6.8% from the previous quarter.
3. **Renew or Reactivate License:** 69,841 page views, an increase of 25.1% from the period before.
4. **Upgrade to an MSL:** 45,404 page views, a decrease of 4.7% from the period before.
5. **Online Application Instructions:** 44,835 page views, a decrease of 29.7% from the period before.

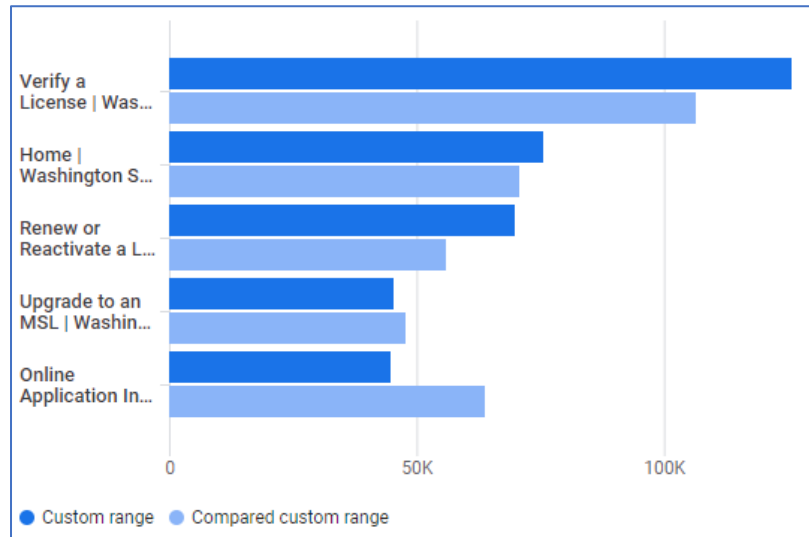


Figure 2. Total Views of Top Pages during Q3 of 2024 compared to Q2 of 2024

### Traffic Sources

The majority of traffic during Q3 of 2024 came from the following sources:

1. **Direct:** 121,429 visits, an increase of 6.3% from the period before. This accounted for 44.2% of all sessions.
2. **Organic Search:** 108,637 visits, a decrease of 0.9% from the period before. This accounted for 39.6% of all sessions.
3. **Referral:** 52,920 visits, an increase of 42.1% from the period before. This accounted for 19.3% of all sessions.

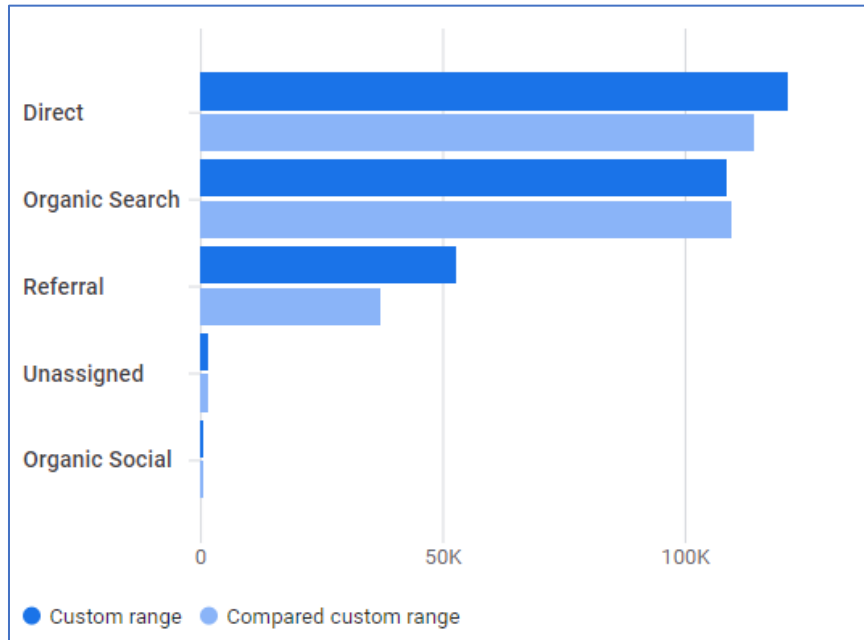


Figure 3. Total Users by Source of Traffic During Q3 of 2024 Compared to Q2 2024

### Users and User Behavior

During the previous quarter of 2024, WABON website users were most commonly from the following countries:

1. **United States:** 263,269 users, an increase of 7.7% from the period prior.
2. **Canada:** 3,829 users, an increase of 9.5% from the period prior.
3. **Philippines:** 1,142 users, a decrease of 16.6% from the period prior.



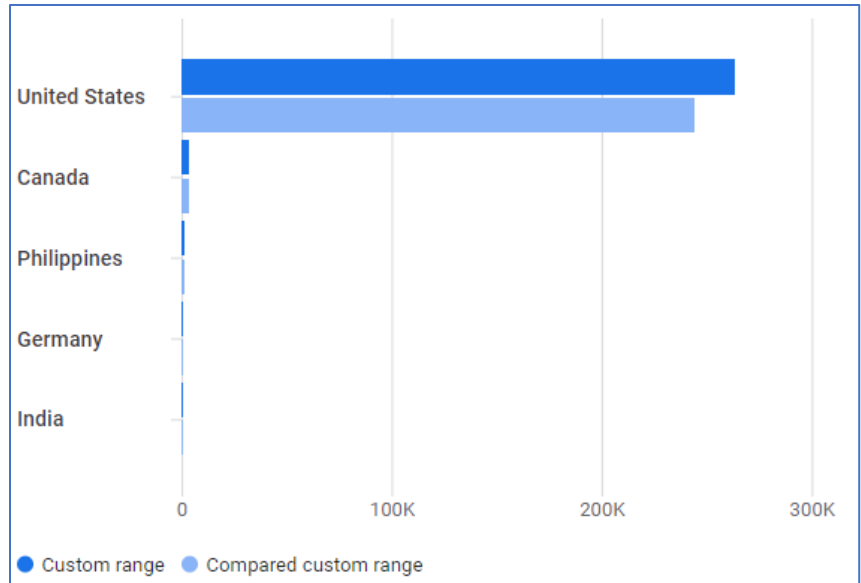


Figure 4. Total Users by Country During Q3 of 2024 Compared to Q2 2024

Users were most commonly from the following cities:

1. **Seattle:** 44,702 users, a decrease of 14.6% from the period prior.
2. **Moses Lake:** 18,017 users, an increase of 24.2% from the period prior.
3. **San Jose:** 16,403 users, an increase of 155.7% from the period prior.

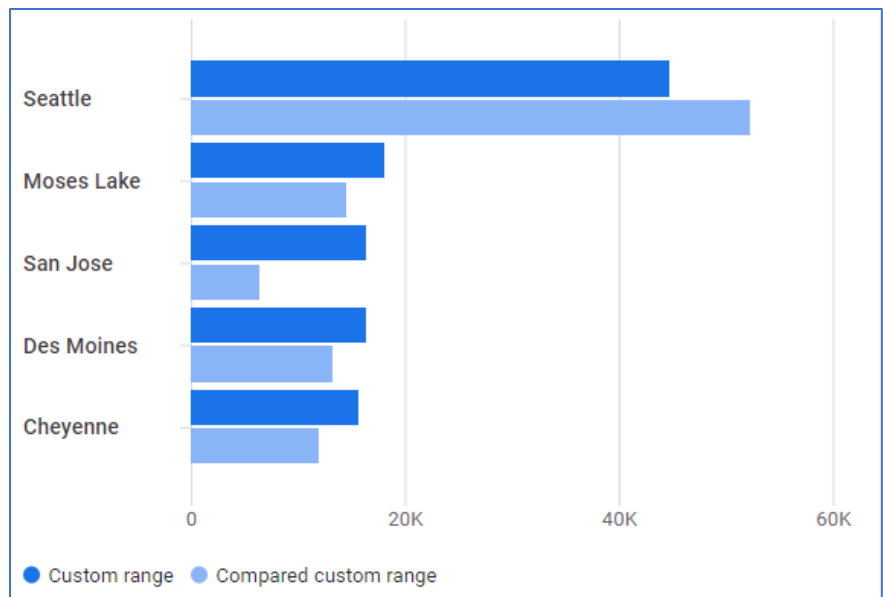


Figure 5. Total Users by City During Q3 of 2024 Compared to Q2 2024

User behavior on the website during Q3 of 2024 was as follows:

1. **Average Engagement Time:** The average engagement time was 1 minute and 24 seconds, a decrease of 12.4% from Q2 of 2024.
2. **Views per Active User:** The average number of pages viewed by each user was 3.44 pages, a decrease of 3.4% from Q2 of 2024.

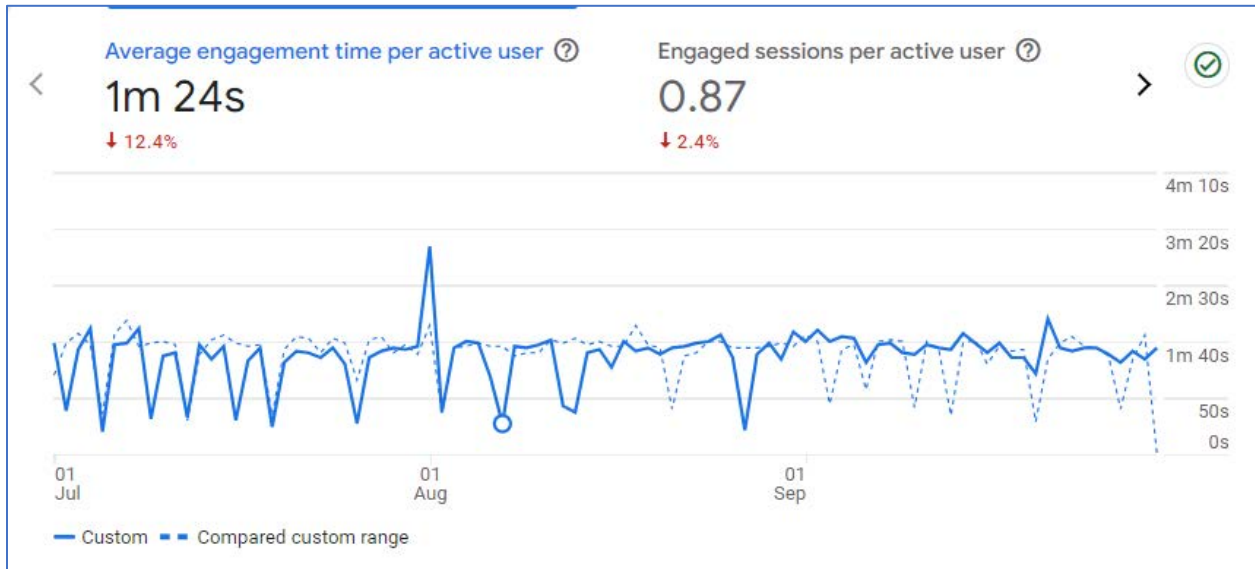


Figure 6. Average Engagement Time in Q3 of 2024 Compared to Q2

Users visited the website by using the following devices in the previous quarter of 2024:

1. **Desktop:** 195,777 users used a desktop to access the website, an increase of 12.1% since the previous quarter. This accounted for 71.0% of all users.
2. **Mobile:** 78,130 users used a mobile device to access the website, a decrease of 1.5% since the previous quarter. This accounted for 28.3% of all users.
3. **Tablet:** 1,707 users used a tablet to access the website, a decrease of 7.7% since the previous quarter. This accounted for 0.6% of all users.

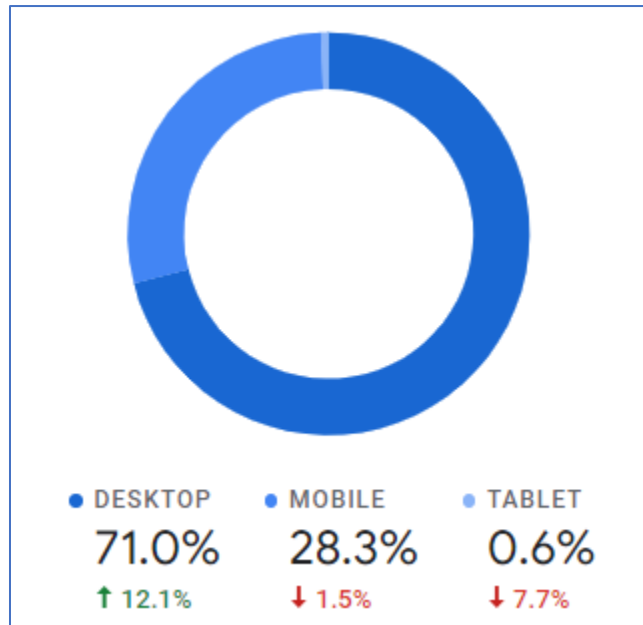


Figure 7. Breakdown of Total Users by Device Type During Q3 of 2024

## Conclusions

The third quarter of 2024 showed slight increases in most measures when compared to last quarter. We saw slight increases in page views, sessions started, the number of visitors, and engagement rate. However, average engagement time and pages viewed per user also slightly decreased. This means that even though more users are visiting and engaging with the website, those that do engage are spending more less time on the website and viewing less pages than they had been previously on average.

E-mail: [WABONRules@doh.wa.gov](mailto: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	There are no emergency rules at this time.			

## EXPEDITED RULES

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	FILING DATE Washington State Register (WSR)
1	Nursing Fee Rule Corrections (Secretary Authority)	WAC 246-840-990	<p>In January 2024, the Department of Health (department) in consultation with the Washington State Board of Nursing (board), adopted amendments to WAC 246-840-990. These amendments were introduced to establish the multistate nursing license fee and increase the nursing center surcharge fee as directed by Substitute Senate Bill (SSB) 5499 (chapter 123, Laws of 2023). The nursing center surcharge fee increased from five to eight dollars per year for all initial licenses and renewal licenses for registered nurses (RN) and licensed practical nurses (LPN).</p> <p>However, it was discovered that the fee totals for retired active and inactive licenses in WAC 246-840-990 were incorrect and did not include the correct nursing center surcharge fee. The department, in consultation with the board, is proposing further amendments to WAC 246-840-990 to correct these amounts and ensure the fee totals accurately reflect the correct surcharge fee. This correction is entirely technical and does not change what licensees are currently charged.</p>	CR-103 Filing in Progress

**CURRENT RULES IN PROGRESS (STANDARD RULEMAKING)**

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P PERMANENT
1	ARNP Education Requirements for Licensure	Amendments to: WAC 246-840-010 WAC 246-840-340 WAC 246-840-342	<p>On July 14, 2023, the board received a letter of determination from the JARRC recommending that the board:</p> <p><b>(1) define the term “graduate degree” in chapter 246-840 WAC and</b>  <b>(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.</b></p> <p>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.</p>	WSR: <a href="#">24-05-022</a> Filed: 2/9/2024	6/20/2024 6/21/2024	WSR: <a href="#">24-20-129</a> Filed: 10/1/2024	11/8/2024	
2	Nurse Administrator Requirements	Amendments to: WAC 246-840-517	Education and experience requirements for nurse administrators of baccalaureate nursing education programs in Washington state, amending WAC 246-840-517 and other related sections in chapter 246-840 WAC. The board is considering amendments to education and experience requirements for nurse administrators of baccalaureate nursing education programs in response to Engrossed Second Substitute Senate Bill (ESSSB) 5582 (Chapter 126, Laws of 2023) codified as RCW 18.79.150.	Filing in Progress				
3	NA Skills Testing	Amendments to: Sections in Chapter 246-841A WAC	<p>NA certification requires both a written (or oral) and skills examination. In 2023, the board faced challenges with mass testing for NA certification, including limited testing availability and the need for students to travel further to access testing sites. To address these challenges, the board decided to transition to test administration by the training programs.</p> <p>In October 2023, the board launched a voluntary training program testing initiative,</p>	WSR: <a href="#">24-20-087</a> Filed: 9/27/2024	Scheduling in Progress			

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P PERMANENT
			<p>allowing NA students to be tested through their training programs instead of centralized testing sites. Since the transition, there has been an increase in testing capacity, with higher testing volumes and improved student confidence in familiar testing environments. Pass rates have also slightly increased, indicating the effectiveness of the new testing approach.</p> <p>NA skills testing, conducted by training programs, serves as a vital mechanism for offering convenient and localized testing opportunities to students. Presently, 88 out of 180 programs are administering skills tests to their own students. Establishing rules to formalize this testing approach would provide clarity and support for students, encompassing accommodations and the grievance process. Additionally, it would delineate eligibility criteria for in-program testing and spread testing availability across the state. To address these challenges and formalize the transition to training program testing, rulemaking is necessary.</p>					
4	RN and LPN Licensing and Continuing Competency	Amendments to: WAC 246-840-015 through 246-840-260	Registered nurse (RN) and licensed practical nurse (LPN) licensing and continuing competency rules. The Washington State Board of Nursing (board) is considering amendments to WAC 246-840-015 through 246-840-260 to clarify and update outdated language, rewrite and reformat existing rules to reflect current best practices, and restructure sections as necessary, as part of the board's 5-year formal rule review process in accordance with RCW 43.70.041. The board is conducting this review in a phased approach. This rulemaking is Phase 1 of the board's formal review process. The board also plans to address impacts from upcoming proposals from bills passed in the 2025 Legislative Session during this phase.	Filing 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	1:2 Simulation	Amendments to: WAC 246-840-534 New Section: WAC 246-840-5341	SB <a href="#">5582-S2.SL.pdf (wa.gov)</a> 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: <a href="#">23-17-011</a> 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	WSR: <a href="#">24-15-133</a> Filed: 7/23/2024	8/27/2024	WSR: 24-20-031 File: 9/23/2024 Effective: 10/24/2024
2	Blood Glucose Management	Amendments to: WAC 246-840-930 WAC 246-840-940  New Rules: WAC 246-840-835 WAC 246-840-935	HB <a href="#">1124-S.PL.pdf (wa.gov)</a> <b>Nurse Delegation of Glucose Monitoring, Glucose Testing, and Insulin Injections.</b> Identifies two areas that require WABON rulemaking: <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol>	WSR: <a href="#">23-02-037</a> Filed: 12/29/2022	2/1/2023 and 2/6/2023.  Note: Additional workshops were held 5/15/2023 and 5/19/2023.	WSR: <a href="#">24-08-076</a> File: 4/3/2024	5/10/2024	WSR: <a href="#">24-13-079</a> File: 6/17/2024 Effective: 7/18/2024
3	Substance Use Disorder Monitoring Program Participation	Amendments to: WAC 246-840-750 through WAC 246-840-780  New Rule: WAC 246-840-790	HB <a href="#">1255-S.SL.pdf (wa.gov)</a> Reducing stigma and incentivizing health care professionals to participate in a substance use disorder monitoring and treatment program.  The Washington State Board of Nursing (board) is considering amendments to current rule sections relating to the board's substance use disorder (SUD) monitoring program in response to Substitute House Bill (SHB) 1255 Nursing — Substance Use Disorder Monitoring Program Participation (chapter 141, Laws of 2023). The board is also considering creating new rule sections to establish a stipend program as directed by SHB 1255.	WSR: <a href="#">23-17-074</a> File: 8/14/2023	12/13/2023 12/15/2023	WSR: <a href="#">24-07-063</a> File: 3/15/2024	5/10/2024	WSR: <a href="#">24-12-066</a> File: 6/3/2024 Effective: 7/1/2024
4	Initial Out-of-State Exam and Endorsement Licensing	Amendments to: WAC 246-840-030 WAC 246-840-090 And other relevant rule sections in	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</u>	WSR: <a href="#">23-11-143</a> File: 5/24/2023	6/22/2023 6/29/2023	WSR: <a href="#">24-03-103</a> File: 1/18/2024	3/8/2024	WSR: <a href="#">24-10-063</a> File: 4/26/2024 Effective: 5/27/2024

#	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
		Chapter 246-840 WAC	<u>board and applicants applying via interstate endorsement.</u>					
5	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: <a href="#">22-06-057</a> Filed: 2/25/2022	7/7/22, 8/4/22, and 9/19/22.	WSR: <a href="#">23-21-071</a> Filed: 10/12/2023	11/29/2023	WSR: <a href="#">24-03-055</a> Filed: 1/11/2024  Effective: 2/11/2024
6	Multistate License Fee	Amendments to: WAC 246-840-990	<a href="#">5499-S.SL.pdf (wa.gov)</a> 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: <a href="#">23-16-127</a> File: 8/1/2023	8/23/2023 8/28/2023 8/29/2023	WSR: <a href="#">23-22-060</a> File: 10/25/2023	12/5/2023	WSR: <a href="#">24-02-057</a> File: 12/28/2023  Effective: 1/31/2024

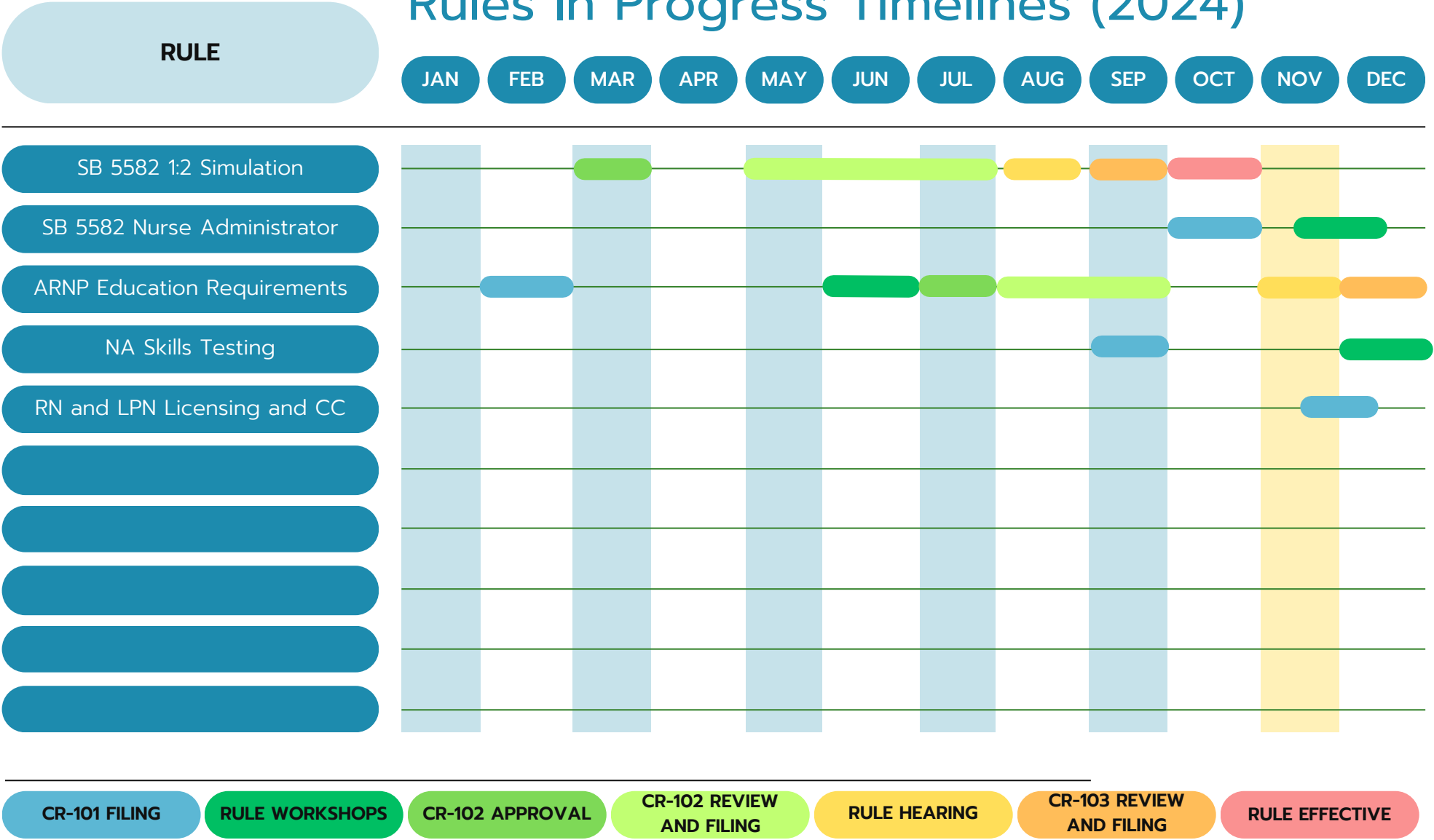


#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P/CR-103E PERMANENT/EMERGENCY
7	Health Equity Continuing Education	Amendments to: WAC 246-840-220 And other relevant continuing education rule sections in Chapter 246-840 WAC	<p><a href="#">ESSB 5229-S.SL.pdf (wa.gov)</a> <b>Health Equity &amp; Continuing Competency</b></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 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>	WSR: <a href="#">23-03-069</a> Filed: 1/12/2023	2/3/2023 2/8/2023 2/15/2023 2/16/2023 2/17/2023 2/22/2023 3/3/2023	WSR: <a href="#">23-19-081</a> Filed: 9/19/2023	10/25/2023	WSR: <a href="#">23-23-166</a> Filed: 11/21/2023  Effective: 12/22/2023
8	Nursing Assistants and NAC Training Program Standards	Amendments to: Chapter 246-841 WAC (repealing) replacing with 246-841A in collaboration with DOH Secretary.	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	WSR: <a href="#">21-05-021</a> Filed: 2/8/2021	October 2022 through February 2023.	WSR: <a href="#">23-15-091</a> Filed: 7/18/2023  Filing combined CR-102 for these rules and NA Rules under Secretary Authority (See	<b>8/30/2023</b>	WSR: <a href="#">23-20-117</a> Filed: 10/3/2023  Effective: 11/3/2023

#	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
		Chapter 246-842 WAC (repealing)	will also result in standardizing scope of practice across work settings.			#2) in progress. Filing of CR-102 approved on March 10, 2023, WABON business		
9	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.	<a href="#">WSR: 19-15-092</a> Filed: 7/22/2019	6/21/2022 and 6/30/22	WSR: <a href="#">23-08-064</a> Filed 4/4/2023	5/12/2023	WSR: 23-14-082  Filed: 6/29/2023  Effective: 7/30/2023
10	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: <a href="#">22-12-090</a> Filed: 6/1/2022	6/21/2022 and 6/30/22.	WSR: <a href="#">23-01-134</a> Filed: 12/20/2022	1/27/2023	WSR: <a href="#">23-08-069</a> Filed: 4/4/2023 Effective: 5/5/2023
11	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: <a href="#">23-03-011</a> File: 1/6/2023
12	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
13	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.			<b>Expedited</b> WSR: <a href="#">22-12-092</a> Filed: 6/1/2022	N/A	WSR: <a href="#">22-17-144</a> Filed: 8/23/2022 Effective: 9/24/2022
14	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	WSR: <a href="#">21-23-053</a> Filed: 11/10/2021	Held by Dept.	WSR: <a href="#">22-10-104</a> Filed: 5/4/2022	6/13/2022	WSR: <a href="#">22-15-074</a> 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
			(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.					
15	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: <a href="#">22-12-026</a> Filed: 5/23/2022 Effective: 9/9/2022
16	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: <a href="#">22-04-082</a> Filed: 1/31/2022 Effective: 5/13/2022
17	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	<a href="#">WSR: 21-11-032</a> Filed: 5/12/2021 Effective: 6/13/2021
18	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.			<b>Expedited</b> WSR: 20-18-045 Filed: 8/28/2020	N/A	WSR: 21-04-016 Filed: 1/22/2021

# Rules In Progress Timelines (2024)



# Voice & Vision: The Possibilities

Conference – October 2, 2024

Encouraging nurses to think about their impact in nursing differently.

A day to motivate and empower nurses, fostering a foundation of purpose by exploring attributes and possibilities within, and beyond, the bedside. Featuring keynote speaker, Donna Cardillo.

Attendees – 144 including staff and speakers

9 information booths

5.25 CEUs

2 CEUs offered by HeartMath in addition

Survey has been sent, awaiting results.



# Complete the Survey Below

Upon completion you'll receive an email confirmation with your Certificate and Nursing CEs.

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Notes:

This course has been approved by the California Board of Registered Nursing, provider for a maximum of 5.25 Nursing Contact Hour. The licensee must retain this document for a period of four (4) years after the course concludes.

**Name \***

First Name

Last Name

**Location \***

City

State / Province

**Email \***

Your certificate will be sent to this email address so please double check it for accuracy!

For the following questions, please select the sessions you viewed, state whether the objectives were met, and rate the quality of the presenter(s).

**Please confirm that you attended Keynote 1: A Nursing Renaissance™: The Dawn of a New Era \***

- Live: In Person
- Did not attend

**Keynote 1: A Nursing Renaissance™: The Dawn of a New Era \***

	Strongly Disagree	Disagree	Agree	Strongly Agree
Donna Cardillo was an effective speaker for this presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategies for personal and professional recovery, rebirth, and renewal;	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mechanisms for honoring the past while leaving behind what no longer serves us;	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Techniques to become profound change agents;	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empowerment strategies that will transform your practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Overall, Keynote 1: A Nursing Renaissance™: The Dawn of a New Era was \***

	Strongly Disagree	Disagree	Agree	Strongly Agree
Fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balanced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free of bias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Valuable to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please offer additional comments about Keynote 1**

Type here...

**Please confirm that you attended Session 2. Support for Nurses: Managing Substance Abuse Among Health Professionals \***

- Live: In Person
- Did not attend

**Session 2. Support for Nurses: Managing Substance Abuse Among Health Professionals \***

	Strongly Disagree	Disagree	Agree	Strongly Agree
Melissa Fraser was an effective moderator for this presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shayla Holcomb was an effective moderator for this presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allison Wood was an effective moderator for this presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants will be able to recognize substance use disorder (SUD) as a chronic, progressive illness with biologic, psychologic and environmental components.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants will be able to identify at least three risk factors for SUD among health professionals and three signs of impairment in the workplace.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants will be able to reference mandatory reporting requirements and identify the primary routes of entry into a substance abuse monitoring program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants will be able to identify the four state approved alternative to discipline substance abuse monitoring programs and at least three primary program components.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Overall, Session 2. Support for Nurses: Managing Substance Abuse Among Health Professionals was \***

	Strongly Disagree	Disagree	Agree	Strongly Agree
Fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balanced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free of bias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Valuable to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please offer additional comments about Session 2**

Type here...

**Please confirm that you attended Session 3 Possibilities Panel: Finding your inspiration, passion, vision, and pathway in the profession and beyond \***

- Live: In Person
- Did not attend

**Session 3 Possibilities Panel: Finding your inspiration, passion, vision, and pathway in the profession and beyond \***

	Strongly Disagree	Disagree	Agree	Strongly Agree
Quiana Daniels was an effective speaker for this presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lisa Summers was an effective speaker for this presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeremy Aaron was an effective speaker for this presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sarah Jane Yang was an effective speaker for this presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide a comprehensive overview of the various career possibilities within the nursing profession	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discuss the integration of nursing expertise with social media, entrepreneurship, and political activism.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explore the role of nurses in assisted living facilities, emphasizing the importance of delegation, education, and personal growth in enhancing the quality of care and the overall well-being of the residents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Overall, Session 3 Possibilities Panel: Finding your inspiration, passion, vision, and pathway in the profession and beyond was \***

	Strongly Disagree	Disagree	Agree	Strongly Agree
Fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balanced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free of bias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Valuable to me

**Please offer additional comments about Session 3**

Type here...

**Please confirm that you attended Session 4 HeartMath \***

- Live: In Person
- Did not attend

**Session 4 HeartMath \***

	Strongly Disagree	Disagree	Agree	Strongly Agree
Robert Browning was an effective speaker for this presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sheva Carr was an effective speaker for this presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching how to utilize HeartMath effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tapping into the power and intelligence of your heart.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Overall, Session 4 HeartMath \***

	Strongly Disagree	Disagree	Agree	Strongly Agree
Fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balanced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free of bias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Valuable to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please offer additional comments about Session 4**

Type here...

**Please confirm that you attended Session 5 The Possibilities: Reinventing Your Nursing Practice \***

- Live: In Person
- Did not attend

**Session 5 The Possibilities: Reinventing Your Nursing Practice \***

	Strongly Disagree	Disagree	Agree	Strongly Agree
Jackie Levin was an effective speaker for this presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expand what academic, leadership, and bedside nursing means.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experience creative practices to open up portals of possibilities to refresh or reboot their nursing practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop a personal pathway toward reinventing themselves and/or their nursing practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Overall, Session 5 The Possibilities: Reinventing Your Nursing Practice was \***

	Strongly Disagree	Disagree	Agree	Strongly Agree
Fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balanced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free of bias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Valuable to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please offer additional comments about Session 5**

Type here...

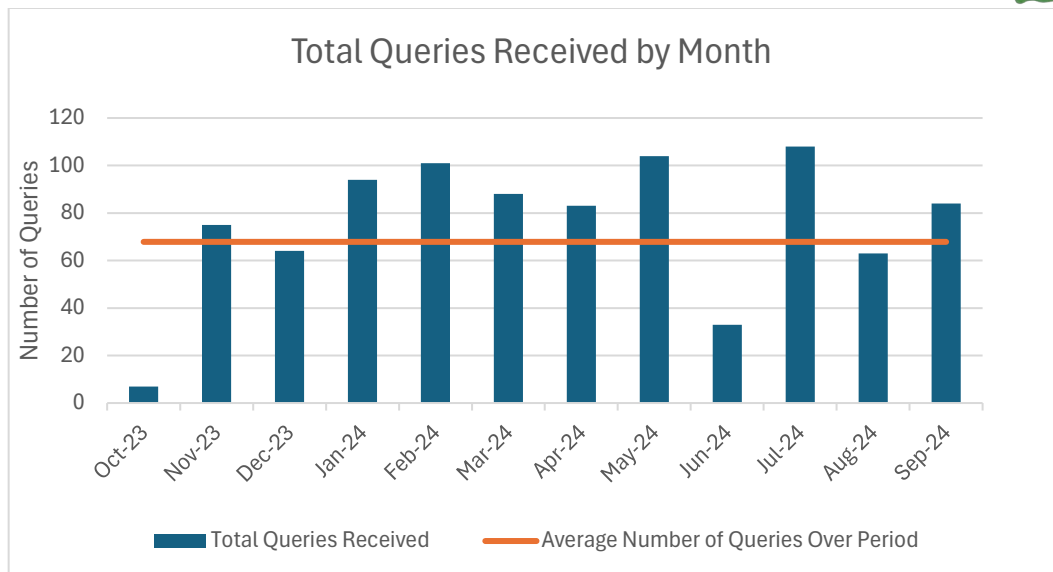
Save

Submit

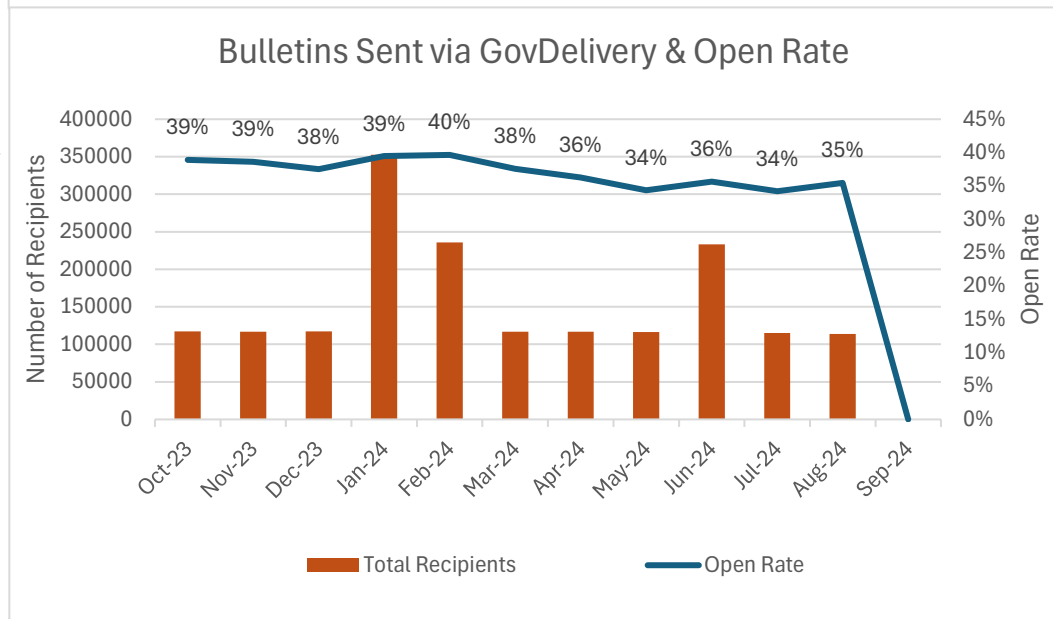
# Advanced Practice Unit Performance Measures



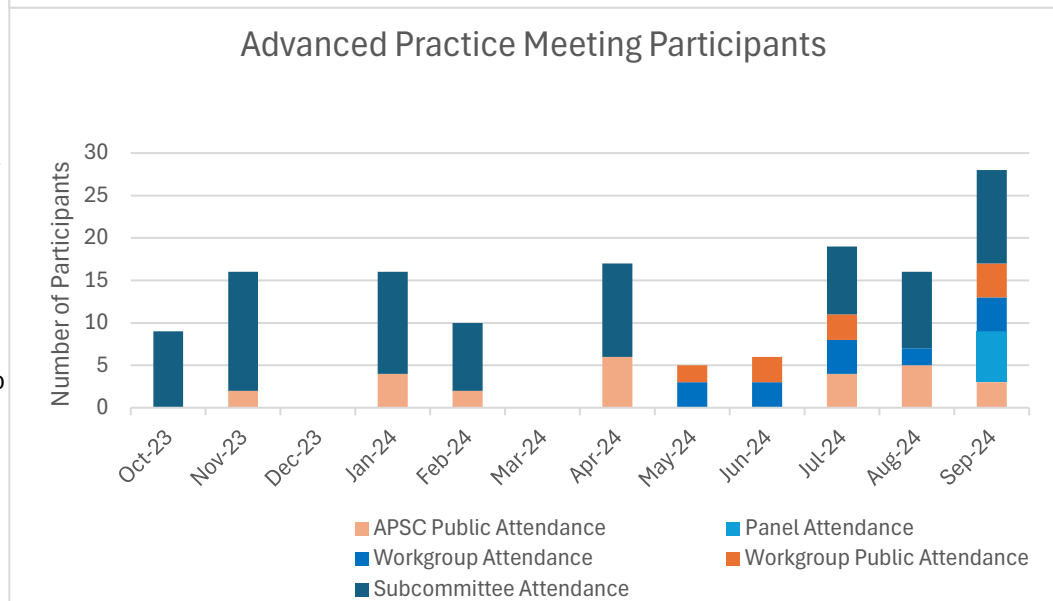
**Volume.** The total number of Advanced Practice queries received per month in the last 12 months. This fluctuates based on external demand.



**Volume / Satisfaction.** The total number of individuals who received public bulletins from the Advanced Practice unit, and the percentage of recipients who opened the bulletins by month.



**Volume / Satisfaction.** The number of participants at the Advanced Practice subcommittee, workgroup, and panel meetings. The goal is to increase public attendance.



## FREQUENTLY ASKED QUESTIONS (FAQ)

### Licensed Practical Nurse (LPN)

#### Category:

#### Title: Opioid Overdose Reversal Medications (OORM) – Nursing Scope of Practice and Nurse Delegation

**What opioid antagonists are commonly prescribed to reverse the effects of opioid overdose?**

Opioid antagonists reverse the effects of an opioid overdose. [Naloxone \(Narcan®\)](#) is the current standard of treatment for opioid overdose. The Food and Drug Administration (FDA) approves administration by intravenous, intramuscular, or subcutaneous routes; a hand-held auto-injector ([Evzio®](#)) for intramuscular or subcutaneous injection; and, in 2018, approved the first generic naloxone hydrochloride nasal spray. These are legend drugs, and not categorized as controlled substances. Naloxone has not been shown to produce tolerance or cause physical or psychological pain. It will produce withdrawal symptoms. Severity and duration of the withdrawal relate to the dose of naloxone and the degree and type of opioid dependency. See the [Washington State Department of Health Overdose Education and Naloxone Distribution Webpage](#) for more information.

**Is the Licensed Practical Nurse required to carry naloxone?**

[RCW 69.41.095](#) does not require the Licensed Practical Nurse to carry an opioid antagonist, such as naloxone. For more information, go to the [Washington State Department of Health Overdose Education and Naloxone Distribution Website](#).

**Can the Licensed Practical Nurse administer naloxone follow a standing order for a suspected opioid overdose?**

The Licensed Practical Nurse may administer an opioid antagonist following a standing order from an authorized health care practitioner. This includes following the Washington State Department of Health [Statewide Standing Order to Dispense Naloxone](#). The Licensed Practical Nurse should use the [Scope of Practice Decision Tree](#) to determine if the activity is within the nurse's legal and

individual scope of practice. The Nursing Care Quality Assurance Commission's [Standing Orders and Verbal Orders Advisory Opinion](#) provides guidance and recommendations. For more information, go to the [Washington State Department of Overdose Education and Naloxone Distribution Website](#).

### **Can the Licensed Practical Nurse carry naloxone for emergent administration for a suspected drug overdose to an unknown person?**

[RCW 69.41.095](#) allows the Licensed Practical Nurse to carry and administer an opioid antagonist (such as naloxone) to a person suspected of experiencing an opioid overdose in any setting. The nurse must have a valid prescription, either in the nurse's name, in the name of an entity, in the name of a person or patient, or through a standing order. The nurse may get a prescription from a pharmacist with a Collaborative Drug Therapy Agreement (CDTA) or use the Washington State Department of Health [Statewide Standing Order to Dispense Naloxone](#) to get a prescription from a pharmacy. The nurse may also get a prescription in their own name from their health care practitioner. The Licensed Practical Nurse should use the [Scope of Practice Decision Tree](#) to determine if specific activities are within the registered nurse's legal and individual scope of practice. For more information, go to the [Washington State Department of Health Overdose Education and Naloxone Distribution Website](#).

### **Can the Licensed Practical Nurse dispense or distribute naloxone?**

[RCW 69.41.095](#) allows the Licensed Practical Nurse to dispense or distribute an opioid antagonist (such as naloxone) for a high-risk person, their family members, or friends following standing orders or a prescription from an authorized health care practitioner. Any person or entity may lawfully possess, store, deliver, distribute, or administer an opioid overdose reversal medication with a prescription or standing order. The Licensed Practical Nurse should use the [Scope of Practice Decision Tree](#) to determine if specific activities are within the registered nurse's legal and individual scope of practice. For more information, go to the [Washington State Department of Health Overdose Education and Naloxone Distribution Website](#).

### **Is the Licensed Practical Nurse required to have a special certification or specific training to prescribe, dispense, and administer naloxone for a suspected drug overdose?**

The Licensed Practical Nurse, just as in all care the nurse provides, must be appropriately prepared and competent to perform the activity safely. The Washington state laws and rules do not require a specific training course or certification. [Stop Overdose.com](https://www.stopoverdose.com) offers education, resources, and technical assistance for individuals, professionals, and communities in Washington State who want to learn to prevent and respond to overdose and improve the health of people who use drugs. An employer or institution may have specific requirements for training or certification. The Licensed Practical Nurse should use the [Scope of Practice Decision Tree](#) to determine if specific activities are within the registered nurse's legal and individual scope of practice. For more information and training resources, go to the [Washington State Department of Health Overdose Education and Naloxone Distribution Website](#).

**Can the Licensed Practical Nurse get a prescription to carry and administer naloxone in a non-work setting?**

[RCW 69.41.095](#) allows the Licensed Practical Nurse to have a prescription for an opioid antagonist in the nurse's name to carry and administer in the non-work setting. Nurses may carry and administer an opioid antagonist (such as naloxone) in a suspected opioid overdose whether the person is a family member, friend, stranger, or a patient. The Licensed Practical Nurse should use the [Scope of Practice Decision Tree](#) to determine if specific activities are within the registered nurse's legal and individual scope of practice. For more information, go to the [Washington State Department of Health Overdose Education and Naloxone Distribution Website](#).

**Can the Licensed Practical Nurse delegate to the nursing assistant to administer naloxone for a suspected opioid overdose?**

It is not within the Licensed Practical Nurse's scope of practice to delegate administration of an opioid antagonist by any route in any setting. [RCW 69.41.095](#) provides an exception to the nursing delegation laws and rules and does not require delegation for a nursing assistant to administer an opioid overdose medication by intranasal spray or by injection. The Licensed Practical Nurse should use the [Scope of Practice Decision Tree](#) to determine if specific activities are within the registered nurse's legal and individual scope of practice. For more information, go to the [Washington State Department of Health Overdose Education and Naloxone Distribution Website](#).

Department of Health  
Nursing Care Quality Assurance Commission  
**Advisory Opinion**

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

<i>Title:</i>	Prevention and Treatment of Opioid-Related Overdoses	<i>Number:</i> NCAO 8.10
<i>References:</i>	<a href="#">RCW 18.79 Nursing Care</a> <a href="#">WAC 246-840 Practical and Registered Nursing</a> <a href="#">RCW 18.130.345 Washington State Uniform Disciplinary Act</a> <a href="#">RCW 69.41 Legend Drugs-Prescription Drugs</a> <a href="#">RCW 69.50 Uniform Controlled Substances Act</a> <a href="#">RCW 4.24.300 Immunity from Liability for Certain Types of Medical Care</a> <a href="#">RCW 69.41.095 Opioid Reversal Medication - Standing Orders Permitted</a> <a href="#">RCW 28A.210.390 Opioid Overdose Reversal Medication - Standing Order - Administration</a> <a href="#">RCW 28A.210.395 Opioid Overdose Reversal Medication - Policy Guidelines and Treatment Requirements - Grant Program</a>	
<i>Contact:</i>	Deborah Carlson, MSN, RN, Director of Nursing Practice	
<i>Phone:</i>	360-236-4703	
<i>Email:</i>	<a href="mailto:NursingPractice@doh.gov">NursingPractice@doh.gov</a> <a href="mailto:AdvancedNursingPractice@doh.wa.gov">AdvancedNursingPractice@doh.wa.gov</a>	
<i>Effective Date:</i>	March 12, 2021	
<i>Supersedes:</i>	November 13, 2015	
<i>Approved By:</i>	Nursing Care Quality Assurance Commission	

### Conclusion Statement

It is within the scope of practice of the nurse technician (NT), nursing assistant-registered/nursing assistant-certified (NA-R/NA-C), licensed practical nurse (LPN), registered nurse (RN) to store, dispense, administer, distribute and deliver an opioid overdose medication following a prescription or standing order from an [authorized health care practitioner](#) in any setting. Nurse delegation to unlicensed assistive personnel (UAP) is not required, such as nursing assistant-registered/nursing assistant-certified (NA-R/NA-C), or home care aid-certified (HCA-C), or other UAP to administer opioid overdose medication allowed in the laws and rules. It is not within the scope of the nurse to delegate administration of injectable opioid antagonists to UAP, unless it is within the scope of practice of the UAP.

The NA-R/NA-C, LPN, RN, and ARNP may self-carry a prescription for a reversal medication and administer the drug to any person at risk of experience of an opioid-related overdose in any setting, including acting as a bystander. It is within the scope of practice of the ARNP with prescriptive authority to prescribe an opioid overdose medication, including through a standing order.

It is within the scope of the NT, NA-R/NA-C to administer an intranasal or injectable opioid antagonist without delegation. It is within the scope of the RN to delegate to unlicensed assistive personnel (UAP), such as the NA-R/NA-C, HCA-C to administer an opioid antagonist delivered intranasally in allowed settings. It is in the scope of practice of the RN to delegate to medical-assistant-registered/medical assistant-certified (MA-R/MA-C) or other UAP to administer an opioid antagonist within their scope of practice.

## **Background and Analysis**

### **Opioid Antagonists Overview**

Opioid antagonists reverse the effects of an opioid overdose. [Naloxone \(Narcan®\)](#) is the current standard of treatment for opioid overdose. The Food and Drug Administration (FDA) approves administration of Naloxone by intravenous, intramuscular, or subcutaneous routes. In 2018, the FDA approved a hand-held auto-injector ([Evzio®](#)), and a naloxone nasal spray. Off-label use via intranasal administration of injectable Naloxone is common because of ease of administration, storage, avoidance of needles, and literature supporting using Naloxone by the intranasal route. Off-label drugs lack the Food and Drug (FDA) approval. Off-label delivery methods may be legally prescribed, dispensed, distributed, or administered by the ARNP with prescriptive authority. Off-label use should be done with careful insight and understanding of the risks and benefits to the patient considering high-quality evidence supporting efficacy, effectiveness, and safety.

### **Legal Analysis**

It is within the scope of practice of the ARNP with prescriptive authority to:

- Prescribe an opioid antagonist to any one at risk for having or witnessing an opioid overdose.
- Prescribe an off-label medication for use as an opioid antagonist.
- Prescribe, dispense, distribute, and deliver an opioid overdose medication directly to any person who may be present at an opioid-related overdose, such as individuals, law enforcement, emergency medical technicians, family members, nurses, or service providers.
- Enter into a Collaborative Drug Therapy Agreement (CDTA) with a pharmacist allowing the pharmacist to prescribe an opioid antagonist directly to the public.

It is within the scope of practice of the NT, NA-R/NA-C, RN, LPN to:

- Dispense, distribute, and deliver opioid overdose medication following a standing order from an [authorized health care practitioner](#) (ARNP, licensed physician and surgeon, dentist, osteopathic physician and surgeon, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, or a licensed midwife within their scope of practice within their scope of practice) in any setting.
- Dispense, distribute, and deliver Naloxone for persons at risk or to a person who is in a position to assist someone who is at risk of an opioid-related overdose following the [Naloxone State-Wide Standing Order](#) issued by the Washington State Health Officer.



The law allows any person to lawfully possess, store, deliver, distribute, or administer the medication with a prescription or order issued by an [authorized health care practitioner](#). [RCW 69.41.095](#) includes language providing protection from criminal or civil liability or disciplinary action. [RCW 4.24.300](#) (commonly known as the “Good Samaritan” law) provides immunity from civil liability to anyone (including licensed health care providers) who provides emergency care, without compensation, unless there is gross negligence or misconduct.

## **Delegation**

### **Community-Based and In-Home Care Settings**

[RCW 18.79.260](#) permits RN delegation of an intranasal opioid antagonist to the NA-R/NA-C or HCA-C or individuals in in-home care settings and in community-based settings (adult family homes, assisted living facilities, and community residential programs for people with developmentally disabilities). The law does not allow delegation to UAP in community-based settings of opioid antagonists by injection. UAP may administer an intranasal or injectable opioid antagonist prescribed to patient without delegation or administer intranasal or injectable opioid antagonist as a bystander.

### **Public and Private Schools, Kindergarten-Twelve Grade**

The [RCW 28A.210.260](#) allows the school RN to delegate administration of an intranasal opioid antagonist if the school RN is not on the premises. The law does not allow delegation to UAP in schools of opioid antagonists by injection. UAP may administer an intranasal or injectable opioid antagonist prescribed to a student without delegation or administer intranasal or injectable opioid antagonist as a bystander. [RCW 28A.210.390](#) requires Class I high schools with more than 2,000 students to have stock Naloxone and designated staff to administer the drug. [RCW 28A.210.390](#) and [RCW 28A.210.395](#) define the requirements for schools related to the prevention of opioid overdoses.

### **Other Settings**

Nursing delegation of medications to the NA-R/NA-C or HCA-C is not within the scope of the RN or LPN in any other setting. UAP may administer an intranasal or injectable opioid antagonist prescribed to a patient in any setting without delegation or administer intranasal or injectable opioid antagonist as a bystander. The RN may delegate to the MA-R/MA-C within their scope of practice.

## **Recommendations**

The commission supports prescribing an opioid reversal drug to all persons at risk for opioid complications or overdose. The commission recommends using the [Nursing Scope of Practice Decision Tree](#). The NT, NA-R, NA-C, LPN, RN, and ARNP must follow all relevant laws and rules.

The NCQAC encourages nurses to incorporate overdose prevention into their daily practice using the nursing process/care planning. Nurses should be involved in training UAP, family, and others to recognize signs and symptoms and emergency response including administration for opioid overdose reversal medication. [Stop Overdose.com](#) offers education, resources, and technical assistance for individuals, professionals, and communities in Washington State who want to learn to prevent and respond to overdose and improve the health of people who use drugs. See the [Washington State Department of Health Overdose Education and Naloxone Distribution Webpage](#) for more information.

The NCQAC supports institutions and agencies consider initiating and implementing formal opioid overdose prevention programs as a strategy to prevent and respond to opioid overdoses within their facilities and/or in the community.

- Include integrating overdose prevention messages and education into conversations with high-risk patients, their family members, friends, and community to recognize the signs and symptoms of an opioid overdose, and respond appropriately if someone is experiencing an overdose, including administering an opioid antagonist;
- Include opioid overdose prevention training and opioid antagonist administration in the nursing education curriculum.
- Implement CDTAs, standing orders/protocols to prescribe, dispense, distribute, and deliver opioid overdose medication, including following the state-wide standing order issued by the Washington State Health Officer.
- Follow current evidence-based practices for the use of opioid analgesics to manage pain, as well as specific steps to prevent and manage opioid overdose.
- Use the [Nursing Scope of Practice Decision Tree](#) in making decisions about scope of practice.

### **Collaborative Drug Therapy Agreement (CDTA)**

The ARNP interested in entering into a [CDTA](#) with a pharmacist must submit the [CDTA Application](#) to the [Washington State Pharmacy Quality Assurance Commission](#) for review and approval.

### **Conclusion**

ARNPs with prescriptive authority may prescribe, dispense, distribute, and deliver opioid overdose medication to any person who may be at high-risk or present at an overdose, including law enforcement, emergency medical technicians, family members, or service providers. The NT, NA-R/NA-C, RN, and LPN may follow standing orders or protocols from an authorized provider. The ARNP may have a CDTA with a pharmacist to prescribe, dispense, distribute, and deliver opioid overdose medication.

### **References**

Health and Human Services U.S. Surgeon General’s Advisory on Naloxone and Opioid Overdose: <https://www.hhs.gov/surgeongeneral/priorities/opioids-and-addiction/naloxone-advisory/index.html>

Naloxone Use in the School Setting: The Role of the School Nurse. National Association of School Nurses (2015): <https://www.nasn.org/advocacy/professional-practice-documents/position-statements/ps-naloxone>

Stop Overdose.Org: <http://stopoverdose.org/>

Washington State Department of Health Opioids, Resources, and Opioid Prescribing Requirements: <https://www.doh.wa.gov/CommunityandEnvironment/Opioids>

## COMMONLY ASKED QUESTIONS (CAQ)

Category: Registered Nurse (RN)

Title: Prevention and Treatment of Opioid-Related Overdoses

**What opioid antagonists are commonly prescribed to reverse the effects of opioid overdose?**

Opioid antagonists reverse the effects of an opioid overdose. [Naloxone \(Narcan®\)](#) is the current standard of treatment for opioid overdose. The Food and Drug Administration (FDA) approves administration by intravenous, intramuscular, or subcutaneous routes; a hand-held auto-injector ([Evzio \(Naloxone Auto-Injector\) Approved to Reverse Opioid Overdose | FDA®](#)) for intramuscular or subcutaneous injection; and, in 2018, approved the first generic naloxone hydrochloride nasal spray. The FDA approves some dosages of intranasal naloxone as over the counter (OTC) ([OTC Naloxone Nasal Spray – March 29, 2024 | FDA](#)). See the [Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#) and the [Washington State Department of Health Overdose Education and Naloxone Distribution Webpage](#) for more information.

**Is the registered nurse (RN) required to carry naloxone?**

[RCW 69.41.095](#) does not require the RN to carry an opioid antagonist, such as naloxone. See the [Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#) and the [Washington State Department of Health Overdose Education and Naloxone Distribution Webpage](#) for more information.

**Is the registered nurse (RN) allowed to administer naloxone following a standing order for a suspected opioid overdose?**

The appropriate prepared and competent RN is allowed to administer an opioid antagonist following a standing order from an [authorized health care practitioner](#). This includes following the Washington State Department of Health [Statewide Standing Order to Dispense Naloxone](#). The RN should use the [Scope of Practice Decision Tree](#) to determine if the activity is within the RN's scope of practiced based on competencies, legal parameters, and other factors. See the [Standing Orders Advisory Opinion](#), [Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#) and the [Washington State Department of Health Overdose Education and Naloxone Distribution Webpage](#) for more information.

**Is the registered nurse (RN) allowed to carry over the counter (OTC) or naloxone for emergent administration for a suspected drug overdose to an unknown person?**

[RCW 69.41.095](#) allows the RN, or any person, to carry and administer an opioid antagonist (such as naloxone) to a person suspected of experiencing an opioid overdose in any setting. The RN is allowed to obtain and carry OTC naloxone and administer it for a suspected drug overdose. The RN must have a valid prescription, either in the nurse's name, in the name of an entity, in the name of a person/patient, or through a [standing order](#) to administer prescription naloxone. The nurse may also get a prescription from a pharmacist with a Collaborative Drug Therapy Agreement (CDTA) or use the Washington State Department of Health [Statewide Standing Order to Dispense Naloxone](#) to get a prescription. Anyone can take the standing order to a pharmacy to get a prescription. The RN may also get a prescription in their own name from their health care practitioner. The RN should use the [Scope of Practice Decision Tree](#) to determine if specific activities are within the RN's scope of practice based on competencies, legal parameters, and other factors. See the [Standing Orders Advisory Opinion, Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#) and the [Washington State Department of Health Overdose Education and Naloxone Distribution Webpage](#) for more information.

**Is the registered nurse (RN) allowed to dispense or distribute naloxone?**

The RN is allowed to dispense or distribute an opioid antagonist (such as naloxone) for a high-risk person, their family members, or friends following standing orders from an [authorized health care practitioner](#). Any person or entity may lawfully possess, store, deliver, distribute, or administer an opioid overdose reversal medication with a prescription or standing order ([RCW 69.41.095](#)). See the [Standing Orders Advisory Opinion, Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#) and the [Washington State Department of Health Overdose Education and Naloxone Distribution Webpage](#) for more information.

**Is the registered nurse (RN) required to have a special certification or specific training to prescribe, dispense, and administer naloxone for a suspected drug overdose?**

The RN must be appropriately prepared and competent to perform the activity safely; just as in all care the nurse provides. The Washington state laws and rules do not require a specific training course or certification for administration of naloxone. [Stop Overdose.com](#) offers education, resources, and technical assistance for individuals, professionals, and communities in Washington State who want to learn to prevent and respond to overdose and improve the health of people who use drugs. An employer or institution may have specific requirements for training or certification. The RN should use the [Scope of Practice Decision Tree](#) to determine if specific activities are within the RN's scope of practice based on competencies, legal parameters, and other factors. See the [Washington State Department of Health Overdose Education and Naloxone Distribution Webpage](#) for more information.

**Is the registered nurse (RN) allowed to get a prescription to carry and administer naloxone in a non-work setting?**

[RCW 69.41.095](#) allows the RN to have a prescription for an opioid antagonist (such as naloxone) in the nurse's name to carry and administer an opioid antagonist in the non-work setting. Nurses may carry and administer an opioid antagonist in a suspected opioid overdose whether the person is a family member, friend, stranger, or a patient. See the [Standing Orders Advisory Opinion, Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#) and the [Washington State Department of Health Overdose Education and Naloxone Distribution Webpage](#) for more information.

**Is the registered nurse (RN) allowed to delegate administration of naloxone for a suspected overdose to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C), home care aide-certified (HCA-C), or non-credentialed staff?**

The RN is allowed to delegate administration of an intranasal opioid antagonist (such as naloxone) only in community-based (adult family homes, assisted living facilities, and community residential programs for people with developmental disabilities), in-home care settings to the NA-R/NA-C or HCA-C. The school RN is allowed to delegate administration of intranasal opioid antagonist to non-credentialed staff in schools (Kindergarten-twelve grade, public and private). It is not within the RN's scope of practice to delegate administration of an opioid antagonist by injection in any setting. [RCW 69.41.095](#) allows the NA-R/NA-C, HCA-C, or non-credentialed staff to administer an injectable or intranasal opioid antagonist without RN delegation in any setting. See the [Standing Orders Advisory Opinion, Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#) and the [Washington State Department of Health Overdose Education and Naloxone Distribution Webpage](#) for more information.

# Louisiana State Board of Nursing

17373 Perkins Road  
Baton Rouge, LA 70810  
Telephone: (225) 755-7500  
[www.lsbn.state.la.us](http://www.lsbn.state.la.us)

## Proposed Language from Louisiana Board of Nursing in Support of Naloxone Distribution


### Addressing: Louisiana Hospital Nurses

The Louisiana Board of Nursing supports the distribution of naloxone to community members at-risk of experiencing an overdose, or at risk of witnessing an overdose. Pursuant to TITLE 40 - Public Health and Safety- RS 40:978.2 - Naloxone; prescription; dispensing; administration by third party; limitation of liability, hospitals may distribute naloxone under a hospital-wide standing order, for no charge or compensation.

Essential requirements of compliance are:

- The naloxone must be acquired and stored separately from the hospital's pharmacy inventory. The emergency department, or distribution location, is required to keep a log to track the distribution of the naloxone doses distributed.
- The hospital emergency department, or distribution location, is required to have policies and procedures, which will dictate how the hospital emergency department or distribution center will distribute the naloxone, including storage locations and whether the naloxone will be labeled or not labeled.

The Louisiana Board of Nursing finds that RS. 40:978:2 supersedes existing regulations regarding nursing participation in dispensing and distribution of medications. Naloxone being provided to the community as part of a harm reduction program may be dispensed by a nurse directly to a community member or patient of a hospital if supplied at no charge under a standing order issued by a healthcare provider.

  
Tavell L. Kindall, PhD, DNP, APRN, FNP<sub>BC</sub>, FAANP  
President, Louisiana State Board of Nurses

  
Karen C. Lyon, PhD, MBA, APRN, CNS<sub>BC</sub>, NEA  
LSBN Executive Director/CEO

# Louisiana State Board of Nursing

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**La. R.S. 40:978.2**

## Resolution

The Louisiana Board of Nursing met on August 10, 2023 at 17373 Perkins Road, Baton Rouge, La, and did pass the following resolution:

BE IT RESOLVED THAT, by an affirmative vote of board members participating in the decision-making process during this meeting, the Louisiana Board of Nursing recognizes La R.S. 40:978.2 is the most recent expression of the Louisiana Legislatures will regarding the dispensing of Naloxone and does supersede the Boards laws and regulations regarding dispensing.



Dr. Tavell Kindall, PhD, DNP, APRN, FNP  
President of the Louisiana State Board of Nursing

**La. R.S. 40:978.2:**

“D. Notwithstanding any other provision of law or regulation, a person or organization acting pursuant to a standing order issued by a healthcare professional who is authorized to prescribe Naloxone, or another opioid antagonist may store Naloxone or another opioid antagonist and may dispense naloxone or another opioid antagonist if such activities are performed without charge or compensation.”  
Louisiana Laws - Louisiana State Legislature.

## Consistent Standards of Practice Subcommittee (CSPSC) Request

The Washington State Hospital Association (WSHA) requests that the Washington State Board of Nursing (WABON) consider authoring an interpretive statement or advisory opinion in support of naloxone distribution as a harm reduction strategy and explicitly affirming that that [Chapter 69.41 RCW](#) is broadly permissive of the distribution, dispensing, and delivering of take-home naloxone from any care setting, to anyone at risk of overdose, a family member or other person in a position to help the person at risk of overdose as part of the “usual course of professional practice”, per section (1)(a) of [Chapter 69.41 RCW](#). WSHA provided an example from the Louisiana State Board of Nursing: [Nurses Distributing Naloxone](#).

## Background

WSHA’s Safe Deliveries Roadmap is leading a pilot program with five Washington birthing hospitals, working with perinatal units on a harm reduction strategy to increase dispensing directly to the patient and providing education prior to hospital discharge of naloxone to at-risk patients prior to discharge. This pilot is funded by a grant from the Alliance for Innovation on Maternal Health and WSHA is contracted with the nonprofit The Naloxone Project for technical assistance.

The WABON’s current [Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#) provides an overview of state laws and rules, as well as guidance, related to dispensing, administering, distributing and delivering an opioid overdose medication following a prescription or standing order from an authorized health care practitioner in any setting. The WABON’s website also includes [Frequently Asked Questions](#) (FAQs) for the registered nurse (RN) and licensed practical nurse (LPN) in relation to prevention and treatment of opioid-related overdoses.

See Washington’s [Naloxone State-Wide Standing Order](#).

## Recommendations

The CSPSC reviewed the request WSHA’s request to provide a supportive statement for the distribution of take-home naloxone to patients. The discussion included several options for the WABON to consider:

1. Develop a stand-alone supporting statement.
2. Develop a joint statement with the Pharmacy Commission.
3. Add a supporting statement to the existing [Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion](#).
4. Develop a stand-alone advisory opinion.
5. Develop FAQs specific to supporting dispensing directly to the patient at hospital discharge for patients at risk.

Note: An Interpretive Statement would not be applicable in this situation. An Interpretive Statement is a, “written expression of the opinion of an agency, entitled an interpretive statement by the agency head or its designee, as to the meaning of a statute or other provision of law, of a court decision, or of an agency order ([RCW 34.05.010](#)).



September 23, 2024

Dear Ella Guilford, MSN, M.Ed., BSN, RN, and Sub Committee Members:

My name is Jenica Sandall and I am the director of Safe Deliveries Roadmap at the Washington State Hospital Association (WSHA). WSHA's Safe Deliveries Roadmap is leading a pilot project with five Washington birthing hospitals, working with perinatal units on a harm reduction strategy to increase dispensing of naloxone to at-risk patients prior to discharge. This pilot is funded by a grant from the [Alliance for Innovation on Maternal Health](#) and WSHA is contracted with the nonprofit [The Naloxone Project](#) for technical assistance.

**Situation-** We requested this topic be added to the agenda for consideration of written organizational support from the Board of Nursing for nurses dispensing naloxone in their institutions. In our pilot, we have found that some hospital-based implementation teams are encountering barriers with their institutions reading the [WA RCW 69.41.095](#) to be prohibitive of dispensing from the inpatient setting. For example, the hospital agreed that it was allowable to dispense naloxone from their outpatient pharmacy but would not dispense from their inpatient pharmacy when the outpatient pharmacy was closed.

The standing order permits dispensing and delivery to people at-risk of overdose or those in a position to assist a person experiencing overdose and directs the practitioner to provide education and instructions on the use of naloxone. The RCW does not include language prohibiting dispensing from selected care areas. The dispensing and delivery of and education about this life saving medication is within the scope of care for nurses in Washington, including the inpatient setting.

**Background-** Behavioral health conditions including overdose and mental health conditions are the primary cause of pregnancy related deaths in Washington. The 2023 [WA Maternal Mortality Review](#) Panel Report recommends:

"Facilities should give birth parents who use or have used opioids or other prescribed substances take-home doses of naloxone—not just a prescription—before they discharge from the hospital. Patients and families should be trained on its use. Ensure that Medicaid and private plans fully reimburse facilities for the purchase of naloxone."

While this pilot is aimed at obstetric units, the dilemma exists for all areas of care where at-risk patients may present, including all inpatient units. Literature shows that the rate of naloxone prescribing is low and that the fill rate for those prescriptions is even lower - reported as less than 1-2% for our highest risk patients. Dispensing take-home naloxone directly to patients prior to hospital discharge and providing education on use is a harm reduction intervention within the scope of nursing care in Washington.

**Assessment-**

- The leading cause of pregnancy-associated deaths in Washington State were behavioral health conditions, and 74% of deaths related to unintentional overdose occurred in the year following the end of pregnancy.



- 80% of pregnancy-related deaths were determined to be preventable.
- Naloxone distribution has been found to significantly reduce overdose-related injuries and death.
- Last year, DCYF, HCA, DOH, and WSHA signed a cross-agency letter outlining recent updates relevant to perinatal substance use best practice updates. In that letter, the agencies noted that RCW 69.41.095 is permissive of distribution.

**Request-** WSHA requests that the WA Board of Nursing consider authoring an interpretive statement or advisory opinion in support of naloxone distribution as a harm reduction strategy and explicitly affirming that [WA RCW 69.41.095](#) is broadly permissive of the distribution, dispensing, and delivery of take-home naloxone: from any care setting, to anyone at risk of overdose, a family member, or other person in a position to help the person at risk of overdose, as part of the “usual course of professional practice”, per section (1)(a) of WA RCW 69.41.095. Please see the attached resolution and letter from the Louisiana Board of Nursing as an example.

Sincerely,

A handwritten signature in cursive script that reads "Jenica Sandall".

Jenica Sandall, MSN, RNC-OB, C-ONQS  
Director, Clinical Excellence, Safe Deliveries Roadmap  
Washington State Hospital Association  
[JenicaS@wsha.org](mailto:JenicaS@wsha.org)

Enclosures: 1

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

<b>Title:</b>	Contract Terms and Conditions	<b>Number:</b>	W35.032
<b>Reference:</b>	<a href="#">RCW 18.130.160</a> - Finding of unprofessional conduct—Orders—Sanctions—Stay—Costs—Stipulations. <a href="#">RCW 18.130.175</a> - Physician health and voluntary substance use disorder monitoring programs ( <i>as amended by 2023 c 425</i> ). <a href="#">RCW 18.79.440</a> - Public posting of enforcement actions restricted—Substance use disorder monitoring stipend program. <a href="#">WAC 246-840-750</a> - Philosophy governing voluntary substance use monitoring programs. <a href="#">WAC 246-840-760</a> - Definitions of terms used in WAC 246-840-750 through 246-840-790. <a href="#">WAC 246-840-770</a> - Approval of substance use monitoring programs <a href="#">WAC 246-840-780</a> - Conditions for participants entering the approved substance use monitoring program. <a href="#">WAC 246-840-790</a> - Substance use disorder monitoring stipend program <a href="#">Current DSM and ASAM Placement Criteria</a>		
<b>Reference:</b>	<del><a href="#">RCW 18.130.175</a></del> <del>through <a href="#">246-840-780</a></del> <del><a href="#">Current DSM and ASAM Placement Criteria</a></del>		
<b>Contact:</b>	<del>Paula R. Meyer, MSN, RN, FRE-  Catherine Woodard Executive Director,  Discipline and Washington Health  Professional Services  Washington State Board of Nursing Nursing Care Quality  Assurance Commission</del>		
<b>Contact:</b>	<a href="#">Catherine Woodard</a> <a href="#">Director, Discipline and Washington Health Professional Services</a> <a href="#">Washington State Board of Nursing (WABON)</a>		
<b>Effective Date:</b>	<del>November 8, 2024</del> <del>March 11, 2022</del>	<b>Date to be for Reviewed:</b>	November 8, <del>2026</del> <del>2022</del>
<b>Supersedes:</b>	<a href="#">W35.02</a> – November 4, 2022 <del><a href="#">W06.01</a></del> ; and <del>W35.01</del> – March 8, 2019; <a href="#">W35.02</a> <del>W06.01</del> – January 8,		

**Approved:**

[Dawn Morrell, BSN, RN](#)  
[Chair](#)  
[Washington State Board of Nursing \(WABON\)](#)

~~[Dawn Morrell, BSN, RN, Chair](#)~~ ~~[Laurie Soine, Ph.D., ARNP Chair](#)~~  
~~[Nursing Care Quality Assurance Commission](#)~~  
~~[Washington State Board of Nursing](#)~~

**PURPOSE:**

Washington Health Professional Services (WHPS) determines the length and terms of the ~~P~~Program ~~P~~Participation ~~C~~Contract based on the Substance Use Disorder (SUD) evaluation, time in recovery, prior treatment episodes, license type, professional duties, and the specifics of the nurse’s use patterns and behavior. WHPS may also amend the contract based on prior treatment and recovery time.

*Note:* Nationally accepted substance use disorder monitoring guidelines are contained in the National Council of State Boards of Nursing *Substance Use Disorder in Nursing*.

**PROCEDURE:**

I. Contract Lengths

A. No ~~s~~Substance ~~u~~Use ~~d~~Disorder ~~d~~Diagnosis (~~D~~Diagnostic ~~C~~Contract)

1. Circumstances indicate that the nurse may have misused alcohol or other drugs; however, the nurse has not been diagnosed with a SUD.
2. Diagnostic contracts are from six months to two years in length.
3. Recent substance misuse and/or related criminal conviction (within previous year) may warrant an extended contract length.
- ~~4.~~—Nurses who have been in sustained recovery for three or more years may not be appropriate for monitoring. —Demonstration of recovery may be supported by

5.4. documentation including, but not limited to, treatment completion, letters of endorsement, drug testing records, and self-help group attendance records.

B. Mild sSubstance uUse dDisorder  
dDiagnosis

1. The nurse has a mild SUD diagnosis.
2. Monitoring contracts are typically three years in length. However, the contract may be shortened to two years if the nurse can prove abstinence for at least one year prior to entering the program. -
3. WHPS determines self-help group (e.g., Alcoholics Anonymous, SMART Recovery) attendance requirements on a case-by-case basis.

C. Moderate to sSevere sSubstance uUse dDiagnosis:

1. The nurse has a moderate/severe SUD diagnosis.
2. Monitoring contracts are five years in length. -
3. A nurse whose SUD evaluation indicates an inability to practice with reasonable skill and safety agrees to cease practice until they make satisfactory progress in treatment.

D. Diagnosis in sSustained fFull rRemission

1. WHPS may give the nurse a shorter contract to account for the length of time actively involved in recovery and maintenance of sobriety.
2. The nurse may demonstrate recovery by supporting documentation including, but not limited to, treatment completion, letters of endorsement, drug screening records, and self-help group attendance records.

E. Applicants

1. Nurses applying for licensure and referred under an Agreement to Practice Under Conditions (APUC) order will generally be offered a one- to two-year contract in order to verify recovery and safety to practice.

**Agreement to Practice Under Conditions (APUC)**

Diagnosis	Contract
No Diagnosis	six months
Mild (in full remission)	one year
Moderate, severe (in full remission)	two years

II. Contract Conditions

The nurse must agree in writing to all contract terms and not alter the contract.

A. The Program Participation Contract must address the following areas:

1. Agree to limit practice in this state only; the nurse can no longer hold a multi-state license. -
2. Specific SUD treatment and report requirements.
3. Authorization to release information.
4. Abstinence from non-prescribed/non-approved, mind/mood altering substances.
5. Healthcare provider notification of substance use history.
6. Notification of prescription medications and agreement to submit to specialty evaluations.

7. Random drug testing.
8. Self-report of unauthorized use – cease practice, and evaluation and treatment requirements.
9. Agreement to appear when the Substance Use Disorder Review Panel requests an appearance.
10. Self-reports on recovery status.
11. Self-help group participation; scheduled reports and sponsor status.
12. Peer support group participation.

13. ~~EE~~ employment conditions - practice restrictions and worksite monitor (WSM) requirements.
  14. Notification of pending relocation to another state.
  15. Nurse's responsibility for all fees and costs associated with program participation.
  16. WHPS obligation to report significant contract non-compliance to Substance Use Disorder Review Panel (SUDRP).
  17. Non-compliance with any contract conditions may require WSM notification and cease practice.
  18. Notification within two days of any hospitalization or surgical procedures.
  19. Notification within two days of workplace disciplinary meeting or employment counseling.
  20. Notification of change in employment, contact information, termination or resignation.
  21. Notification of arrests, deferred sentences, or conviction following nolo contendere.
  22. Notification of any new disciplinary complaint.
- B. Work practice restrictions may include, but are not limited to:
- ~~1.~~ Not ~~practice function~~ in an unsupervised role.
  - ~~1-2.~~ Must identify worksite monitor to oversee practice. (See Procedure W38.02 Worksite Monitoring.)
  - ~~2-3.~~ Not practice with a -staffing agency, in home health, or adult family home ~~work~~.
  - ~~3-4.~~ Will not work beyond a 12-hour shift, and not more than 40 hours per week.
  - ~~4-5.~~ Will not work overtime or take on-call assignments.
  - ~~5-6.~~ Will not work a three shift (day, evening, night) rotation within a seven-day period.
  - ~~6-7.~~ Will not float from unit to unit.
  - ~~7-8.~~ Will not work night shift (generally 2300 to 0600).
  - ~~8-9.~~ Upon resuming practice, will not have access to, dispense, administer, count or waste controlled substances, or any potentially addictive medications until re-evaluated. (Access restrictions are generally for six to 12 months. If there is evidence of drug diversion, prescription fraud or patient harm, access is restricted for 12 months. Access restrictions may not be necessary for nurses whose sole misuse is alcohol and/or marijuana and there has been no work involvement.)
  - ~~9-10.~~ Will not have multiple employers.
- C. Case managers may work with nurses and employers to amend work restrictions as long as appropriate protections are in place. WHPS will consider contract amendments after 12 months of practice when the nurse has not engaged in significant non-compliance. (See W32 Program Non-Compliance and Discharge Criteria.)
- D. WHPS may consider night shift, staffing agency, in home health, and adult family home employment on an individual basis. Registry work requires a minimum three to six months assignment. The nurse, WHPS, and employer will sign an agreement outlining supervision for all home health and adult family home work.
- E. Research has shown that health professionals have a lower relapse rate upon return to practice if they are receiving Medication Assisted Treatment (MAT).
1. WHPS will consider an amendment of controlled substance access restrictions for nurses on MAT.
  2. Generally, therapy will be required for a period of one to two years.

3. The case manager will consult the WHPS Assistant Director on all access amendment requests.

### III. Transition Contracts

- A. WHPS will review and amend three to five year contracts as appropriate prior to the final year in order to transition nurses towards graduation. The purpose is to thoughtfully reduce the requirements and restrictions previously imposed on the nurse in an effort to prepare the nurse for life without monitoring. WHPS bases the timing of this contract on the nurse's progress in recovery and compliance with their monitoring contract.
- B. WHPS will generally not consider transition contracts until the nurse has worked successfully in healthcare for 12 months and are no longer on medication restriction.
- C. To be eligible for a transition contract, nurses must not have engaged in any significant contract non-compliance within the past two years as defined in *Procedure W32 Program Non-Compliance and Discharge Criteria.*
- D. Prior to beginning their transition contract, the nurse will submit a written summary of their recovery and relapse prevention plan.
- E. Before WHPS approves a transition contract, the case manager will consult with the peer support group facilitator and worksite monitor to determine the nurse's readiness for a reduction in monitoring requirements and restrictions.
- F. During the transition, WHPS may amend the contract to reduce the number of report submissions, self-help and peer support group attendance, and work restrictions. However, the transition contract includes:
  1. May not miss more than 12 support group meetings per year, missing no more than two consecutive meetings.
  2. Quarterly self and worksite monitor reports.
  3. Self-help group attendance as needed.
  4. Work restrictions as needed.
  5. Ongoing worksite monitor/supervision is required.
  6. Must test not less than a minimum of 12-18 times per year. (*See Procedure W42 Drug and Alcohol Testing.*)

### IV. Out-of-State Contracts

- A. Nurses must notify WHPS of an anticipated move prior to relocating.
- B. WHPS will continue to monitor nurses who choose to reside outside of Washington state.
- C. Nurses relocating or practicing under another state license must notify that state's nursing board or commission of WHPS participation and enroll in that state's monitoring program as directed. Once WHPS receives documentation of enrollment in that state's monitoring program, WHPS will issue an out-of-state monitoring contract and the other state will submit quarterly compliance reports. Nurses are eligible to graduate from WHPS when they receive written notification of graduation from the other state.



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

<b>Title:</b>	Washington Health Professional Services (WHPS) Case Management	<b>Number:</b>	W36.02 ‡
<b><u>Reference:</u></b>	<a href="#">RCW 18.130.160 - Finding of unprofessional conduct—Orders—Sanctions—Stay—Costs—Stipulations.</a> <a href="#">RCW 18.130.175 - Physician health and voluntary substance use disorder monitoring programs (as amended by 2023 c 425).</a> <a href="#">RCW 18.79.440 - Public posting of enforcement actions restricted—Substance use disorder monitoring stipend program.</a> <a href="#">WAC 246-840-750 - Philosophy governing voluntary substance use monitoring programs.</a> <a href="#">WAC 246-840-760 - Definitions of terms used in WAC 246-840-750 through 246-840-790.</a> <a href="#">WAC 246-840-770 - Approval of substance use monitoring programs</a> <a href="#">WAC 246-840-780 - Conditions for participants entering the approved substance use monitoring program.</a> <a href="#">WAC 246-840-790 - Substance use disorder monitoring stipend program</a>		
<b><u>Contact:</u></b>	<a href="#">Catherine Woodard</a> <a href="#">Director, Discipline and Washington Health Professional Services</a> <a href="#">Washington State Board of Nursing (WABON)</a>		
<b>Effective Date:</b>	<del>November 8, 2024</del> <del>March 11, 2022</del>	<b>Date <del>to befor</del> Reviewed:</b>	November 8, <del>2026</del> <del>2026</del>
<b>Supersedes:</b>	W36.01 – November 4, 2022 W13.01 – January 8, 2016 W07.01 - January 8, 2016		
<b>Approved:</b>	<a href="#">Dawn Morrell, BSN, RN</a> <a href="#">Chair</a> <a href="#">Washington State Board of Nursing (WABON)</a>		

## **PURPOSE:**

WHPS case management teams receive information from multiple sources such as treatment providers, employers, and legal services. WHPS uses this information to develop individualized monitoring contracts, monitor compliance and recovery status, and protect public safety.

The intent of case management teams is to consider nurses' individual circumstances while monitoring them per applicable statutes and regulations, procedures, and contract requirements.

## **PROCEDURE:**

### I. Case Management

- A. ~~Case management teams consist of a case manager and case manager associate. The case manager acts as the team leader and makes~~ decisions regarding SUD and/or mental health monitoring management of the nurse. ~~The case manager associate supports the case management process.~~
- B. The case manager will meet with contact the nurse prior to signing the Program Participation Contract in order to explain contract/program requirements and answer questions. ~~The case manager may contact the nurse telephonically, electronically, or by Skype/video chat service.~~
- C. ~~A member of the case management team~~The case manager will return all communications from nurses and stakeholders (~~telephone, electronic messages~~) by the next business day.
- D. Case managers will ~~and case manager associates~~ check all electronic case management system notifications at least twice a day, first thing every morning and prior to the end of the day.
- E. Case management ~~to~~ support contract compliance by taking~~requires~~ appropriate actions. Monitoring activities include but are not limited to:
  1. Overall contract compliance.
  2. Submission of self-reports.
  3. Submission of self-help group attendance records.
  4. Submission of work-site monitor evaluation reports.
  5. Submission of peer support group reports.
  6. Submission of treatment reports.
  7. Employment requests.
  8. Practice restriction compliance.
  9. Prescription information reports.
  10. Follow up of laboratory drug test results.
  11. Requests for monitoring interruptions.
- F. Contract non-compliance requires WHPS to notify the nurse with any required corrective actions. Corrective actions may include contract extension, increase in test frequency, and appearance before the Substance Use Disorder Review Panel (SUDRP) ~~and face-to-face meetings with their case manager.~~

### II. Case Staffing

- A. The WHPS assistant director will schedule weekly staffing meetings ~~weekly~~ or as necessary. ~~Case staffing meetings will occur in a separate, secure area.~~
- B. Case managers will bring the following to each case staffing meeting for review:
  - 1. New participants for contract requirements
  - ~~1.2. Evaluations~~
  - ~~2.3. Instances of unauthorized substance use~~
  - ~~3.4. Instances of significant contract non-compliance~~
  - ~~4.5. Requests for contract amendments~~
  - ~~5.6. Early discharge requests~~
  - 7. Questions about application of procedures ~~Procedure application questions~~
  - 8. Requests for monitoring interruptions
  - 9. Referrals to SUDRP
  - ~~6.10. Notices of required evaluations~~
- C. The case manager assigns a substitute to present cases and recommendations if they are unavailable to attend.
- D. The case manager documents decisions listing issues, actions taken, and corrective actions applied in the monitoring database. ~~Progress~~ Case notes also include findings and recommendations.

III. WHPS Medical Director:

- A. Case managers ~~will~~ may consult with the WHPS assistant director prior to referring an issue to the medical director.
- B. The medical director participates in case staffing meetings ~~as cases require~~.
- C. The medical director reviews all complex evaluations, potential dependence-producing prescriptions, and other significant issues; e.g., management of co-occurring disorders and fitness for duty evaluations. Complex evaluations may include medication management or chronic pain management. The medical director documents findings and recommendations as case notes.
- D. The medical director may consult with third parties (medical providers, evaluators) as necessary.

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

<b>Title:</b>	Professional Peer Support Groups (PSG) <a href="#">and Facilitator Agreement</a>	<b>Number:</b>	W39.02 ‡
<b>Reference:</b>	<a href="#">RCW 18.130.160 - Finding of unprofessional conduct—Orders—Sanctions—Stay—Costs—Stipulations.</a> <a href="#">RCW 18.130.175 - Physician health and voluntary substance use disorder monitoring programs (as amended by 2023 c 425).</a> <a href="#">RCW 18.79.440 - Public posting of enforcement actions restricted—Substance use disorder monitoring stipend program.</a> <a href="#">WAC 246-840-750 - Philosophy governing voluntary substance use monitoring programs.</a> <a href="#">WAC 246-840-760 - Definitions of terms used in WAC 246-840-750 through 246-840-790.</a> <a href="#">WAC 246-840-770 - Approval of substance use monitoring programs</a> <a href="#">WAC 246-840-780 - Conditions for participants entering the approved substance use monitoring program.</a> <a href="#">WAC 246-840-790 - Substance use disorder monitoring stipend program</a>		
<b>Contact:</b>	<a href="#">Catherine Woodard</a> <a href="#">Director, Discipline and Washington Health Professional Services</a> <a href="#">Washington State Board of Nursing (WABON)</a>		
<b>Effective Date:</b>	<del>November 8, 2024</del> <del>March 11, 2022</del>	<b>Date to befor Reviewed:</b>	November 8, 2026 <del>2026</del>
<b>Supersedes:</b>	<a href="#">W39.01</a> – November 4, 2024 W15.01 – January 8, 2016		
<b>Approved:</b>	<a href="#">Dawn Morrell, BSN, RN</a> <a href="#">Chair</a> <a href="#">Washington State Board of Nursing (WABON)</a>		

## **PURPOSE:**

The purpose of Professional Peer Support Groups (PSGs) is to support SUD recovery and re-entry of nurses back into practice. PSGs are facilitated, healthcare provider-centric support groups; they are not twelve-step or psychotherapy groups.

PSGs functions are:

- Sharing experience, strength, and hope in addressing issues related to the process of recovery from substance use disorder (SUD).
- Providing support regarding professional issues including practice re-entry.
- Providing resources for additional support services, e.g., childcare, emergency housing, government assistance~~food stamps~~.
- Providing input and recommendations relative to the needs of WHPS nurses, e.g., workplace issues, legal questions, filing bankruptcy.

## **PROCEDURE**

### I. PSG Facilitators:

WHPS recruits professional PSG facilitators from around the state through a formal application process. (See Peer Support Group Facilitator Application and Agreement forms, attached.)

#### A. Requirements for a PSG facilitator:

1. Complete an application.
2. Must have an unencumbered Washington State healthcare license, active or retired, in good standing with the licensing authority for three years prior to application, or for one year prior to becoming a co-facilitator.
- ~~2.~~
3. Must have demonstrated knowledge and experience in the field of SUD, which may include mental health and/or co-occurring disorders.
4. Must have worked in their field for at least one year within the last three years or have at least 30 hours of continuing education in the area of SUD or mental health.
5. Have a minimum of 12 months experience facilitating groups.
6. Exhibit willingness to work with healthcare professionals~~nurses~~ who are currently on medication-assisted treatment (MAT).

7. If in recovery, must demonstrate a minimum of three consecutive years of sobriety immediately preceding the application to PSG facilitator.
8. Applicants that are prior WHPS nurses must have graduated at least one year prior to submitting an application. WHPS may approve an applicant as a co-facilitator when the applicant has less than one year post-graduation.
9. WHPS will not accept applications from anyone who is a Worksite Monitor (WSM) or a direct treatment provider for any nurse in the group.

B. PSG Facilitator Responsibilities:

1. Must adhere to a ratio of no more than one facilitator to 10~~2~~ nurses.
2. Sign a PSG facilitator agreement with WHPS (attached as ~~Appendix~~~~endum~~ A).
3. Subscribe to the abstinence model of recovery.
4. Maintain the nurse's confidentiality except in cases of unauthorized substance use, impairment, or when the nurse may be a threat to self or others. The facilitator will notify the WHPS case management ~~team~~.
5. Conduct weekly meetings for nurses in WHPS.
6. Implement a fee structure that supports participation but does not impose a barrier to attendance. ~~-~~The recommended fee is no more than \$20 per meeting. A sliding scale fee must be available to nurses who are in financial distress.
7. Submit monthly reports to WHPS on each nurse by the first of the month. Refer to the Facilitator's Orientation Packet for further information.

II. Nurse Responsibilities in PSG

- A. WHPS defines the nurse's required attendance at PSG in the individual Program Participation Contract.
- B. Nurses are allowed to miss no more than six ~~(6)~~ PSG meetings per calendar year and no more than 12 during the transition contract year.
- C. For each missed meeting ~~greater than~~~~above~~ the six permitted, (or the 12 permitted during the transitional contract), WHPS will add one week to the contract ~~for every meeting the nurse misses.~~
- D. Missed meetings above the allotted six could be considered significant non-compliance and may result in referral to the ~~Nursing Care Quality Assurance Commission (NCQAC) for discipline.~~ Substance Use Disorder Referral Review Panel (SUDRP).

III. WHPS Responsibilities

- A. The WHPS assistant director and operations manager ~~will~~ review applications, check licensure status, interview, and select PSG facilitators. The assistant director may recruit from a list of known interested facilitator applicants.

- B. The assistant director will verify compliance with this procedure and is responsible for every PSG facilitator's signed agreement and compliance with the agreement. Refer to Addendum A, *Washington Health Professional Services Peer Support Group Facilitator Agreement*. (Attached)
- C. ~~The director~~WHPS retains copies of the PSG facilitator applications and agreements.
- D. The assistant director will review any PSG facilitator performance concern and document any actions that may be taken, including removal as a PSG facilitator. -
- E. WHPS hosts semi-annual PSG facilitator education meetings.
- F. WHPS recruits PSG facilitators and maintains relationships with PSGs through a ~~WHPS representative's attendance~~ case managers' attendance at each PSG at least once a year.



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

~~Nursing Care Quality Assurance Commission~~ Washington State Board of Nursing

Washington Health Professional Services

111 Israel Road SE, Post Office Box 47864 · Olympia, Washington 98504-7872 · whps@doh.wa.gov · Tel 360.236.2880 · Fax 360.359.7956/664.8588

**Addendum A**  
**Washington Health Professional Services**  
**Peer Support Group Facilitator Agreement**

Choose one: \_\_\_\_\_ Facilitator \_\_\_\_\_ Co-Facilitator

Name: \_\_\_\_\_

This Facilitator Agreement (Agreement) is between Washington Health Professional Services (WHPS) and the Peer Support Group (Co-) Facilitator identified below (facilitator).

**WHPS and the Facilitator agree as follows:**

- Facilitators Packet:** WHPS will provide the facilitator with a copy of the WHPS Facilitators Packet. The facilitator agrees to comply with all terms and conditions contained in the packet materials, including any subsequent amendments. In the event of a conflict between the agreement and packet materials, the agreement prevails.
- Professional Licenses/Certifications:** The Facilitator hereby attests that s/he possesses an active Washington State health care professional license as follows, or is retired in good standing.  
License/credential: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
License/credential: \_\_\_\_\_ Expiration date: \_\_\_\_\_

In addition, the facilitator agrees to maintain such licensure or credentialing throughout the term of this agreement and to notify WHPS within five business days of any change in professional status.

*(Individuals providing WHPS Peer Support Group Facilitator services prior to November 1, 2013 and do not have current licensure will not be required to obtain licensure.)*

- Experience:** By signing this agreement, the facilitator attests that he/she has:



- Worked in their field OR facilitated groups for at least one year within the last three years;
  - Has at least 30 hours of continuing education in chemical dependency OR one year of related work experience; and
  - Has a minimum of 12 months experience facilitating groups (not required for co- facilitator).
4. **Recovery:** If in recovery, the facilitator attests to a minimum of three years of recovery immediately preceding the application process for Peer Support Group Facilitator.
  5. **Drug and Alcohol Testing:** Due to the nature of the WHPS Program and experience of many facilitators in recovery, circumstances may dictate that it is in the best interest of WHPS and the facilitator that the facilitator submit to laboratory drug testing. By signing this agreement, the facilitator agrees to drug and/or alcohol testing upon request by WHPS and at WHPS' expense.
  6. **No Provision of Treatment Services:** The facilitator's role is to provide a mutually supportive environment for WHPS nurses to share experiences in monitoring. The facilitator may not act as a treatment provider, nor provide any therapeutic services (including drug screening) to a group participant.
  7. **No Employment Relationship:** The facilitator is not an employee of WHPS and WHPS does not set the amount of the facilitator's charges to group participants, nor is WHPS responsible for the collection of such charges. However, the facilitator agrees to establish a fee structure that will not be a barrier to group participation, to include offering a sliding fee scale. Sliding fee differentials may not be recouped.
  8. **Reporting:** The facilitator agrees to file attendance and other group participation reports as requested by WHPS by the ~~first~~<sup>6th</sup> of each month. In addition, the facilitator agrees to report the following to WHPS:
    - Regular absence from group.
    - Relapse or reasonable belief that the group participant may be using ~~or abusing~~ alcohol or ~~mind-altering~~<sup>other</sup> drugs.
    - Reasonable belief that the group participant may be of harm to oneself or others.
    - Reason to believe that the group participant may not be able to practice with skill and safety.
    - Ongoing disruptive group behavior.
  9. **Communication:** The facilitator agrees to check voice mail, e-mail, and Recovery Trek messages regularly and to return communications from WHPS within two business days.
  10. **Absences:** The facilitator agrees to identify a co-facilitator to take over the group during absences. The co-facilitator may not facilitate groups until a signed facilitator agreement is in place with WHPS. The co-facilitator may not have been in the WHPS program within the previous year.

11. **WHPS Facilitator Meetings:** WHPS holds facilitator meetings in the spring and fall of each year. The facilitator agrees to attend at least one of these meetings each year.
12. **Group size and length:** Facilitator-to-group participant ratio will not exceed 1:1~~0~~<sup>2</sup>. Group length is generally 1.5 hours; however, it may be one hour for groups with less than six participants.
13. **WHPS staff group attendance:** WHPS staff will attend every peer support group at least once a year. The facilitator agrees to accommodate WHPS staff visits. WHPS will make every effort to give reasonable notice and work with facilitators to identify mutually agreeable attendance.
14. **Liability:** The facilitator agrees to indemnify, defend, and hold harmless WHPS and the ~~Washington State Board of Nursing Nursing Care Quality Assurance Commission~~ from any claim, demand, loss, liability, damage or expense arising from the facilitator's work or performance under this agreement or otherwise as a WHPS Peer Support Group Facilitator.
15. **Termination:** WHPS or the facilitator may terminate this agreement at any time and for any reason upon written notice to the other party. In the event of such termination for other than mutual agreement, WHPS alone will determine whether the facilitator's attendance at a final Peer Support Group is appropriate in order to announce the termination to the group.
16. **Appointment:** Appointment of the facilitator is the sole purview of WHPS. This agreement and appointment becomes effective on the WHPS representative signature date.

---

Facilitator Signature

Date

---

Facilitator Address

---

Phone

E-mail

---

WHPS Representative Signature

Date

Email or ~~f~~ax to:

~~Washington State Board of Nursing Nursing Care Quality Assurance Commission~~  
~~Washington Health Professional Services~~

111 Israel Road SE

PO Box 47864

Olympia, WA 98504-~~7874~~

[whps@doh.wa.gov](mailto:whps@doh.wa.gov)

Fax: 360-~~359-7956664-8588~~

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

**PROCEDURE**

<b>Title:</b>	Cease Practice Requirements	<b>Number:</b>	W45.02 ±
<b>Reference:</b>	<p><a href="#">RCW 18.130.160 - Finding of unprofessional conduct—Orders—Sanctions—Stay—Costs—Stipulations.</a> <a href="#">RCW 18.130.175 - Physician health and voluntary substance use disorder monitoring programs (as amended by 2023 c 425).</a> <a href="#">RCW 18.79.440 - Public posting of enforcement actions restricted—Substance use disorder monitoring stipend program.</a> <a href="#">WAC 246-840-750 - Philosophy governing voluntary substance use monitoring programs.</a> <a href="#">WAC 246-840-760 - Definitions of terms used in WAC 246-840-750 through 246-840-790.</a> <a href="#">WAC 246-840-770 - Approval of substance use monitoring programs</a> <a href="#">WAC 246-840-780 - Conditions for participants entering the approved substance use monitoring program.</a> <a href="#">WAC 246-840-790 - Substance use disorder monitoring stipend program</a> <a href="#">RCW 18.130.160</a> <a href="#">RCW 18.130.175</a> <a href="#">WAC 246-840-750 through 246-840-780</a></p> <p>Procedures W06; W09; W10; W11; W17; W18; W19.</p>		
<b>Contact:</b>	<p><a href="#">Catherine Woodard</a> <a href="#">Director, Discipline and Washington Health Professional Services</a> <a href="#">Washington State Board of Nursing (WABON)</a></p>		
<b>Contact:</b>	<p><a href="#">Catherine Woodard, Director</a> <a href="#">Discipline and Washington Health Professional Services</a> <a href="#">Paula R. Meyer, MSN, RN, FRE</a> <a href="#">Executive Director</a> <a href="#">Washington State Board of Nursing Nursing Care Quality Assurance Commission</a></p>		
<b>Effective Date:</b>	<del>November 8, 2019</del> November 8, 2024	<b>Date <del>to befor</del> Reviewed:</b>	November 8, 2024
<b>Supersedes:</b>			

**Approved:**

Dawn Morrell, BSN, RN  
Chair  
Washington State Board of Nursing (WABON)

**PURPOSE:**

The primary mission of Washington Health Professional Services (WHPS) is to protect public health and safety. When there is reasonable concern about the ability to practice safely because of substance use disorder or mental health, WHPS requires the nurse to cease practice.

WHPS does not have authority to take action on a nurse's license. WHPS requires cessation of practice under certain circumstances as a public safety measure. The nurse and employer understand this as a contractual requirement.

**PROCEDURE:**

I. Cease Practice Requirements

- A. WHPS will require nurses to cease practice and will notify the wWork sSite mMonitor (WSM) in these circumstances, but not limited to:
1. Positive drug screen without a valid prescription.
  2. Substituted or altered drug test sample.
  3. Report of impaired practice.
  4. Use of prescribed short-term narcotic analgesics.
  5. Evidence of drug seeking behavior.
  6. Significant contract non-compliance in certain circumstances.
  7. Self-report of unauthorized substance use.
  8. Practicing in an unapproved capacity.
  9. Report of medication diversion.

II. Required Evaluations

A. WHPS will refer nurses removed from practice for substance use non-compliance for an substance use disorder substance-use-evaluation. WHPS also requires the nurse to follow all treatment recommendations -and may require the nurse to re-enter treatment before to returning to practice. WHPS may require additional specialty evaluations (e.g., psychiatry, pain management).

A.B. WHPS and the evaluator or treatment provider must approve the nurse's return to practice. Any unauthorized practice will result in referral to Substance Use Disorder Review Panel (SUDRP) and Abuse Team and possible discharge from the program.

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

<b>Title:</b>	Graduation	<b>Number:</b> W46.032
<b>Reference:</b>	<p><a href="#">RCW 18.130.160</a> - Finding of unprofessional conduct—Orders—Sanctions—Stay—Costs—Stipulations.</p> <p><a href="#">RCW 18.130.175</a> - Physician health and voluntary substance use disorder monitoring programs (<i>as amended by 2023 c 425</i>).</p> <p><a href="#">RCW 18.79.440</a> - Public posting of enforcement actions restricted—Substance use disorder monitoring stipend program.</p> <p><a href="#">WAC 246-840-750</a> - Philosophy governing voluntary substance use monitoring programs.</p> <p><a href="#">WAC 246-840-760</a> - Definitions of terms used in WAC <a href="#">246-840-750</a> through <a href="#">246-840-790</a>.</p> <p><a href="#">WAC 246-840-770</a> - Approval of substance use monitoring programs</p> <p><a href="#">WAC 246-840-780</a> - Conditions for participants entering the approved substance use monitoring program.</p> <p><a href="#">WAC 246-840-790</a> - Substance use disorder monitoring stipend program</p>	
<b>Contact:</b>	<p><del>Paula R. Meyer, MSN, RN, FRE</del><a href="#">Catherine Woodard</a>  <del>Executive Director, Director</del><a href="#">Discipline and Washington Health Professional Services</a>  <a href="#">Washington State Board of Nursing (WABON)</a><del>Nursing Care Quality Assurance Commission</del></p>	
<b>Effective Date:</b>	<p><del>March 11, 2022</del><a href="#">November 8, 2024</a></p>	<b>Date for Review:</b> November 8, 20262
<b>Supersedes:</b>	<p><a href="#">W46.02</a> – November 4, 2022  <del>W46.01</del> – March 8, 2019  W16.01 – January 8, 2016</p>	
<b>Approved:</b>	<p>Dawn Morrell, <del>RN, BSN</del><a href="#">BSN, RN</a>  Chair  Washington State Board of Nursing (WABON)</p>	

**PURPOSE:**

To establish criteria for successful graduation from the Washington Health Professional Services

(WHPS) program.

**PROCEDURE:**

I. Nurse ~~r~~Responsibilities for ~~g~~Graduation

- A. The nurse applying for graduation must not have had any instances of significant non-compliance as defined in *Procedure W32 Program Non-Compliance and Discharge Criteria* for the immediate two years prior to application. For nurses under a diagnostic contract (two years or less), the nurse must have remained in significant compliance with their Program Participation Contract for the length of their contract.
- B. The nurse will submit a ~~written request for~~ graduation application that includes their personal recovery plan. to include a discussion of their recovery and a relapse prevention plan for their own benefit and use after graduation.
- C. The nurse will submit letters of support for graduation from their ~~w~~Work ~~s~~Site ~~m~~Monitor (WSM) and ~~p~~Professional ~~p~~Peer ~~s~~Support ~~g~~Group (PSG) ~~f~~Facilitator, and if applicable, their sponsor and therapist.
- D. WHPS will not consider early requests for graduation absent significantly compelling circumstances (e.g., relocation to another state with only a few months left on a contract).

II. WHPS and Washington State Board of Nursing (WABON) and NCQAC Responsibilities

- A. The WHPS case management team verifies the nurse's eligibility to graduate by reviewing the full application, letters of recommendation, and assures no instances of significant non-compliance with the Program Participation Contract within two years of graduation.
1. The WHPS Assistant Director approves graduations for nurses in WHPS voluntarily or under a WHPS Referral Contract.
  2. For nurses in WHPS under discipline, Substance Use Disorder Review Panel (SUDRP) must approve a nurse's completion/graduation from the program before WHPS terminates monitoring.
  3. WHPS will continue to monitor the nurse and report any significant instances of non-compliance up until the day of graduation.
- B. For any nurse in the program under discipline, WHPS notifies the WABON/NCQAC compliance officer of the pending graduation date. The compliance officer prepares the graduation packet for SUDRP review. and provides the compliance officer with access to the electronic monitoring record, who in turn notifies SUDRP and forwards all relevant records for review.
- C. If ~~the~~ SUDRP agrees the nurse met the graduation requirements and is in the program as a result of because of discipline, WHPS notifies the nurse/nurse that their graduation has been approved and terminates ends monitoring on their graduation date.
- D. WHPS ~~sends the nurse~~ includes a pProgram eExit sSurvey (attached) and mentoring program information as part of the graduation application process.
1. The nurse is not required to complete the survey to graduate.
  2. WHPS will compile the survey results and include the information in the annual report.
  3. WHPS will consider the results to improve business practices when appropriate.
- E. Upon the nurse's graduation from the program, WHPS and WABON will:
1. WHPS Notify sends a certificate of completion to the wWork sSite mMonitor (WSM) and pPeer \_sSupport gGroup (PSG) facilitator.
  2. Send a letter and certificate of completion to the nurse.
  3. Remove the 'yes' indicator and associated documents for SUD-related discipline from the DOH Provider Credential Search website.
- F. The WHPS case management team will document graduation status in the electronic monitoring record.



**From:** Underwood, Lori (DOH) <[Lori.Underwood@DOH.WA.GOV](mailto:Lori.Underwood@DOH.WA.GOV)>  
**Sent:** September 18, 2024 4:47 PM  
**To:** celban <[celban@tsin.ca](mailto:celban@tsin.ca)>  
**Subject:** CELBAN : Interest in Canadian approved English proficiency Tests

Hello, Sara.

Last week during the WABON business meeting, the Licensing subcommittee made the recommendation to approve CELBAN as an English proficiency exam provider. The Board approved and we will include CELBAN as an option for the English proficiency exam on our website.

We will need to discuss with the Licensing subcommittee the qualifying passing scores on the exam. According to your website the below scores are considered the minimum requirement for the CNRC; however, can you please provide if any other US state has used CELBAN and are these the minimum required scores used as well? Thank you.

## Regulatory Requirements

Effective November 14, 2022, the Canadian Nurse Regulators Collaborative (CNRC) updated the minimum required scores for CELBAN as follows:

- Listening: CLB 9 (previously CLB 10)
- Reading: CLB 8 (no change)
- Writing: CLB 7 (no change)
- Speaking: CLB 8 (no change)

These are the language proficiency requirements approved by all nursing regulatory authorities across Canada. CELBAN and the Canadian Language Benchmarks (CLB)



### Lori Underwood

Licensing Supervisor  
Washington State Board of Nursing  
[lori.underwood@doh.wa.gov](mailto:lori.underwood@doh.wa.gov)  
360.236.4703 | [www.nursing.wa.gov](http://www.nursing.wa.gov)

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**From:** celban <celban@tsin.ca>

**Sent:** Thursday, September 19, 2024 10:03 AM

**To:** Underwood, Lori (DOH) <Lori.Underwood@DOH.WA.GOV>

**Subject:** RE: CELBAN : Interest in Canadian approved English proficiency Tests

Hi Lori,

Thank you for letting us know; this is excellent news!

We have previously shared CELBAN official results with the Massachusetts Board of Registration in Nursing and the Georgia Board of Nursing. However, we have not been involved in any discussions about their evaluation or usage of these results.

I did find [this document](#) on the MA Board's website which might be helpful for comparison (linked from their website [here](#)). This shows that their requirements for CELBAN were in line with the CNRCs when this document was revised in 2022 (when the CNRC still required L10).

Another helpful resource for your review might be the comparison of CELBAN scores to IELTS Academic and OET scores issued by the CRNC: <https://ccpnr.ca/regulators-collaborative/>. This document shows that the approved CELBAN scores of L9 R8 W7 S8 are equivalent to IELTS Academic scores of 6.5-7.0 or OET scores of 320-350.

Let me know if we can help in any other way!

Regards,  
Sara VanderWal (she/her)  
Senior Exam Coordinator  
Touchstone Institute

COMMONWEALTH OF MASSACHUSETTS  
BOARD OF REGISTRATION IN NURSING

**Licensure Policy 06-01**

<b>Title</b>	Board-designated Tests of English Proficiency and Required Minimum Cut Scores
<b>Purpose</b>	The purpose is to identify those tests of English proficiency and their corresponding minimum cut score(s) that the Board has designated as acceptable to comply with regulations at 244 CMR 8.02(1)(c), 8.03(1)(c), 8.04(1)(c) and 8.04(2)(d).
<b>Date Adopted/Revised</b>	September 13, 2006; July 13, 2011 (Reviewed); November 9, 2011 (Revised); December 14, 2011 (Corrected); November 12, 2014 (Revised); June 8, 2016 (Revised); June 8, 2022 (Revised).
<b>Policy</b>	<p>The Board of Registration in Nursing has designated the following tests of English proficiency as complying with regulations at 244 CMR 8.02(1)(c) 8.03(1)(c), 8.04(1)(c) and 8.04(2)(d):</p> <ul style="list-style-type: none"> <li>• Canadian English Language Benchmark Assessment for Nurses (CELBAN): <ul style="list-style-type: none"> <li>Speaking CLB 8    Listening CLB 10</li> <li>Reading CLB 8    Writing CLB 7</li> </ul> </li> <li>• International English Language Testing System Academic or General (IELTS Academic or General): Overall Band Score 6.5 with a minimum of 6.0 all modules</li> <li>• Pearson Test of English Academic (PTE Academic): Overall passing standard of 55 with no individual section below 50</li> <li>• Michigan English Test (MET). Total passing score of 55 and a speaking section score of 55</li> <li>• Test of English as a Foreign Language Internet-based (TOEFL iBT): 84 with a minimum speaking component score of 26</li> <li>• Test of English as a Foreign Language (TOEFL) Essentials: Average of 8.5 with no score below 8.0</li> <li>• Occupational English Test: No score less than 300 on Reading, Writing, Listening, and Speaking</li> </ul>

## The Canadian Nurse Regulators Collaborative (CNRC) supports and enables collaboration to advance regulatory excellence across Canada.

CNRC is a collective of individual regulatory authorities who are legislated to regulate Licensed Practical Nurses, Registered Nurses, Nurse Practitioners and Registered Psychiatric Nurses in Canada in the public interest.

**Language proficiency assessment tests cut scores/benchmark levels accepted by nursing regulators in Canada / Tests d'évaluation des compétences linguistiques: notes de passage/niveaux de référence acceptés par les organismes de réglementation des soins infirmiers au Canada**

	CELBAN	IELTS ACADEMIC	OET	PTE ACADEMIC	TEF CANADA
Reading/ Compréhension de l'écrit	8	6.5	C+ (330)	66	4
Listening/ Compréhension orale	9	7.0	B (350)	73	4
Writing/ Expression écrite	7	6.5	C+ (320)	68	4
Speaking/ Interaction orale	8	7.0	B (350)	75	5

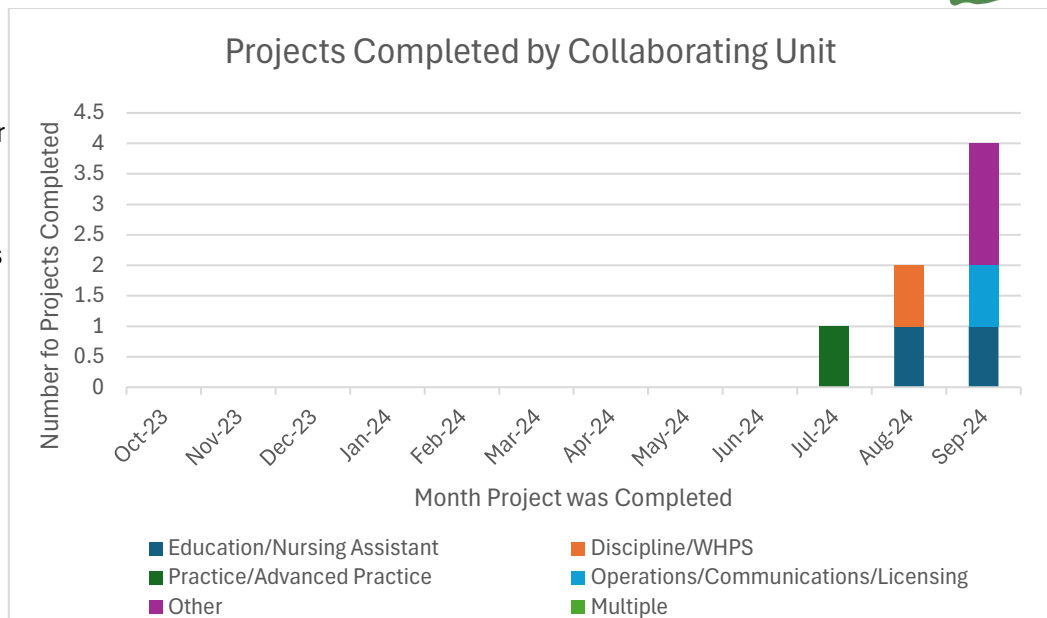
**Note:** the OET utilizes both letter grades and scale scores to comprehensively assess the candidate's proficiency in English for healthcare communication. Letter grades ranging from A to E, indicate overall proficiency levels, with A representing the highest and E the lowest (there is also one letter grade, C, which includes both C and C+). The subject matter experts panel considered prioritized the use of the letter grades for setting OET cut scores considering the broader recognition and acceptance of letter grades by regulatory bodies, employers and educational institutions in the healthcare sector. This decision ensures alignment with industry standards and facilitates more informed decision-making by regulatory bodies.

**Remarque :** l'OET utilise à la fois des notes sous forme de lettres et de barèmes pour évaluer de manière exhaustive les compétences du candidat en anglais pour la communication dans le domaine de la santé. Les notes allant de A à E indiquent le niveau de compétence global, A représentant le niveau le plus élevé et E le niveau le plus bas (il existe également une note, C, qui comprend à la fois C et C+). Le groupe d'experts en la matière a donné la priorité à l'utilisation des notes en lettres pour fixer les notes de passage de l'OET, compte tenu de la reconnaissance et de l'acceptation plus larges des notes en lettres par les organismes de réglementation, les employeurs et les établissements d'enseignement dans le secteur des soins de santé. Cette décision garantit l'alignement sur les normes du secteur et facilite la prise de décisions plus éclairées par les organismes de réglementation.

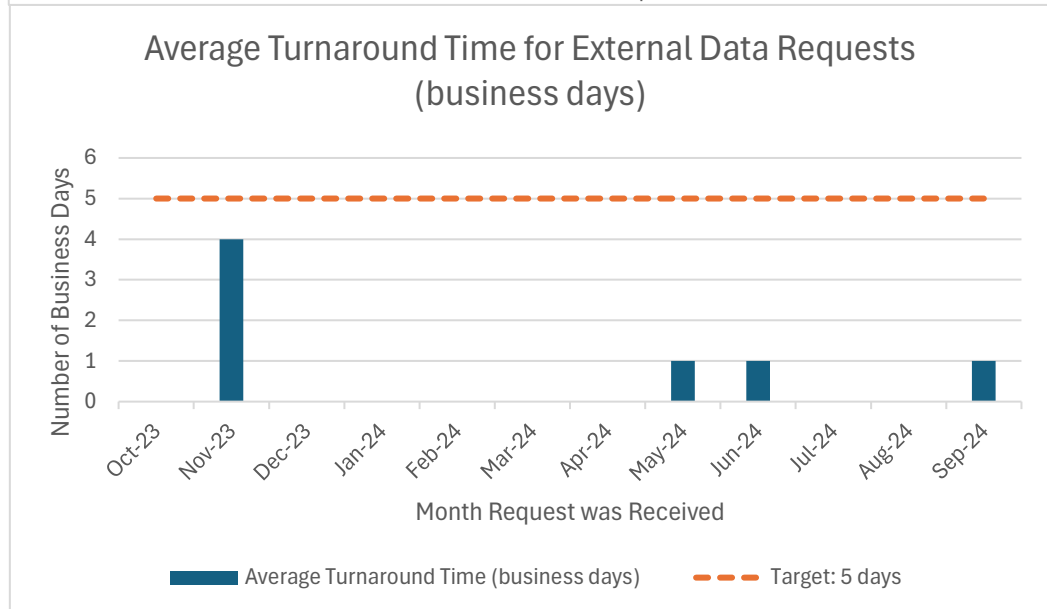
# Research Performance Measures



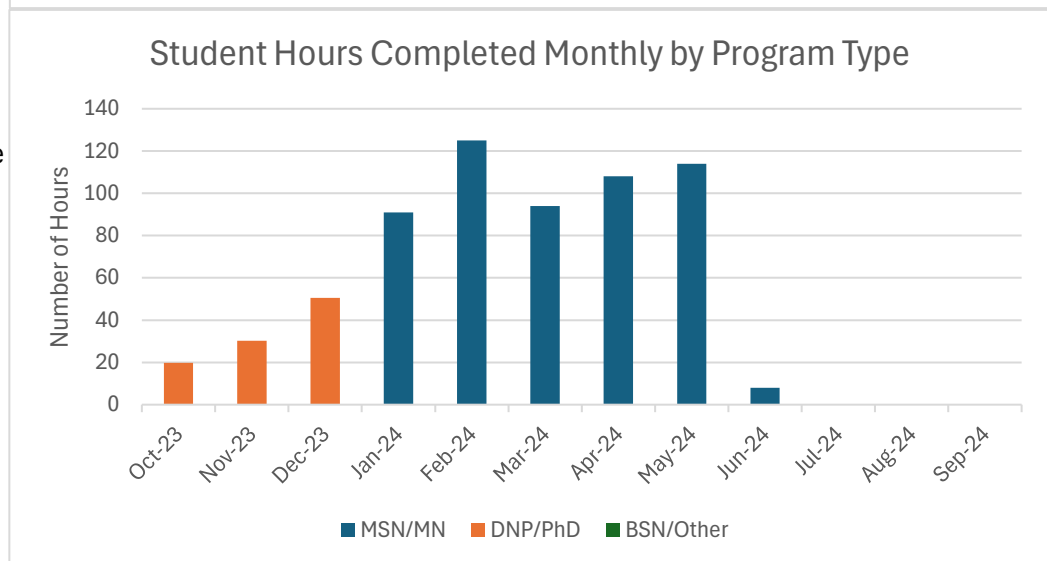
**Volume.** The number of project completed by the research unit in the last 12 months by the unit they were supporting or collaborating with. The goal is for every WABON unit to be represented here.



**Turnaround.** The average turnaround time for external data requests received in the last 12 months. The target is to fulfill requests within 5 business days.



**Volume/ Satisfaction.** The total amount of hours students in the student engagement program completed each month in the last 12 months for WABON by their program type. The goal is for continuous student engagement during the academic year.





# Out of State Multistate Workforce Data

November 2024

# Data Dashboard

- [Workforce Data Dashboard | Washington State Board of Nursing](#)
- New updates were added September 30<sup>th</sup>
  - Added Out of State Multistate Workforce Data
  - Added previous years of Washington Workforce Data
- Information on Washington issued multistate licenses available on the licensing dashboard



# New Out of State Multistate Pages

**MSL Overview:** Total nurses reported and home state

**MSL Trends:** Number of nurses reported over time

**MSL Demographics:** Race, ethnicity, gender, and age

**MSL Employment:** Employment, position title, clinical specialty, planned practice duration

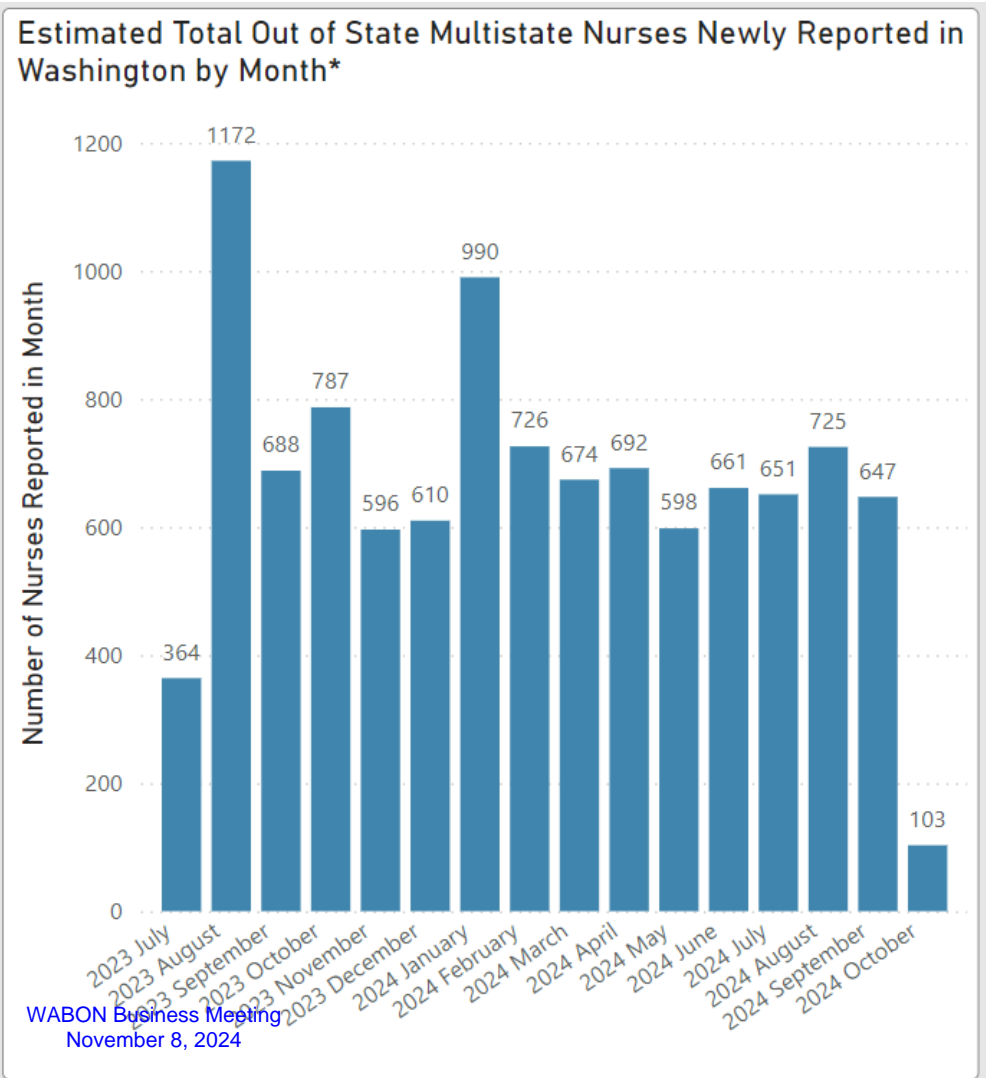
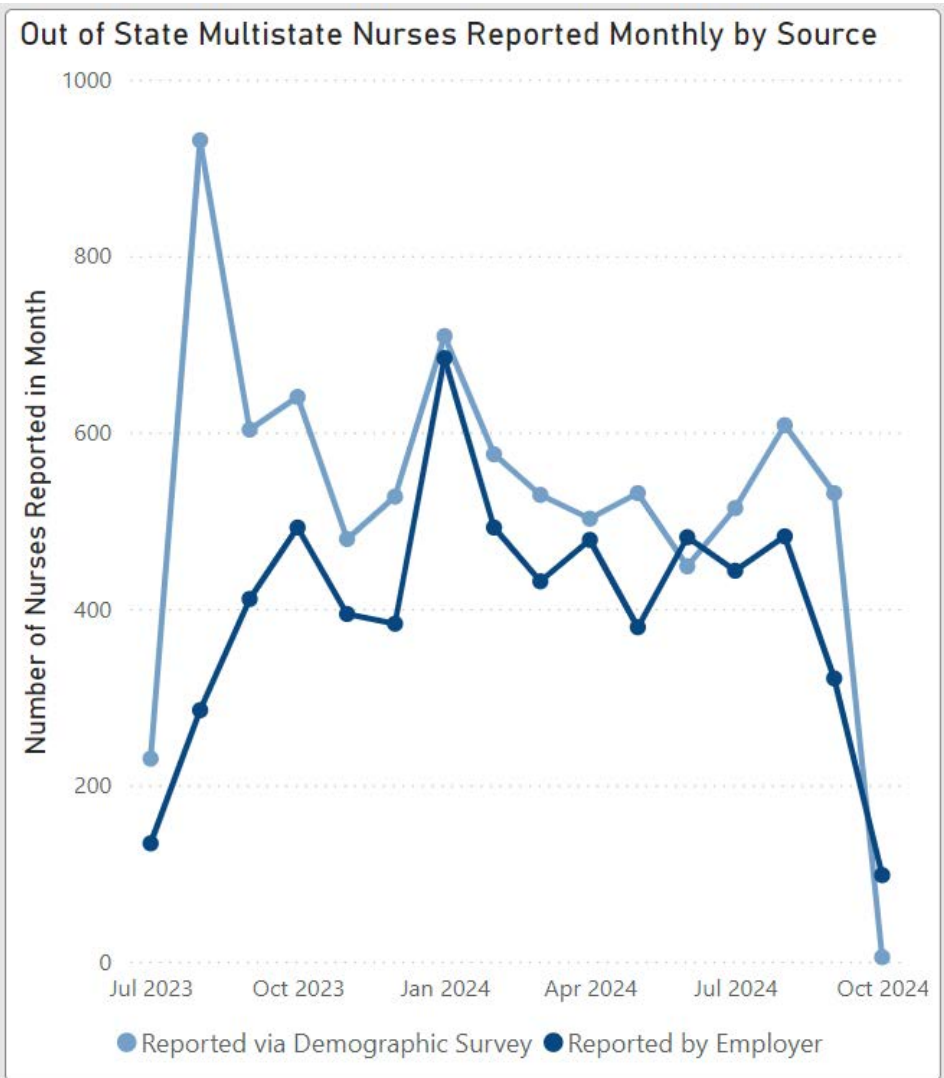
**MSL Setting:** Primary employment setting

**MSL Education:** Highest nursing and non-nursing degrees, state where degree was earned

**Compare to WA:** Compare Out of State Multistate Data side-by-side with Washington data

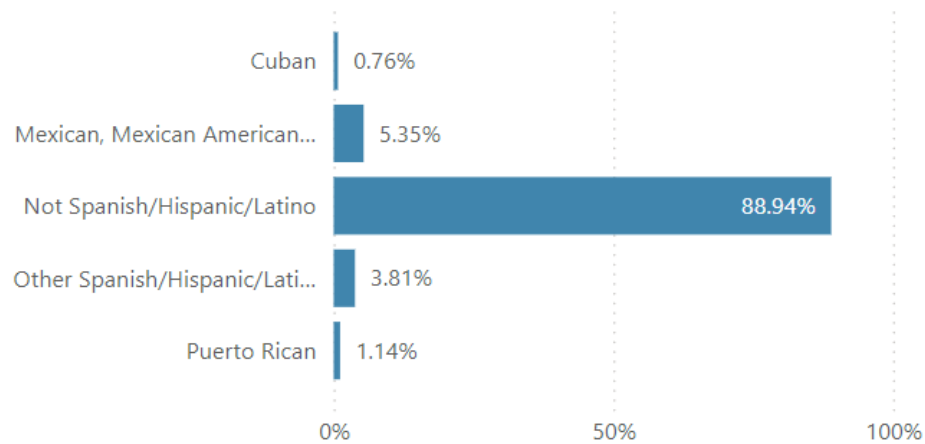


# Trends

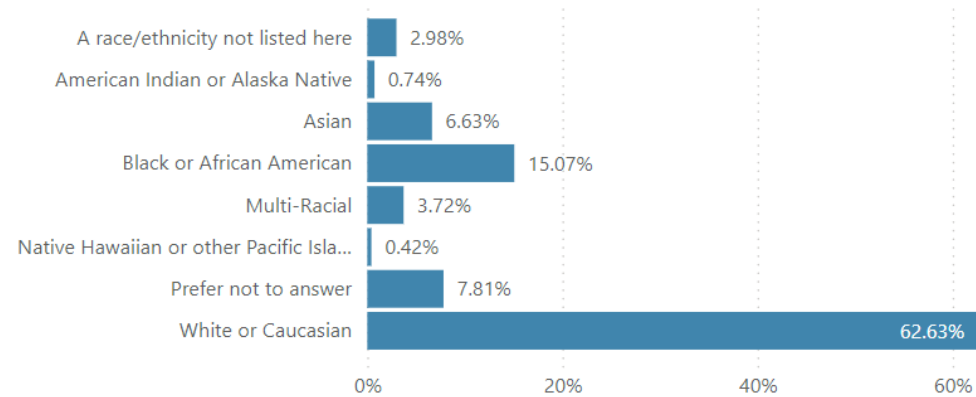


# Demographics

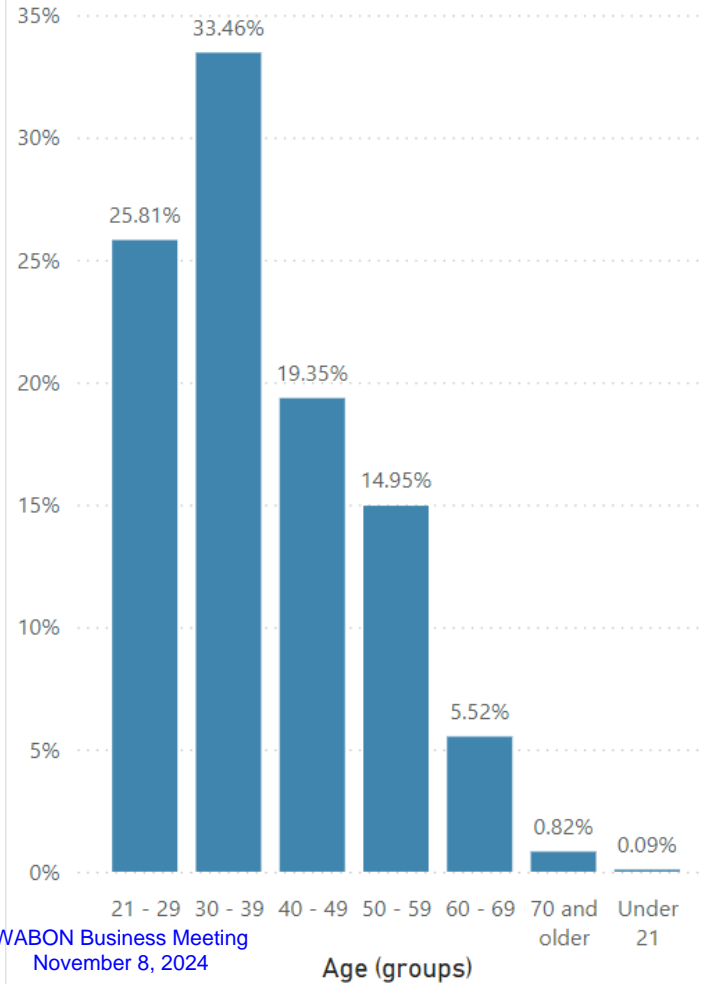
Percent of Out of State Multistate Nurses by Ethnicity



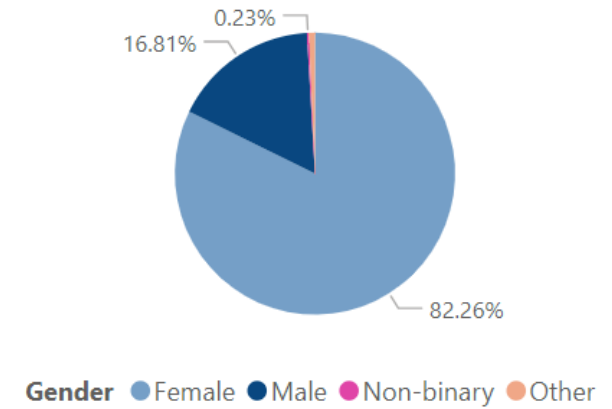
Percent of Out of State Multistate Nurses by Race



Percent of Out of State Multistate Nurses by Age

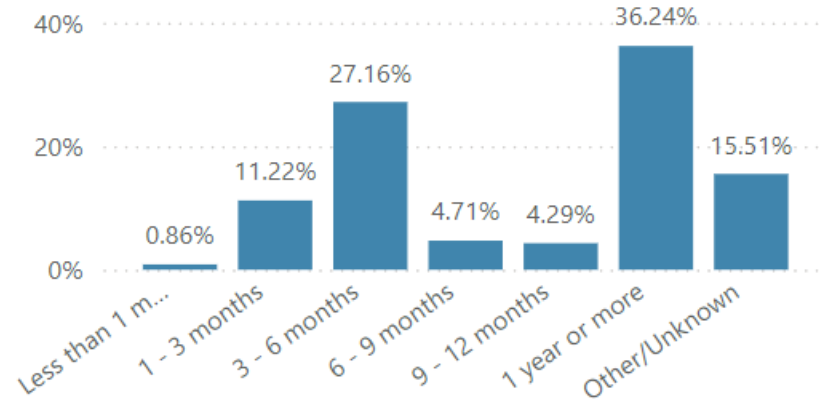


Percent of Out of State Multistate Nurses by Gender

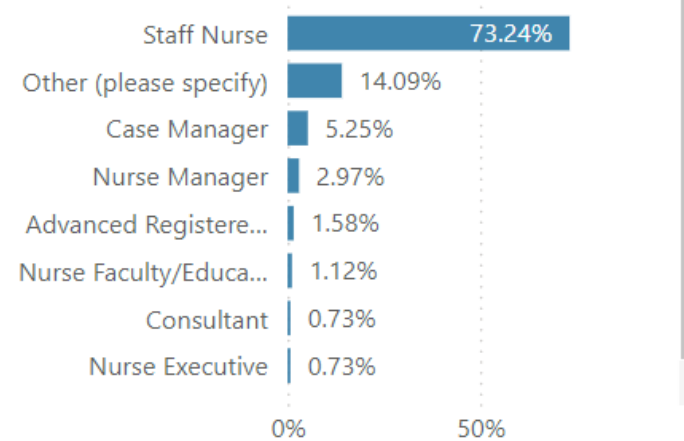


# Employment

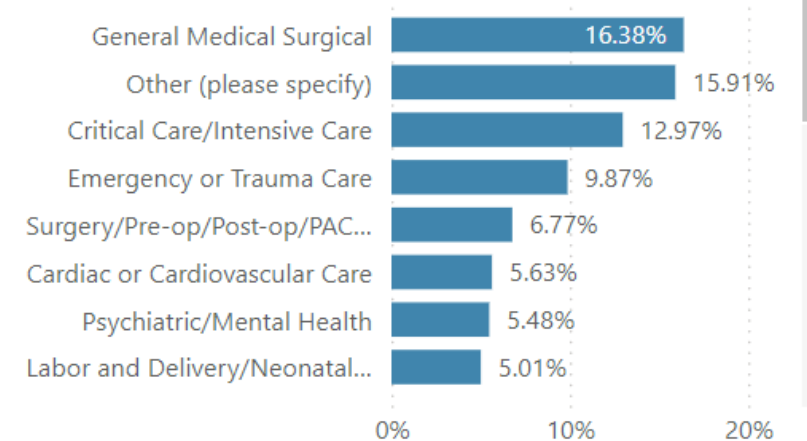
Percent of Out of State Multistate Nurses by Planned Practice Duration



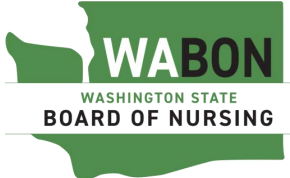
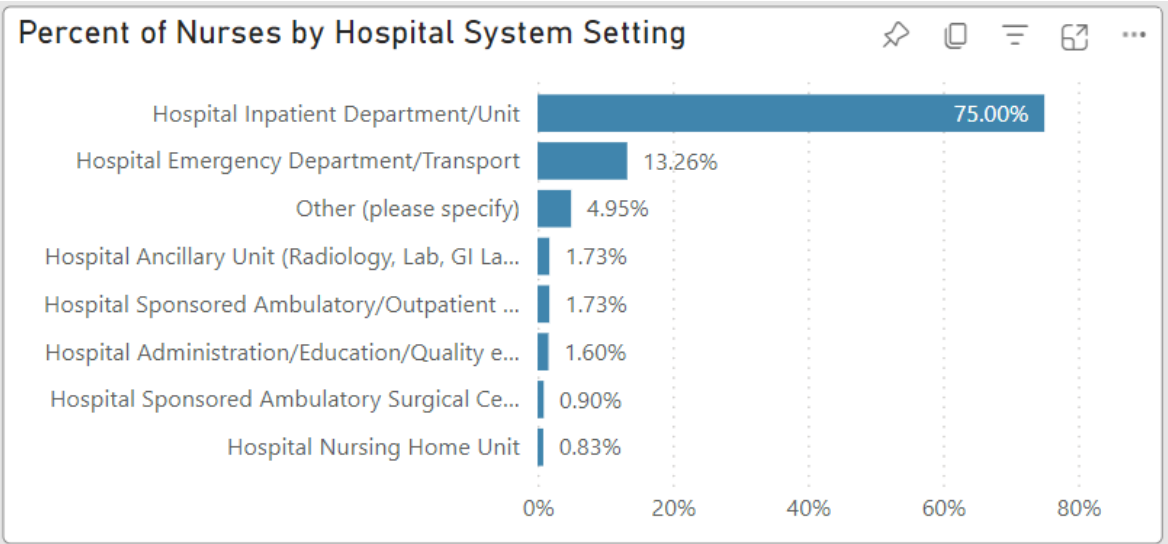
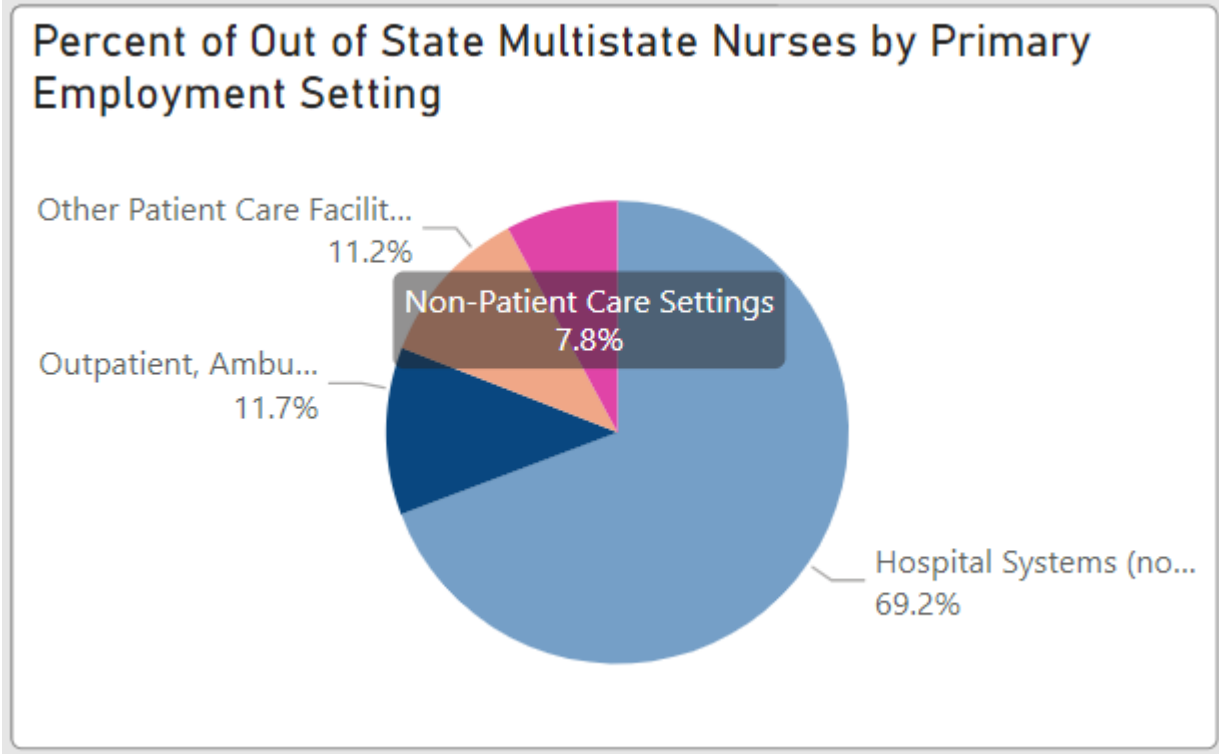
Percent of Out of State Multistate Nurses by Primary Position Title



Percent of Out of State Multistate Nurses by Primary Clinical Specialty

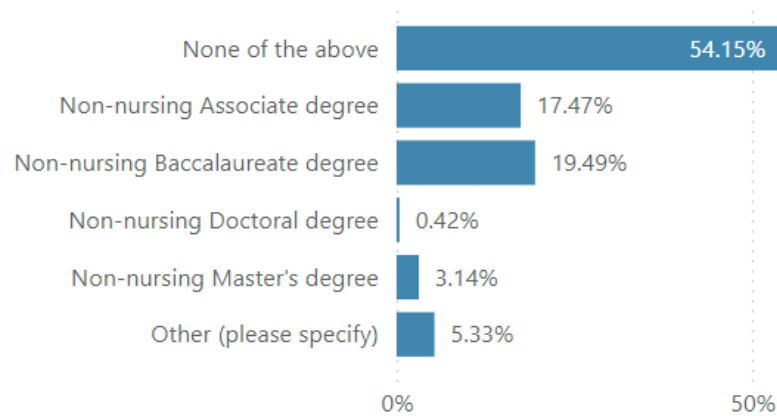


# Setting

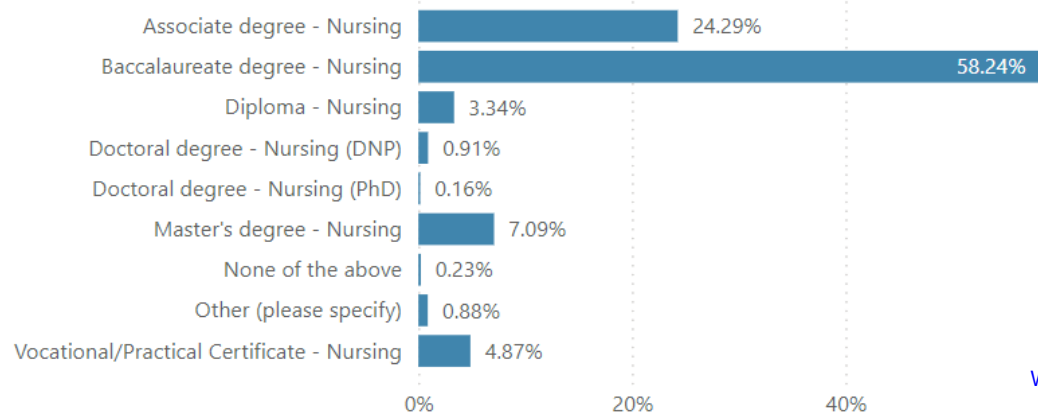


# Education

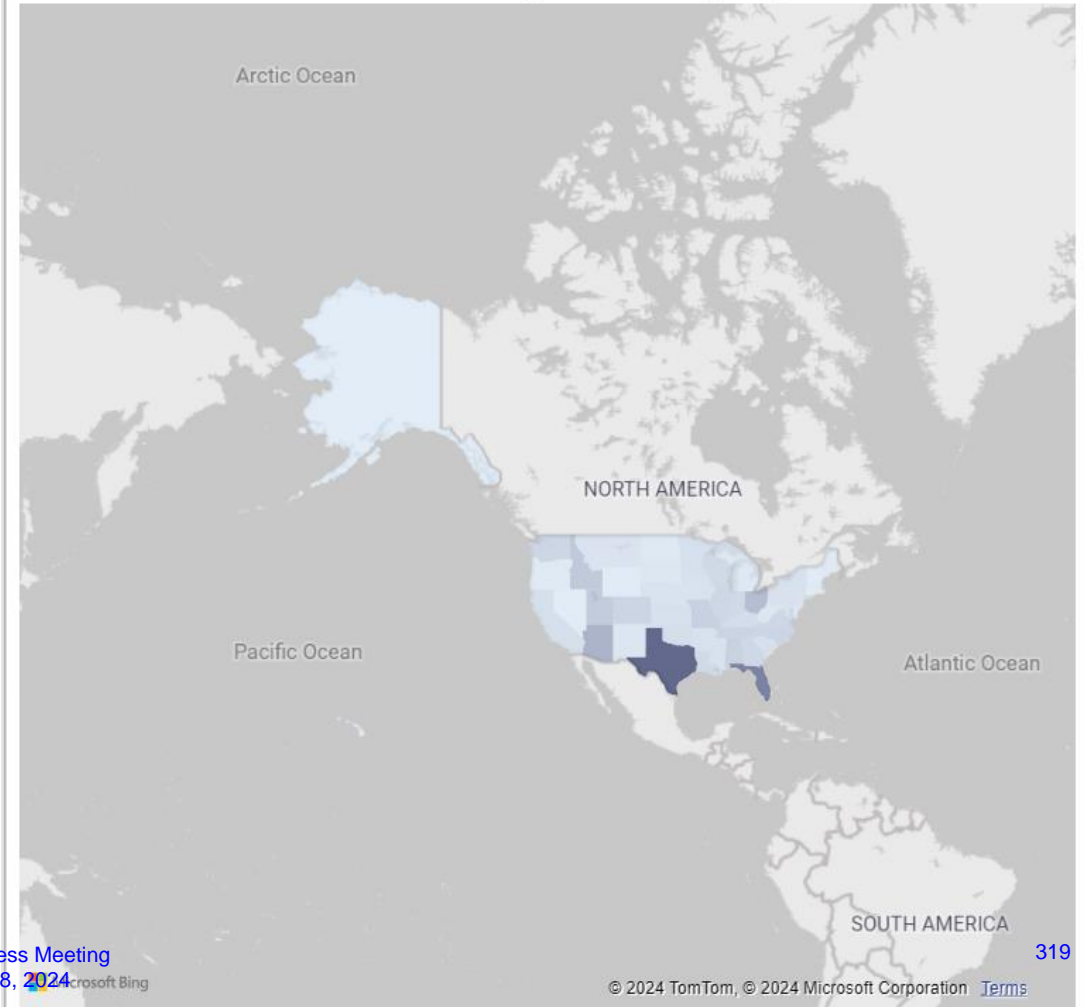
Out of State Multistate Nurse's Highest Earned Non-Nursing Degree



Out of State Multistate Nurse's Highest Earned Nursing Degree



State Where Nurse Earned Their Highest Nursing Degree



# Comparisons to WA

## Out of State Multistate Practicing in WA

Racial Group	% of Respondents
White or Caucasian	67.94%
Black or African American	16.34%
Asian	7.19%
Multi-Racial	4.04%
A race/ethnicity not listed here	3.24%
American Indian or Alaska Native	0.80%
Native Hawaiian or other Pacific Islander	0.45%
Ethnicity	% of Respondents
Not Spanish/Hispanic/Latino	88.94%
Mexican, Mexican American, Chicano	5.35%
Other Spanish/Hispanic/Latino Ethnicity	3.81%
Gender	% of Respondents
Female	82.26%
Male	16.81%
Other	0.69%
Age (groups)	% of Respondents
21 - 29	25.83%
30 - 39	33.49%
40 - 49	19.37%
50 - 59	14.96%
60 - 69	5.53%
70 and older	0.82%

## Current Washington Licensed Workforce

Racial Group	% of Respondents
White / Caucasian	75.98%
Asian	11.46%
Black / African American	4.89%
Multi-Racial	3.87%
Other Race	2.73%
American Indian / Alaska Native	0.58%
Native Hawaiian / Other Pacific Islander	0.49%
Ethnicity	% of Respondents
Not Hispanic or Latino	94.18%
Hispanic or Latino	5.82%
Gender	% of Respondents
Female	84.50%
Male	13.34%
other / unknown	2.16%
Age (groups)	% of Respondents
20-29	5.13%
30-39	25.29%
40-49	28.18%
50-59	22.22%
60-69	15.73%
70+	3.44%



An aerial photograph of Seattle, Washington, taken at dusk. The city skyline is visible in the background, with the Space Needle on the right. The foreground shows a park area with a playground and a paved path. The water of the harbor is filled with many small boats. The word "Questions?" is overlaid in large white text in the center of the image.

# Questions?



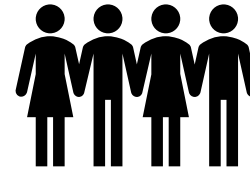
# STUDENT ENGAGEMENT PROGRAM

Washington State Board of Nursing (WABON)  
Washington State Department of Health

WABON Business Meeting  
November 8, 2024

# Student Engagement Program

- DNP from UW
  - Anna Kwak-Callen has started work on a mid-wifery workforce project.
  - Ruth Rono is working with the Nurse Assistant group.
- MSN from UW
  - Debra Converse has begun work with the Practice unit analyzing their inquiry data.
  - Josie Ramsay started work with our Regulatory/Policy group in regard to language proficiency and licensing
  - Nirvana Guernsey will complete a literature review on licensing practices as part of her projects



# Questions?

## Contact

[Heather.Hamilton@doh.wa.gov](mailto:Heather.Hamilton@doh.wa.gov)



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# COMMUNITY AND TECHNICAL COLLEGES NURSING PROGRAM CAPACITY PLAN

The *Nursing Program Capacity Plan* is a response to Senate Bill 5882, which mandates the state's community and technical colleges (CTCs) to expand nursing training capacity by 2029. SB 5882 emphasizes expanding access for rural and underserved populations and enhancing long-term sustainability through partnerships with healthcare employers, labor unions, and workforce development councils.

## Current State of Nursing Programs

Washington faces a significant nursing shortage, with the Washington Center for Nursing reporting a gap of 1,151 LPNs and 8,090 RNs. The CTC system is central to addressing this crisis, producing 64% of pre-licensure nursing graduates in the state. The system's ability to expand is crucial, but several key challenges persist, including a shortage of clinical placements, physical infrastructure, and qualified faculty, especially in rural areas.

Over the past five years, Washington's Legislature has allocated significant funds to address nursing shortages. Investments were made into nursing faculty salaries, SIM equipment upgrades, and increasing number of seats in the programs. These investments have generated considerable growth, with colleges admitting and graduating more students, reducing the number of faculty vacancies, and reducing the amount of turnover in teaching positions.

## Key Challenges to Nursing Program Expansion

Through input from nursing program directors (22 directors interviewed), students (210 survey respondents), and faculty (52 survey respondents), the plan identifies several additional factors limiting expansion. These challenges are exacerbated in rural areas:

1. **Diverse Student Needs:** CTC nursing students are often older, racially diverse, and balancing work and family. Varied levels of English proficiency and non-traditional educational backgrounds add complexity to delivering 'one-size-fits-all' instruction.
2. **Fewer Applicants to Nursing Programs:** Overall number of qualified applicants has dropped potentially due to negative portrayals of nursing during COVID-19 and fewer students completing prerequisites. This decline is prompting programs to rethink recruitment and admission strategies and add supports to retain and graduate as many students as possible.
3. **Complex Prerequisites and Admissions Processes:** Prerequisite requirements are lengthy and inconsistent across institutions, causing delays, financial strain, and deterring students from applying to nursing programs.
4. **High Rate of Program Director Turnover:** Over 30% of program directors leave annually, causing instability and slowing program growth. Regulatory demands and lower pay compared to faculty make positions difficult to fill.

## Proposed Solutions to Address Challenges

The CTC Nursing Program Capacity Plan consists of two components, subject to stakeholder review:

1. Continued support and possible increases into the current investments into nursing program capacity building because these investments are having a sizeable impact. The state's community and technical colleges are increasing their capacity to graduate nurses while diversifying Washington's nursing workforce.
2. Development of an integrated approach to support nursing program capacity and student success, capitalizing on current gains and ensuring more nursing students graduate, using the following strategies:
  - **Student Support Services:** Modeled after the successful Early Achievers and Economic Security For All (EcSA) programs, this strategy would offer financial and academic support tailored to nursing students, addressing their unique needs.
  - **Creation of a Statewide Nursing Liaison:** This role would be filled by a current or past Nursing Program Director to support program directors and faculty, stabilize leadership, and coordinate efforts to increase capacity and student success.
  - **Standardized Prerequisites:** Streamlining prerequisites across institutions would reduce the time and financial burden on students, speeding entry into programs.
  - **NURSPath:** An integrated education model similar to Washington's I-BEST, NURSPath would provide academic and technical training tailored to nursing programs, particularly for students with limited English proficiency.
  - **Enhanced SIM Support:** Increased funding for SIM technicians and instructor training would ensure that legislative investments in simulation technology result in more highly prepared graduates.

## Potential Additional Options

In addition to the main strategies, the plan suggests reconsidering the state's requirement for an 80% NCLEX first-time pass rate, exploring apprenticeships for nursing education, allowing CTCs to offer 4-year BSN degrees, and expanding part-time nursing programs to help accommodate students with work and family obligations.

## Questions:

- Do you have any suggestions to improve this plan?
- Do you have any major concerns?
- How do you see this plan aligning with/complementing existing initiatives, like the clinical capacity workgroup, RNEP, etc.?
- Do these strategies work equally well in urban and rural communities, east and west?
- What opportunities do you see for working with employers, organized labor, and/or workforce development councils to expand nursing program capacity?

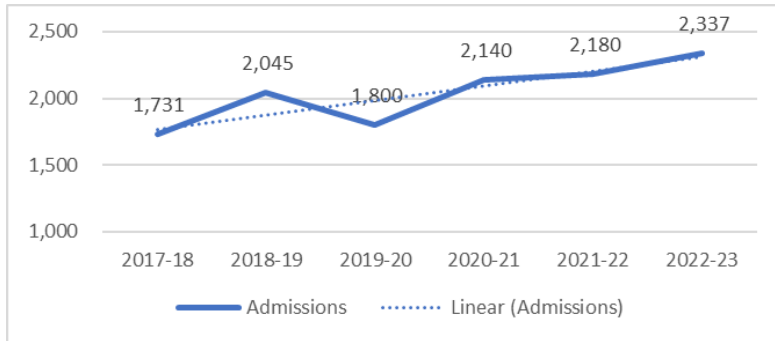
### Contact Information:

Anna Olson, Policy Associate

State Board for Community and Technical Colleges

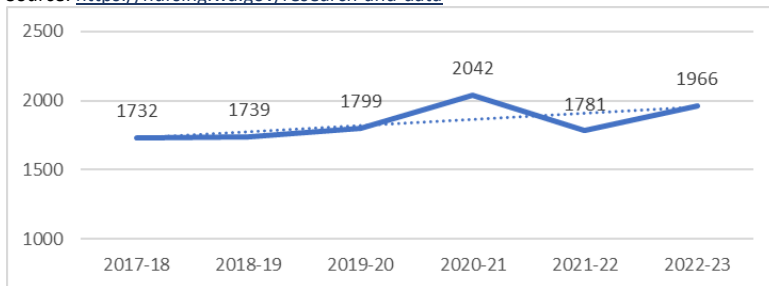
[aolson@sbctc.edu](mailto:aolson@sbctc.edu)

# Addendum: Data Referenced in the Plan Overview



**Chart 1: Admissions by Year for Community and Technical College ADN-RN and LPN Programs**

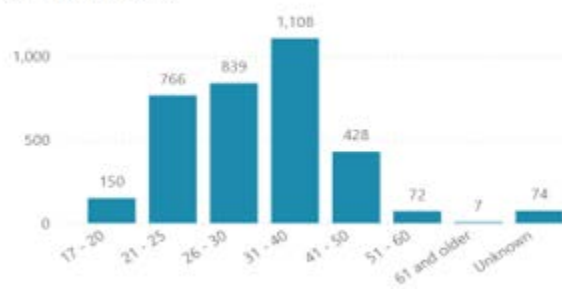
Source: <https://nursing.wa.gov/research-and-data>



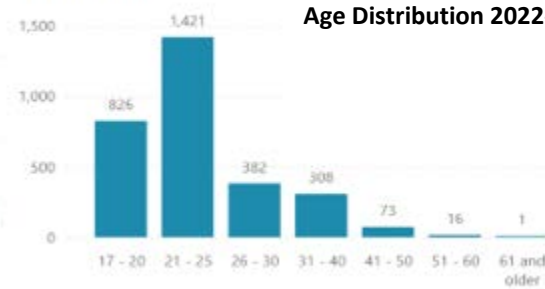
**Chart 2: Community and Technical College Nursing Pre-Licensure Graduates by Year**

Source: <https://nursing.wa.gov/research-and-data>

**Community and Technical Colleges Age Distribution**

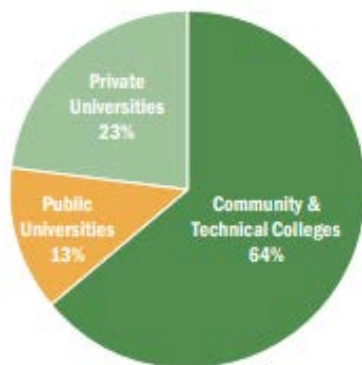


**Universities Age Distribution**



**Chart 3: Pre-Licensure Nursing Students Age Distribution 2022-23 Comparison**

Source: <https://nursing.wa.gov/research-and-data>



**Chart 4: 2022-23 Pre-Licensure Graduates by College Type**

Source: <https://nursing.wa.gov/sites/default/files/2024-06/Nursing-Faculty-Salaries.pdf>

# Rural Hospital & High School Nursing Assistant Partnership Pilot Project

**December 1, 2024**

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Report to the Legislature  
Engrossed Second Substitute Senate Bill 5582  
Section 11, Chapter 126, Laws of 2023





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Findings \_\_\_\_\_ 8

Next Steps & Recommendations \_\_\_\_\_ 8

Conclusion \_\_\_\_\_ 9

## Interagency Collaboration

---

### **Washington State Board of Nursing (WABON)**

Address: 111 Israel Rd. S.E., Tumwater, WA 98501

Phone: (360) 236-4703

Website: <https://nursing.wa.gov/>

### **Department of Health (DOH)**

#### **Rural Health Division**

Address: 111 Israel Rd. SE., Tumwater, WA 98501

Phone: (360) 236-4700

Website: <https://doh.wa.gov/>

### **Washington Office of Superintendent of Public Instruction (OSPI)**

Address: Old Capital Building

PO Box 47200 600 Washington St. SE, Olympia, WA 98504-7200

Phone: 360) 664-3631

Website: <https://ospi.k12.wa.us/about-ospi/about-agency>

### **Department of Labor and Industries (L&I)**

#### **Youth Programs & Workers' Compensation Divisions**

Address: 7273 Linderson Way SW, Tumwater, WA 98501-5414

Phone: (360) 902-5800

Website: <https://lni.wa.gov/>

## **Executive Summary**

In response to pressing workforce shortages in rural health areas, Engrossed Second Substitute Senate Bill (ESSB) 5582 (Chapter 126, Laws of 2023) directed the Washington State Board of Nursing (WABON) to establish pilot projects partnering rural hospitals with nursing assistant training programs. These initiatives aim to increase access to nursing assistant education, facilitating entry into the healthcare workforce, and promoting advancement into nursing and other healthcare careers.

Two pilot projects have been launched at rural hospitals on either side of the Cascade mountains: 1) Providence Mount Carmel Hospital partnering with Colville High School, and 2) Summit Pacific Medical Center partnering with Elma High School. Both projects adhere to the WABON-approved nursing assistant training curriculum, allowing students to gain essential skills while assisting with patient care.

Anticipated benefits include an increased pool of healthcare workers in rural areas, improved staffing for Critical Access Hospitals, and tangible career opportunities for high school students. Key performance metrics will assess the success of these pilot projects. Notable challenges persist regarding funding limitations and staffing shortages, however, and addressing these obstacles will be vital for the sustainability of the program.

WABON and rural partners continue to address identified concerns with implementation and explore innovative solutions to strengthen the framework for nursing assistant training. The pilot projects are poised to significantly improve workforce sustainability in rural communities and ultimately improve patient care in underserved areas of Washington.

## Background

ESSB 5582 directed WABON to collaborate with multiple entities to establish at least two pilot projects designed to partner rural hospitals with nursing assistant training programs. The purpose of these pilot projects is to address workforce shortages by supporting students' access to nursing assistant education, entry into the healthcare workforce, and advancement into nursing or other healthcare careers.

Between July and October of 2023, WABON hired and appointed staff dedicated to developing and administering this project. WABON staff began the work by reaching out to both agency and potential rural partners to discuss ESSB 5582, garner interest, and facilitate a listening session to learn the needs of interested parties. Over 100 interested parties attended and actively participated in the initial statewide meeting on December 6, 2023.

WABON staff synthesized the legislative charges for the project with key interested party input to develop a proposed project plan. The proposal was then circulated with rural and agency partners for collaborative development and refinement.

## Project Approach

WABON staff utilized a Collective Impact Model (CIM) to collaborate with project partners. The proposed project plan facilitates a shared vision among all partners contributing to this work to enable enhanced collaboration and meet established goals, ultimately leading to robust sustainability.

## Project Plan

Pilot: Frontrunners for Rural Health	2024												2025												2026																	
	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June												
Collaborating Agency Meetings	CA 1/17				CA 5/1		CA 7/15		CA 9/11				CA 1/15				CA 5/1				CA 9/10				CA 1/14				CA 5/1													
Partner Meetings	PM 1/31				PM 5/15				PM 9/25				PM 1/29				PM 5/14				PM 9/24				PM 1/28				PM 5/13													
Action Group 1: Clinical Partnerships	AG 1 & 2 Net-working, collaborating with Rural Partners and Processing NEW NAC programs Cohort 1												AG-1: Clinical Partnering Cohort 1						AG-1: Students continue as NAC Employees Cohort 1																							
													AG-1: Clinical Partnering Cohort 2						AG-1: Students continue as NAC Employees Cohort 2																							
Action Group 2: NA Training Program Development													AG-2: NA Program Development & Approval						AG-2: NA Program Implementation with Clinical Partnering Cohort 1						AG-2: Students continue as NAC Employees Cohort 1																	
Action Group 3: Health Care Pathway Materials													AG-3: HC Pathway Materials						AG-3: HC Pathway Materials						AG-3: HC Pathway Materials available/implemented for ongoing use by high schools/skills centers																	
Action Group 4: Partners' "Popcorn" Activities													AG-4: "Popcorn" Activities as Needed to Address Partners' Needs/Interests (i.e., obtaining more information about employing minors)																													
Legislative Report													Draft Report			Review/Refine Report			Report Due 12/1															Draft Report			Review/Refine Report			Report Due 12/1		

## Interagency Collaboration

ESSB 5582 identified the Department of Health (DOH), and Labor and Industries (L&I; Youth Programs and Worker's Compensation divisions) as interagency partners for this project. In addition, WABON invited OSPI for their regulatory role as a key operational partner in delivering nursing assistant training

programs in high schools and skills centers. While WABON is identified in the legislation as the coordinating agency for the work, interagency partnership is critical to the success of the project.

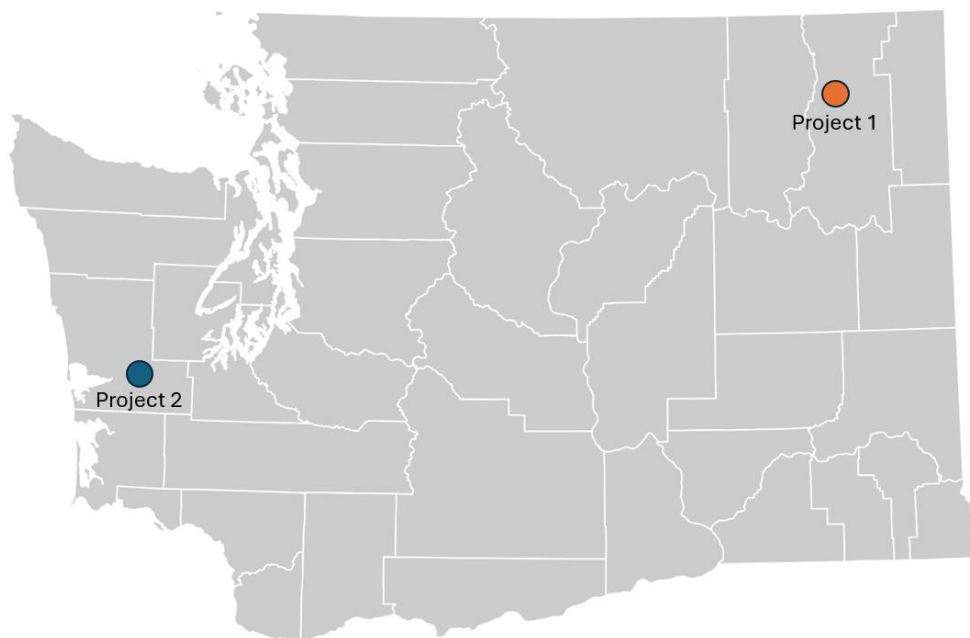
## Rural Partners

WABON has collaborated with several rural hospitals, relevant employer and exclusive bargaining unit partnerships, nursing assistant-certified (NA-C) training programs, and pilot participants. These rural partners have played a critical role in developing and refining the project plan, as well as providing valuable input regarding project implementation. WABON continues to identify and engage with new rural partners and potential project sites as the project expands.

## Rural Hospital Pilot Projects

The rural hospital pilot projects are designed to help address the health care workforce shortages and promote nursing careers in rural hospitals. This is done through identifying high school students who are training to become NA-Cs, usually through clinical rotations or training programs, and by employing high school students who are already NA-Cs.

Two pilot projects have been established at rural hospitals located on either side of the Cascade mountains. Both pilot project sites have been confirmed to meet the sufficient space and resource requirements needed to administer an NA-C training program.



### Project 1: Providence Mount Carmel Hospital and Colville High School

Providence Mount Carmel Hospital is a 25-bed Critical Access Hospital (CAH) located in Colville, Washington, east of the Cascade Mountains. Mount Carmel Hospital has entered into a partnership with Colville High School to develop an NA-C training program for high school seniors. The pilot program is expected to be fully launched in January 2025 and the school's Career and Technical Education Director has been actively recruiting students to participate.

## **Project 2: Summit Pacific Medical Center & Elma High School**

Summit Pacific Medical Center (SPMC) is a 25-bed CAH located in Elma, Washington, west of the Cascade mountains. SPMC has entered into a new partnership with Elma High School to develop an NA-C training program for the winter quarter 2025.

### **Training Curriculum and Certification Requirements**

Both pilot projects follow the standard WABON-approved NA-C curriculum utilized by all NA-C training programs across the state. Students participating in the pilot NA-C training programs must pass a final skills test to obtain a Certificate of Completion. Students must then pass a final written exam to obtain their Nursing Assistant Certification.

### **Role of High School Students in Patient Care**

Students participating in the NA-C training program pilot will play an assistive role in patient care with support and direction from their clinical instructor. Their responsibilities typically include assisting patients with daily activities such as bathing, dressing, and eating, as well as helping with mobility and monitoring vital signs. They may also document patient information, provide emotional support, and ensure a clean and safe environment, all essential support for nurses. Through their hands-on training, NA-C students learn to communicate effectively with patients, recognize changes in their condition, respond to their needs, and escalate concerns to the nurse.

### **Anticipated Benefits of the Pilot Projects**

The pilot project proposal for high school NA-C training programs was well received among rural partners. Rural hospitals participating in the project anticipate an increase in the number of health care workers in the region, potentially leading to adequate staffing levels for CAHs and other health care facilities. This will ultimately increase patient satisfaction and provide relief for an exhausted NA-C and health care workforce.

The pilot projects are also expected to benefit participants by preparing students for well-paying jobs and providing an opportunity for graduating students to immediately enter the workforce. Additionally, career and technical education programs, such as these pilots, have shown increased earnings and greater attainment of post-secondary education in nursing, particularly for female, BIPOC, and economically disadvantaged students ([Ecton & Dougherty, 2023](#)). Long-term economic and educational impacts may thus be seen in rural communities in Washington, if these projects are sustained.

### **Performance Metrics and Expected Outcomes**

WABON will use the following performance metrics and expected outcomes to evaluate the pilot projects:

- Number of high school students who enter and subsequently graduate from the NA-C program
- Number of high school students who obtain certification after program completion
- Number of partner organizations engaged in pilot

- Number of clinical rotations established
- Number of students engaged in pilot via clinical
- Number of students who become employed after clinical
- Number of new nursing assistant training programs established
- Qualitative and quantitative responses regarding clinical partners (schools, hospitals, students)
- Qualitative and quantitative responses of students regarding impact of the project on future career plans and satisfaction with their training program.

The collection and analysis of this data will help inform future project direction and identify any barriers or gaps in the NA-C training programs.

## **Findings**

Implementing the pilot projects has revealed several challenges. Funding challenges have led to a limited availability of resources to support these NA-C training programs, including adequate program staffing. Issues with program staffing have been further compounded by the absence of qualified NA-C instructors and difficulties with attracting registered nurses (RNs) to teach NA-C students. (Federal regulations on specific instructor qualifications limit flexibility in addressing this by WABON.)

Prospective nursing students who complete the NA-C training program also face long waiting lists to enter RN programs. There is uncertainty surrounding job placement as there are no guarantees that the students would secure positions at their respective CAH after completing the NA-C training program. In fact, several hospitals and other health care facilities do not hire or allow 18-year-olds to participate in clinicals. These factors may cause apprehension amongst students who are considering participating in the pilot project.

## **Next Steps & Recommendations**

WABON and collaborating agencies continue to engage with new rural partners and invite interested parties to participate in the project. WABON has identified several future project sites and potential partnerships across the state, including:

1. Columbia County Health and Walla Walla University/Walla Walla Valley Academy (Dayton, WA)
2. Olympic Medical Center and Port Angeles, Sequim, Lincoln High Schools and Peninsula College (Port Angeles, WA)
3. Arbor Health General Hospital and Professional Medical Careers & New Market Skills Center (Morton, WA)
4. Confluence Health and Eastmont High School (Wenatchee, WA)

## **Recommendations**

- Identify creative ways to fund and provide resources to participating rural hospitals and high schools, including recruitment and hiring of RN instructors.
- Consider advocacy at the federal level to address regulations that create barriers to nursing assistant training.

- Increase enrollment and admission to RN programs to decrease waiting transition time from NA-C to RN.
- Increase RN instructor pay to attract NA-C instructors to rural areas.
- Identify creative approaches to on-line, synchronous/asynchronous, teaching to ease instructor challenges.
- Work with hospitals to consider loaned faculty to high school programs or other mechanisms to develop existing nurses and meet instructor demand.
- Consider Career and Technical Education director conference annual attendance of RN, LPN, NA-C, or home care aide delegates or representatives to network and highlight healthcare high school programs.
- Perform outreach to employers to increase knowledge of L&I guidelines for minor workers.
- Partner with L&I to assess current L&I guidelines for minor workers in healthcare to ensure appropriateness for current environment.

## **Conclusion**

Implementation of the pilot projects under ESSB 5582 represents a significant step toward addressing the pressing workforce shortages in rural healthcare settings. Partnerships with rural high schools and hospitals aim to create a sustainable pipeline of NA-Cs who can directly contribute to patient care while also providing a pathway to further nursing education and careers. Despite facing challenges, such as funding limitations and staffing shortages, the collaborative efforts among various interested parties and partners are poised to create a successful training environment for aspiring NA-Cs.

These pilot projects have significant potential to not only enhance healthcare delivery in rural communities but also empower high school students with valuable skills and career opportunities. The anticipated outcomes will be essential metrics for gauging the effectiveness of this initiative. Looking forward, it will be crucial for WABON and rural partners to address identified challenges and explore innovative solutions that ensure the longevity and impact of these training programs.





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

On July 5, 2023, the JARRC found by a majority vote that by not defining "graduate degree" in rule, and by authorizing exemptions to WAC 246-840-340 and 246-840-342 by agency procedure, the board is using a policy in place of a rule that has not been adopted in accordance with all applicable provisions of law. The JARRC recommended that the board define "graduate degree" and provide for the exemptions in board procedures by rule.

The proposed amendments to WAC 246-840-010, 246-840-340, and 246-840-342 address the JARRC's recommendation by defining the term "graduate degree" and providing for exemptions to education requirements for ARNP licensure in rule.

Proposed amendments to WAC 246-840-010 define the term "graduate degree" as a master's or doctoral degree and amendments to WAC 246-840-342(1)(b) provide for exemptions to education requirements for ARNP licensure as outlined in board procedure B09.06 (II).

**Reasons supporting proposal:** The proposed amendments are needed to address the findings of the JARRC, which recommended the board define "graduate degree" and codify exemptions to education requirements in the rules. By doing so, the board will ensure transparency and compliance with legal standards.

**Statutory authority for adoption:** RCW 18.79.010, 18.79.110, 18.79.160, and 18.79.250

**Statute being implemented:** RCW 18.79.010, 18.79.110, 18.79.160, and 18.79.250

**Is rule necessary because of a:**

Federal Law?  Yes  No  
 Federal Court Decision?  Yes  No  
 State Court Decision?  Yes  No

If yes, CITATION:

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

**Name of proponent:** (person or organization) Washington State Board of Nursing

**Type of proponent:**  Private.  Public.  Governmental.

**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	Mary Sue Gorski	111 Israel Road SE Tumwater, WA 98504	360-915-3334

**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](mailto: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: The proposed rules amend provider licensure requirements and do not affect 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

**Date:** October 1, 2024

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

**Title:** Executive Director, Washington State Board of Nursing

**Signature:**

A handwritten signature in black ink, consisting of a large, stylized 'A' followed by a horizontal line extending to the right.

**WAC 246-840-010 Definitions.** The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Advanced clinical practice" means practicing at an advanced level of nursing in a clinical setting performing direct patient care.

(2) "Advanced nursing practice" means the delivery of nursing care at an advanced level of independent nursing practice that maximizes the use of graduate educational preparation, and in-depth nursing knowledge and expertise in such roles as autonomous clinical practitioner, professional and clinical leader, expert practitioner, and researcher.

(3) "Advanced registered nurse practitioner (ARNP)" is a registered nurse (RN) as defined in RCW 18.79.050, 18.79.240, 18.79.250, and 18.79.400 who has obtained formal graduate education and national specialty certification through a ~~((commission))~~ board approved certifying body in one or more of the designations described in WAC 246-840-302, and who is licensed as an ARNP as described in WAC 246-840-300. The designations include the following:

- (a) Nurse practitioner (NP);
- (b) Certified nurse midwife (CNM);
- (c) Certified registered nurse anesthetist (CRNA); and
- (d) Clinical nurse specialist (CNS).

(4) "Associate degree registered nursing education program" means a nursing education program which, upon successful completion of course work, that includes general education and core nursing courses that provide a sound theoretical base combining clinical experiences with theory, nursing principles, critical thinking, and interactive skills, awards an associate degree in nursing (ADN) to prepare its graduates for initial licensure and entry level practice as an RN.

(5) "Bachelor of science degree registered nursing education program" means a nursing education program which, upon successful completion of course work taught in an associate degree nursing education program, as defined in subsection ~~((+28))~~ (29) of this section, plus additional courses physical and social sciences, nursing research, public and community health, nursing management, care coordination, and the humanities, awards a bachelor of science in nursing (BSN) degree, to prepare its graduates for a broader scope of practice, enhances professional development, and provides the nurse with an understanding of the cultural, political, economic, and social issues that affect patients and influence health care delivery.

(6) "Board" means the Washington state board of nursing.

(7) "Certifying body" means a nongovernmental agency using predetermined standards of nursing practice to validate an individual nurse's qualifications, knowledge, and practice in a defined functional or clinical area of nursing.

~~((+7))~~ (8) "Client advocate" means a licensed nurse who actively supports client's rights and choices, including the client's right to receive safe, high quality care, and who facilitates the client's ability to exercise those rights and choices by providing the client with adequate information about their care and options.

~~((+8) "Commission" means the Washington state nursing care quality assurance commission.)~~

- (9) "Competency" means demonstrated knowledge, skill and ability in the practice of nursing.
- (10) "Conditional approval" is the approval given a nursing education program that has not met the requirements of the law and the rules of the ~~((commission))~~ board. Conditions are specified that must be met within a designated time to rectify the deficiency.
- (11) "Dedicated education unit" means a clinical learning experience within a health care facility, as part of the curriculum of a nursing education program.
- (12) "Delegation" means the licensed nurse transfers the performance of selected nursing tasks to competent individuals in selected situations. The nurse delegating the task is responsible and accountable for the nursing care of the client. The nurse delegating the task supervises the performance of the unlicensed person. Nurses must follow the delegation process following the RCW 18.79.260. Delegation in community and in-home care settings is defined by WAC 246-840-910 through 246-840-970.
- (13) "Distance education" or "distance learning" means instruction offered by any means where the student and faculty are in separate physical locations. Teaching methods may be synchronous, where the teacher and student communicate at the same time, or asynchronous, where the student and teacher communicate at different times, and shall facilitate and evaluate learning in compliance with nursing education rules.
- (14) "Full approval" of a nursing education program is the approval signifying that a nursing program meets the requirements of the law and the rules of the ~~((commission))~~ board.
- (15) "Good cause" as used in WAC 246-840-860 for extension of a nurse technician registration means that the nurse technician has had undue hardship such as difficulty scheduling the examination through no fault of their own; receipt of the examination results after 30 days after the nurse technician's date of graduation; or an unexpected family crisis which caused him or her to delay sitting for the examination. Failure of the examination is not "good cause."
- (16) "Good standing" as applied to a nursing technician, means the nursing technician is enrolled in a registered nursing program or licensed practical nursing program approved by the ~~((commission))~~ board and is successfully meeting all program requirements.
- (17) "Graduate degree" means a master's or doctoral degree.
- (18) "Health care professional" means the same as "health care provider" as defined in RCW 70.02.010(18).
- ~~((18))~~ (19) "Home state" is defined as where the nursing education program has legal domicile.
- ~~((19))~~ (20) "Host state" is defined as the state jurisdiction outside the home state where a student participates in clinical experiences or didactic courses.
- ~~((20))~~ (21) "Immediately available" as applied to nursing technicians, means that an RN who has agreed to act as supervisor is on the premises and is within audible range and available for immediate response as needed which may include the use of two-way communication devices which allow conversation between the nursing technician and an RN who has agreed to act as supervisor.
- (a) In a hospital setting, the RN who has agreed to act as supervisor is on the same patient care unit as the nursing technician and the patient has been assessed by the RN prior to the delegation of duties to the nursing technician.

(b) In a nursing home or clinic setting, an RN who has agreed to act as supervisor is in the same building and on the same floor as the nursing technician and the patient has been assessed by the RN prior to the delegation of duties to the nursing technician.

~~((21))~~ (22) "Initial approval" of nursing education program is the approval status conferred by the ~~((commission))~~ board to a new nursing program based on its proposal prior to the graduation of its first class.

~~((22))~~ (23) "Licensed practical nurse (LPN)" is a nurse licensed as defined in RCW 18.79.030(3), with a scope of practice defined in RCW 18.79.020 and 18.79.060.

~~((23))~~ (24) "Limited educational authorization" is an authorization to perform clinical training when enrolled as a student through a ~~((commission))~~ board approved refresher course. This authorization does not permit practice for employment.

~~((24))~~ (25) "Minimum standards of competency" means the knowledge, skills, and abilities that are expected of the beginning practitioner.

~~((25))~~ (26) "National nursing education accreditation body" means an independent nonprofit entity, approved by the United States Department of Education as a body that evaluates and approves the quality of nursing education programs within the United States and territories.

~~((26))~~ (27) "Nontraditional program of nursing" means a school that has a curriculum which does not include a faculty supervised teaching and learning component in clinical settings.

~~((27))~~ (28) "Nursing education program administrator" is an individual who has the authority and responsibility for the administration of the nursing education program.

~~((28))~~ (29) "Nursing education program" means a division or department within a state supported educational institution or other institution of higher learning, charged with the responsibility of preparing nursing students and nurses to qualify for initial licensing or higher levels of nursing practice.

~~((29))~~ (30) "Nursing faculty" means an individual employed by a nursing education program who is responsible for developing, implementing, evaluating, updating, and teaching nursing education program curricula.

~~((30))~~ (31) "Nursing technician" means a nursing student preparing for RN or LPN licensure who meets the qualifications for registration under RCW 18.79.340 who is employed in a hospital licensed under chapter 70.41 RCW or a nursing home licensed under chapter 18.51 RCW, or clinic. Approved nursing education programs do not include nontraditional schools as defined in subsection ~~((26))~~ (27) of this section.

~~((31))~~ (32) "Philosophy" means the beliefs and principles upon which a nursing education program curriculum is based.

~~((32))~~ (33) "Practical nursing education program" means a nursing education program which, upon successful completion of course work that includes core nursing course to provide a sound theoretical base combining clinical experiences with nursing principles, critical thinking, and interactive skills for entry level practical nursing, awards a certificate or degree that the graduate is prepared for interdependent practice to prepare a practical nurse for interdependent practice as an LPN.

~~((33))~~ (34) "Registered nurse" or "RN" is a licensed nurse as defined in RCW 18.79.030(1), 18.79.040, 18.79.240, and 18.79.260.

((34)) (35) "Supervision" of licensed or unlicensed nursing personnel means the provision of guidance and evaluation for the accomplishment of a nursing task or activity with the initial direction of the task or activity; periodic inspection of the actual act of accomplishing the task or activity; and the authority to require corrective action.

(a) "Direct supervision" means the licensed RN who provides guidance to nursing personnel and evaluation of nursing tasks is on the premises, is quickly and easily available, and has assessed the patient prior to the delegation of the duties.

(b) "Immediate supervision" means the licensed RN who provides guidance to nursing personnel and evaluation of nursing tasks is on the premises, is within audible and visual range of the patient, and has assessed the patient prior to the delegation of duties.

(c) "Indirect supervision" means the licensed RN who provides guidance to nursing personnel and evaluation of nursing tasks is not on the premises but has given either written or oral instructions for the care and treatment of the patient and the patient has been assessed by the registered nurse prior to the delegation of duties.

((35)) (36) "Traditional nursing education program" means a program that has a curriculum which includes a faculty supervised teaching and learning component in clinical settings.

AMENDATORY SECTION (Amending WSR 19-08-031, filed 3/27/19, effective 4/27/19)

**WAC 246-840-340 Initial ARNP requirements.** (1) An applicant for licensure as an ARNP shall have the following qualifications:

(a) An active Washington state RN license, without sanctions or restrictions;

(b) A graduate degree from an advanced nursing education program accredited by a national nursing accreditation body recognized by the United States Department of Education;

(c) Certification from a certifying body as identified in WAC 246-840-302;

(d) Completion of advanced clinical practice hours, as defined in WAC 246-840-010(1) and in the role of an advanced practice nurse as defined in WAC 246-840-010(2), when applicable, in situations under subsection (3) of this section.

(2) An applicant for ARNP licensure shall submit:

(a) A completed ARNP application for licensure to the ((~~commission~~)) board;

(b) The license fee as specified in WAC 246-840-990;

(c) A request to the certifying body, as identified in WAC 246-840-302, to send official documentation of certification directly to the ((~~commission~~)) board;

(d) A request to the advanced nursing educational program to send an official transcript directly to the ((~~commission~~)) board showing courses, grades, degree or certificate granted, official seal, and appropriate registrar; and

(e) Program objectives and course descriptions when requested by the ((~~commission~~)) board.

(3) To be granted a license without meeting the advanced clinical practice requirements identified in subsection (4) of this section,



the ARNP shall initiate the application process within one year of earning a graduate degree from an advanced nursing education program.

(4) An ARNP applicant who does not apply within one year of earning a graduate degree from an advanced nursing education program may be eligible to receive an ARNP interim permit for the purpose of completing (~~one hundred twenty-five~~) 125 hours of advanced clinical practice for every additional year following graduation, not to exceed (~~one thousand~~) 1,000 hours. The ARNP interim permit expires one year after the submission of the application.

(a) An ARNP applicant's clinical practice must be supervised by an ARNP under chapter 18.79 RCW, a physician licensed under chapter 18.71 RCW, an osteopathic physician licensed under chapter 18.57 RCW, or equivalent licensure in another state or United States jurisdiction. The ARNP interim permit holder must complete supervised advanced clinical practice as defined in subsections (4) and (5) of this section.

(b) The supervisor must be in the same practice specialty in which the applicant is seeking licensure. The supervising ARNP or physician:

(i) Shall have an active ARNP or physician license, for two or more years, without sanctions or restrictions;

(ii) Must not be a member of the applicant's immediate family, as defined in RCW 42.17A.005(27); or have a financial, business, or professional relationship that is in conflict with the proper discharge of the supervisor's duties to impartially supervise and evaluate the nurse;

(iii) Must not have current disciplinary action on their license;

(iv) Shall submit documented evidence to the (~~commission~~) board verifying the applicant's successful completion of the required supervised clinical practice hours in an ARNP role.

(5) An ARNP applicant needing to complete supervised advanced clinical practice:

(a) Shall meet the requirements of subsection (1)(a) and (b) of this section;

(b) Shall indicate on the ARNP application the need for an interim permit; and

(c) Must obtain:

(i) (~~commission~~) Board approval of the supervising ARNP or physician; and

(ii) The interim permit.

(6) The nurse must use the designation interim ARNP at all times and on all documentation of the supervised clinical practice hours.

(7) An applicant holding an active RN license, without sanctions or restrictions; and current national certification as a CNS; and is practicing in Washington state in an advanced nursing role, will be exempt from the supervised practice requirement if they can provide evidence of (~~two hundred fifty~~) 250 hours of advanced clinical practice within the last two years.

**WAC 246-840-342 Licensure for ARNP applicants by interstate endorsement.** (1) An applicant for interstate endorsement for Washington state licensure as an ARNP shall meet the following requirements:

(a) Have an active RN and ARNP license, or recognition in another state or jurisdiction, as practicing in an advanced practice role, without sanctions or restrictions;

(b) Have a graduate degree from an advanced nursing education program as identified in WAC 246-840-340 (1)(b), unless the applicant has been practicing in another state, U.S. territory, or the District of Columbia (D.C.) as an ARNP and demonstrates that the following criteria have been met:

(i) Current advanced nursing practice, as defined in WAC 246-840-010(2), in the advanced role and population focus area;

(ii) National certification or recertification, in the advanced role and population focus area;

(iii) Compliance with the ARNP educational requirements of the board that were in effect at the time the ARNP completed their ARNP education program; and

(iv) Compliance with all other criteria for licensure set forth by the board; and

(c) Hold certification from a certifying body as identified in WAC 246-840-302(3).

(2) An applicant for an ARNP license through interstate endorsement shall:

(a) Apply for and be granted a Washington state RN license as identified in WAC 246-840-090;

(b) Submit a completed ARNP application for licensure to the ~~((commission))~~ board;

(c) Submit the license fee as specified in WAC 246-840-990;

(d) Request the certifying body, as identified in WAC 246-840-302, to send official documentation of certification directly to the ~~((commission))~~ board;

(e) Request the advanced nursing educational program to send an official transcript directly to the ~~((commission))~~ board showing courses, grades, degree or certificate granted, official seal and appropriate registrar; and

(f) Submit nursing education program objectives and course descriptions when requested by the ~~((commission))~~ board.

# Inter-professional Mental Health for Healthcare Providers

A Proposal for Feasible  
Interventions

October 2024

# Objectives

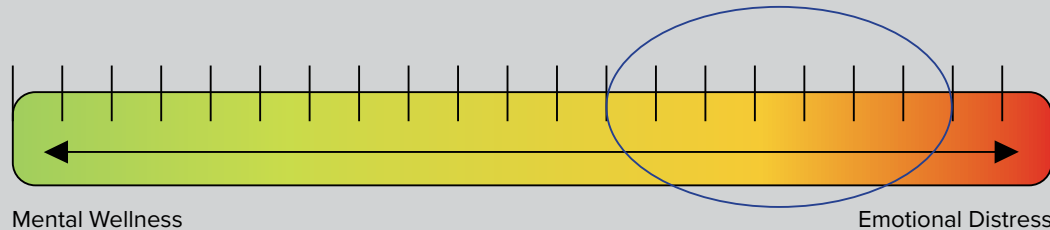
To improve access to mental health resources for all healthcare providers in Washington. This proposal aims to create a sustainable framework for providing mental health resources and training, and to decrease barriers to care.

**Focus on High-Risk Populations:** Focus on healthcare providers who are at higher risk of mental health impacts, including burnout,

depression, anxiety, and substance use disorders. Prioritizing individuals in distress prior to crisis intervention.

**Inter-professional Approach:** Promote an inter-professional approach to foster stronger partnerships and a united front across disciplines to achieve better outcomes.

## Mental Health Continuum



# Background

Nearly half of healthcare workers experience mental health concerns (CDC, [Health Workers Face a Mental Health](#)). Mental health challenges also disproportionately affect health workers of color, female workers, low wage workers, and those in rural and tribal communities ([Addressing Health Worker Burnout](#)).

There are 563,179 credentialed healthcare providers in Washington state. Inter-professional focus groups evaluated a variety of educational and pilot program options to determine feasibility for use. Other options, including mandated education, have shown lower success in offering support and creating behavior change for healthcare providers.

The Interactive Screening Program (ISP) was recommended as a low barrier method to complement existing structures provided by employers and state interventions, such as the 988-crisis line. Focus group participants emphasized a desire for an inter-professional approach and one that would address current challenges to care including stigma, confidentiality, cost, and time.

## Focus Group Participants

- Washington Academy of Physician Assistants
- Washington State Nurses Association
- ARNPs United
- Washington Medical Commission
- Washington State Board of Nursing
- Washington Physician Health Program
- UW School of Medicine Alumni Affairs
- Washington State Allied Health Center of Excellence
- Psychiatric Mental Health Nurse Practitioner Association
- Washington State Medical Association

# Recommendation

## Interactive Screening Program (ISP)

The [Interactive Screening Program \(ISP\)](#) is an American Foundation for Suicide Prevention program recognized by Accreditation Council of Graduate Medical Education (ACGME) and the U.S. Surgeon general as a best practice for healthcare workers. This program has been implemented in over 200 organizations nationwide, including Ohio, which has implemented this for all healing arts professions. Usage is up to 10% of those invited to participate in the ISP program. Of those, over 85% indicated high distress; most of who were not receiving any form of treatment.

The portal offers a 35 question (10 min) screening based on the Patient Health Questionnaire-9 (PHQ-9), results of which are reviewed by a counselor to triage the level of distress. Responses are provided based on the level of distress in 24-48 hours and the individual is encouraged to remain anonymous unless they would like to reveal their identity.

The individual may dialogue via email with the counselor or receive a referral for treatment.

Costs would include clinical full-time equivalent (FTE) for counselors, start-up cost for ISP, annual fee for ISP portal access, communications/marketing support, referral list development/maintenance, and overall program administration.

Support for ISP would be separate from licensing boards and employers, dispelling concern for professional discipline while offering much needed services. This program aligns with the U.S. Surgeon General's [call to action](#) to address health worker burnout, bolstering the workforce that our nation's health is reliant upon and continuing to position Washington as a leader in healthcare and regulation.

# Barriers to Seek Help



Confidentiality



Stigma



Career Implications



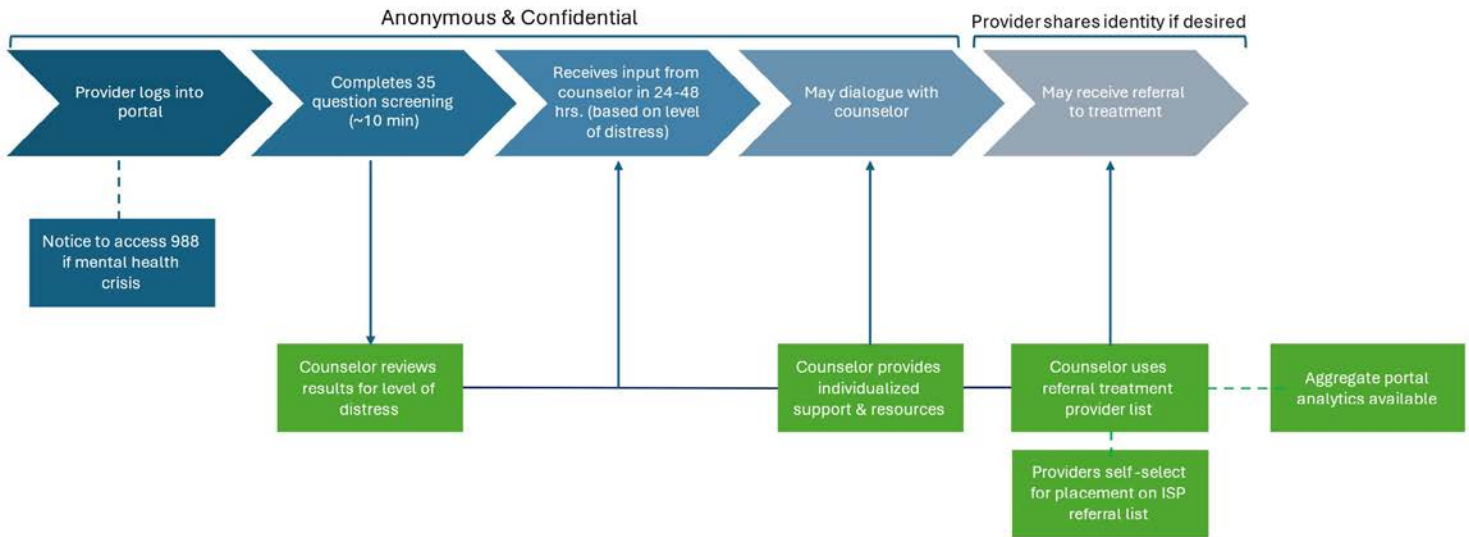
Time



Cost

## Proposed ISP Portal Flow

(Blue = patient experience; Green = ISP program)



## Budget

Item	Cost
Program Administrator (1.0 FTE)	\$350,000
ISP Counselor (0.5 YR0, 1.0 YR1)	\$348,000
ISP Customization/Start-up (YR0)/Annual Fee (YR1)	\$15,000
Communications/Program Administration	\$62,000
	<b>\$775,000</b>

Cost per anticipated provider rate is \$6.88 per year.

## Conclusion

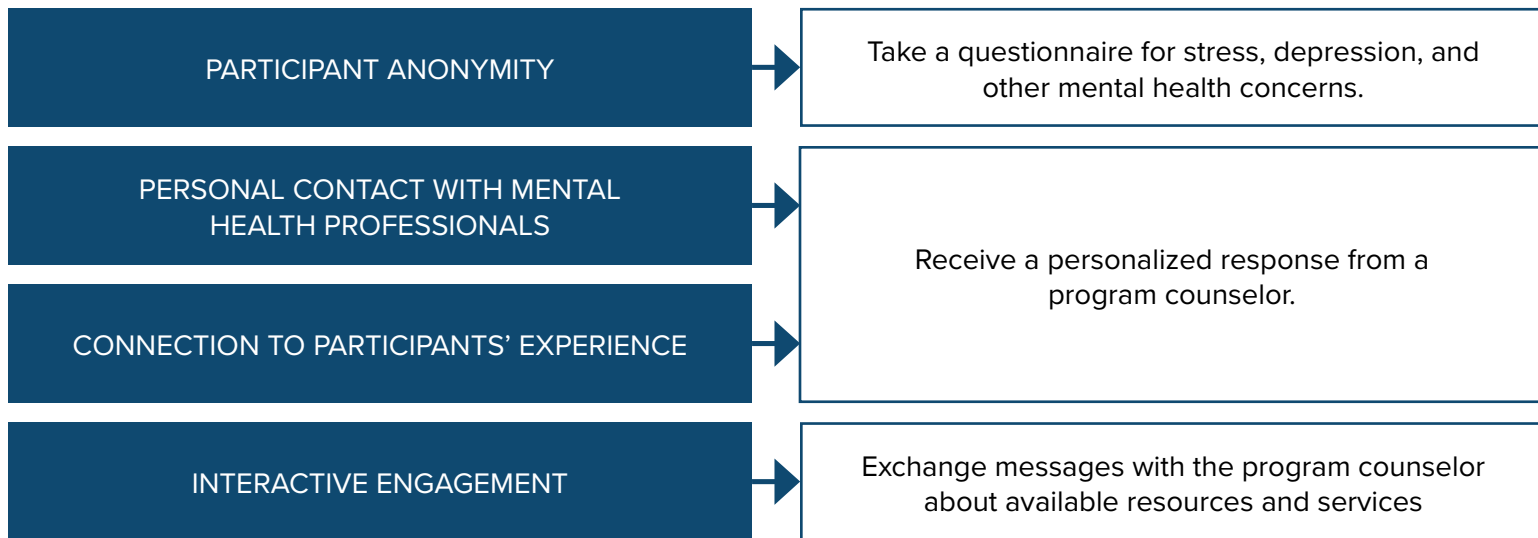
This proposal seeks to prioritize mental health for healthcare providers through accessible screening and the establishment of robust support systems. By addressing barriers to mental health resources and fostering an inter-professional approach, the proposal aims to reduce burnout and mental health crises within Washington's healthcare workforce.

# Interactive Screening Program Components



## KEY PROGRAM PRINCIPLES

ISP website provides a safe and secure platform where participants anonymously



## Scope

- Completely voluntary and anonymous
  - Participants feel safe and secure taking steps toward help-seeking
- No follow-up services provided unless requested
- A method for participants to explore available services for their specific concerns and how they can get connected to them
  - NOT a crisis intervention service
  - Not a clinical service or diagnostic tool

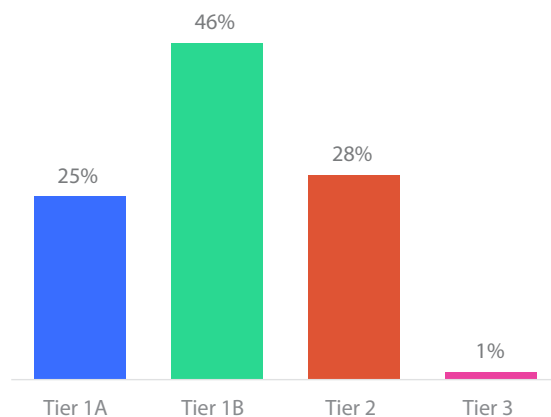
Tier Designation	Distress Level	Counselor Response Time
Tier 1A	Current suicidal thoughts, plans, and/or behaviors	24 business hours
Tier 1B	High distress	24 business hours
Tier 2	Moderate distress	36 business hours
Tier 3	Low-to-No distress	48 business hours

## Stress & Depression Screening

Participant completes the ISP Screening

- Based on the PRIME-MD Patient Health Questionnaire and contains the nine-item Patient Health Questionnaire (PHQ-9)
- Measures of intense emotional distress (i.e., anxiety, hopelessness)
  - Alcohol and drug use
  - Measures of burnout
- Current suicidal thoughts/behaviors/plans and past suicide attempts
- Current mental health treatment

## Participant Distress



Tier 1A*	Suicidal ideation, plans, behaviors
Tier 1B	High distress
Tier 2	Moderate distress
Tier 3	No distress



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

On July 5, 2023, the JARRC found by a majority vote that by not defining "graduate degree" in rule, and by authorizing exemptions to WAC 246-840-340 and 246-840-342 by agency procedure, the board is using a policy in place of a rule that has not been adopted in accordance with all applicable provisions of law. The JARRC recommended that the board define "graduate degree" and provide for the exemptions in board procedures by rule.

The proposed amendments to WAC 246-840-010, 246-840-340, and 246-840-342 address the JARRC's recommendation by defining the term "graduate degree" and providing for exemptions to education requirements for ARNP licensure in rule.

Proposed amendments to WAC 246-840-010 define the term "graduate degree" as a master's or doctoral degree and amendments to WAC 246-840-342(1)(b) provide for exemptions to education requirements for ARNP licensure as outlined in board procedure B09.06 (II).

**Reasons supporting proposal:** The proposed amendments are needed to address the findings of the JARRC, which recommended the board define "graduate degree" and codify exemptions to education requirements in the rules. By doing so, the board will ensure transparency and compliance with legal standards.

**Statutory authority for adoption:** RCW 18.79.010, 18.79.110, 18.79.160, and 18.79.250

**Statute being implemented:** RCW 18.79.010, 18.79.110, 18.79.160, and 18.79.250

**Is rule necessary because of a:**

Federal Law?

 Yes  No

Federal Court Decision?

 Yes  No

State Court Decision?

 Yes  No

If yes, CITATION:

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

**Name of proponent:** (person or organization) Washington State Board of Nursing

**Type of proponent:**  Private.  Public.  Governmental.

**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	Mary Sue Gorski	111 Israel Road SE Tumwater, WA 98504	360-915-3334

**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](mailto: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: The proposed rules amend provider licensure requirements and do not affect 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

**Date:** October 1, 2024

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

**Title:** Executive Director, Washington State Board of Nursing

**Signature:**

A handwritten signature in black ink, consisting of a large, stylized 'A' followed by a horizontal line extending to the right.

**WAC 246-840-010 Definitions.** The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Advanced clinical practice" means practicing at an advanced level of nursing in a clinical setting performing direct patient care.

(2) "Advanced nursing practice" means the delivery of nursing care at an advanced level of independent nursing practice that maximizes the use of graduate educational preparation, and in-depth nursing knowledge and expertise in such roles as autonomous clinical practitioner, professional and clinical leader, expert practitioner, and researcher.

(3) "Advanced registered nurse practitioner (ARNP)" is a registered nurse (RN) as defined in RCW 18.79.050, 18.79.240, 18.79.250, and 18.79.400 who has obtained formal graduate education and national specialty certification through a ~~((commission))~~ board approved certifying body in one or more of the designations described in WAC 246-840-302, and who is licensed as an ARNP as described in WAC 246-840-300. The designations include the following:

- (a) Nurse practitioner (NP);
- (b) Certified nurse midwife (CNM);
- (c) Certified registered nurse anesthetist (CRNA); and
- (d) Clinical nurse specialist (CNS).

(4) "Associate degree registered nursing education program" means a nursing education program which, upon successful completion of course work, that includes general education and core nursing courses that provide a sound theoretical base combining clinical experiences with theory, nursing principles, critical thinking, and interactive skills, awards an associate degree in nursing (ADN) to prepare its graduates for initial licensure and entry level practice as an RN.

(5) "Bachelor of science degree registered nursing education program" means a nursing education program which, upon successful completion of course work taught in an associate degree nursing education program, as defined in subsection ~~((+28))~~ (29) of this section, plus additional courses physical and social sciences, nursing research, public and community health, nursing management, care coordination, and the humanities, awards a bachelor of science in nursing (BSN) degree, to prepare its graduates for a broader scope of practice, enhances professional development, and provides the nurse with an understanding of the cultural, political, economic, and social issues that affect patients and influence health care delivery.

(6) "Board" means the Washington state board of nursing.

(7) "Certifying body" means a nongovernmental agency using predetermined standards of nursing practice to validate an individual nurse's qualifications, knowledge, and practice in a defined functional or clinical area of nursing.

~~((+7))~~ (8) "Client advocate" means a licensed nurse who actively supports client's rights and choices, including the client's right to receive safe, high quality care, and who facilitates the client's ability to exercise those rights and choices by providing the client with adequate information about their care and options.

~~((+8) "Commission" means the Washington state nursing care quality assurance commission.)~~

- (9) "Competency" means demonstrated knowledge, skill and ability in the practice of nursing.
- (10) "Conditional approval" is the approval given a nursing education program that has not met the requirements of the law and the rules of the ~~((commission))~~ board. Conditions are specified that must be met within a designated time to rectify the deficiency.
- (11) "Dedicated education unit" means a clinical learning experience within a health care facility, as part of the curriculum of a nursing education program.
- (12) "Delegation" means the licensed nurse transfers the performance of selected nursing tasks to competent individuals in selected situations. The nurse delegating the task is responsible and accountable for the nursing care of the client. The nurse delegating the task supervises the performance of the unlicensed person. Nurses must follow the delegation process following the RCW 18.79.260. Delegation in community and in-home care settings is defined by WAC 246-840-910 through 246-840-970.
- (13) "Distance education" or "distance learning" means instruction offered by any means where the student and faculty are in separate physical locations. Teaching methods may be synchronous, where the teacher and student communicate at the same time, or asynchronous, where the student and teacher communicate at different times, and shall facilitate and evaluate learning in compliance with nursing education rules.
- (14) "Full approval" of a nursing education program is the approval signifying that a nursing program meets the requirements of the law and the rules of the ~~((commission))~~ board.
- (15) "Good cause" as used in WAC 246-840-860 for extension of a nurse technician registration means that the nurse technician has had undue hardship such as difficulty scheduling the examination through no fault of their own; receipt of the examination results after 30 days after the nurse technician's date of graduation; or an unexpected family crisis which caused him or her to delay sitting for the examination. Failure of the examination is not "good cause."
- (16) "Good standing" as applied to a nursing technician, means the nursing technician is enrolled in a registered nursing program or licensed practical nursing program approved by the ~~((commission))~~ board and is successfully meeting all program requirements.
- (17) "Graduate degree" means a master's or doctoral degree.
- (18) "Health care professional" means the same as "health care provider" as defined in RCW 70.02.010(18).
- ~~((18))~~ (19) "Home state" is defined as where the nursing education program has legal domicile.
- ~~((19))~~ (20) "Host state" is defined as the state jurisdiction outside the home state where a student participates in clinical experiences or didactic courses.
- ~~((20))~~ (21) "Immediately available" as applied to nursing technicians, means that an RN who has agreed to act as supervisor is on the premises and is within audible range and available for immediate response as needed which may include the use of two-way communication devices which allow conversation between the nursing technician and an RN who has agreed to act as supervisor.
- (a) In a hospital setting, the RN who has agreed to act as supervisor is on the same patient care unit as the nursing technician and the patient has been assessed by the RN prior to the delegation of duties to the nursing technician.

(b) In a nursing home or clinic setting, an RN who has agreed to act as supervisor is in the same building and on the same floor as the nursing technician and the patient has been assessed by the RN prior to the delegation of duties to the nursing technician.

~~((21))~~ (22) "Initial approval" of nursing education program is the approval status conferred by the ~~((commission))~~ board to a new nursing program based on its proposal prior to the graduation of its first class.

~~((22))~~ (23) "Licensed practical nurse (LPN)" is a nurse licensed as defined in RCW 18.79.030(3), with a scope of practice defined in RCW 18.79.020 and 18.79.060.

~~((23))~~ (24) "Limited educational authorization" is an authorization to perform clinical training when enrolled as a student through a ~~((commission))~~ board approved refresher course. This authorization does not permit practice for employment.

~~((24))~~ (25) "Minimum standards of competency" means the knowledge, skills, and abilities that are expected of the beginning practitioner.

~~((25))~~ (26) "National nursing education accreditation body" means an independent nonprofit entity, approved by the United States Department of Education as a body that evaluates and approves the quality of nursing education programs within the United States and territories.

~~((26))~~ (27) "Nontraditional program of nursing" means a school that has a curriculum which does not include a faculty supervised teaching and learning component in clinical settings.

~~((27))~~ (28) "Nursing education program administrator" is an individual who has the authority and responsibility for the administration of the nursing education program.

~~((28))~~ (29) "Nursing education program" means a division or department within a state supported educational institution or other institution of higher learning, charged with the responsibility of preparing nursing students and nurses to qualify for initial licensing or higher levels of nursing practice.

~~((29))~~ (30) "Nursing faculty" means an individual employed by a nursing education program who is responsible for developing, implementing, evaluating, updating, and teaching nursing education program curricula.

~~((30))~~ (31) "Nursing technician" means a nursing student preparing for RN or LPN licensure who meets the qualifications for registration under RCW 18.79.340 who is employed in a hospital licensed under chapter 70.41 RCW or a nursing home licensed under chapter 18.51 RCW, or clinic. Approved nursing education programs do not include nontraditional schools as defined in subsection ~~((26))~~ (27) of this section.

~~((31))~~ (32) "Philosophy" means the beliefs and principles upon which a nursing education program curriculum is based.

~~((32))~~ (33) "Practical nursing education program" means a nursing education program which, upon successful completion of course work that includes core nursing course to provide a sound theoretical base combining clinical experiences with nursing principles, critical thinking, and interactive skills for entry level practical nursing, awards a certificate or degree that the graduate is prepared for interdependent practice to prepare a practical nurse for interdependent practice as an LPN.

~~((33))~~ (34) "Registered nurse" or "RN" is a licensed nurse as defined in RCW 18.79.030(1), 18.79.040, 18.79.240, and 18.79.260.

((34)) (35) "Supervision" of licensed or unlicensed nursing personnel means the provision of guidance and evaluation for the accomplishment of a nursing task or activity with the initial direction of the task or activity; periodic inspection of the actual act of accomplishing the task or activity; and the authority to require corrective action.

(a) "Direct supervision" means the licensed RN who provides guidance to nursing personnel and evaluation of nursing tasks is on the premises, is quickly and easily available, and has assessed the patient prior to the delegation of the duties.

(b) "Immediate supervision" means the licensed RN who provides guidance to nursing personnel and evaluation of nursing tasks is on the premises, is within audible and visual range of the patient, and has assessed the patient prior to the delegation of duties.

(c) "Indirect supervision" means the licensed RN who provides guidance to nursing personnel and evaluation of nursing tasks is not on the premises but has given either written or oral instructions for the care and treatment of the patient and the patient has been assessed by the registered nurse prior to the delegation of duties.

((35)) (36) "Traditional nursing education program" means a program that has a curriculum which includes a faculty supervised teaching and learning component in clinical settings.

AMENDATORY SECTION (Amending WSR 19-08-031, filed 3/27/19, effective 4/27/19)

**WAC 246-840-340 Initial ARNP requirements.** (1) An applicant for licensure as an ARNP shall have the following qualifications:

(a) An active Washington state RN license, without sanctions or restrictions;

(b) A graduate degree from an advanced nursing education program accredited by a national nursing accreditation body recognized by the United States Department of Education;

(c) Certification from a certifying body as identified in WAC 246-840-302;

(d) Completion of advanced clinical practice hours, as defined in WAC 246-840-010(1) and in the role of an advanced practice nurse as defined in WAC 246-840-010(2), when applicable, in situations under subsection (3) of this section.

(2) An applicant for ARNP licensure shall submit:

(a) A completed ARNP application for licensure to the ((~~commission~~)) board;

(b) The license fee as specified in WAC 246-840-990;

(c) A request to the certifying body, as identified in WAC 246-840-302, to send official documentation of certification directly to the ((~~commission~~)) board;

(d) A request to the advanced nursing educational program to send an official transcript directly to the ((~~commission~~)) board showing courses, grades, degree or certificate granted, official seal, and appropriate registrar; and

(e) Program objectives and course descriptions when requested by the ((~~commission~~)) board.

(3) To be granted a license without meeting the advanced clinical practice requirements identified in subsection (4) of this section,

the ARNP shall initiate the application process within one year of earning a graduate degree from an advanced nursing education program.

(4) An ARNP applicant who does not apply within one year of earning a graduate degree from an advanced nursing education program may be eligible to receive an ARNP interim permit for the purpose of completing (~~one hundred twenty-five~~) 125 hours of advanced clinical practice for every additional year following graduation, not to exceed (~~one thousand~~) 1,000 hours. The ARNP interim permit expires one year after the submission of the application.

(a) An ARNP applicant's clinical practice must be supervised by an ARNP under chapter 18.79 RCW, a physician licensed under chapter 18.71 RCW, an osteopathic physician licensed under chapter 18.57 RCW, or equivalent licensure in another state or United States jurisdiction. The ARNP interim permit holder must complete supervised advanced clinical practice as defined in subsections (4) and (5) of this section.

(b) The supervisor must be in the same practice specialty in which the applicant is seeking licensure. The supervising ARNP or physician:

(i) Shall have an active ARNP or physician license, for two or more years, without sanctions or restrictions;

(ii) Must not be a member of the applicant's immediate family, as defined in RCW 42.17A.005(27); or have a financial, business, or professional relationship that is in conflict with the proper discharge of the supervisor's duties to impartially supervise and evaluate the nurse;

(iii) Must not have current disciplinary action on their license;

(iv) Shall submit documented evidence to the (~~commission~~) board verifying the applicant's successful completion of the required supervised clinical practice hours in an ARNP role.

(5) An ARNP applicant needing to complete supervised advanced clinical practice:

(a) Shall meet the requirements of subsection (1)(a) and (b) of this section;

(b) Shall indicate on the ARNP application the need for an interim permit; and

(c) Must obtain:

(i) (~~commission~~) Board approval of the supervising ARNP or physician; and

(ii) The interim permit.

(6) The nurse must use the designation interim ARNP at all times and on all documentation of the supervised clinical practice hours.

(7) An applicant holding an active RN license, without sanctions or restrictions; and current national certification as a CNS; and is practicing in Washington state in an advanced nursing role, will be exempt from the supervised practice requirement if they can provide evidence of (~~two hundred fifty~~) 250 hours of advanced clinical practice within the last two years.

**WAC 246-840-342 Licensure for ARNP applicants by interstate endorsement.** (1) An applicant for interstate endorsement for Washington state licensure as an ARNP shall meet the following requirements:

(a) Have an active RN and ARNP license, or recognition in another state or jurisdiction, as practicing in an advanced practice role, without sanctions or restrictions;

(b) Have a graduate degree from an advanced nursing education program as identified in WAC 246-840-340 (1)(b), unless the applicant has been practicing in another state, U.S. territory, or the District of Columbia (D.C.) as an ARNP and demonstrates that the following criteria have been met:

(i) Current advanced nursing practice, as defined in WAC 246-840-010(2), in the advanced role and population focus area;

(ii) National certification or recertification, in the advanced role and population focus area;

(iii) Compliance with the ARNP educational requirements of the board that were in effect at the time the ARNP completed their ARNP education program; and

(iv) Compliance with all other criteria for licensure set forth by the board; and

(c) Hold certification from a certifying body as identified in WAC 246-840-302(3).

(2) An applicant for an ARNP license through interstate endorsement shall:

(a) Apply for and be granted a Washington state RN license as identified in WAC 246-840-090;

(b) Submit a completed ARNP application for licensure to the ~~((commission))~~ board;

(c) Submit the license fee as specified in WAC 246-840-990;

(d) Request the certifying body, as identified in WAC 246-840-302, to send official documentation of certification directly to the ~~((commission))~~ board;

(e) Request the advanced nursing educational program to send an official transcript directly to the ~~((commission))~~ board showing courses, grades, degree or certificate granted, official seal and appropriate registrar; and

(f) Submit nursing education program objectives and course descriptions when requested by the ~~((commission))~~ board.



# Inter-professional Mental Health for Healthcare Providers

A Proposal for Feasible  
Interventions

October 2024

# Objectives

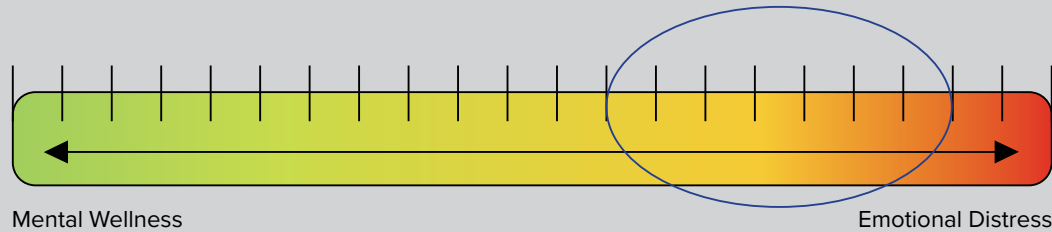
To improve access to mental health resources for all healthcare providers in Washington. This proposal aims to create a sustainable framework for providing mental health resources and training, and to decrease barriers to care.

**Focus on High-Risk Populations:** Focus on healthcare providers who are at higher risk of mental health impacts, including burnout,

depression, anxiety, and substance use disorders. Prioritizing individuals in distress prior to crisis intervention.

**Inter-professional Approach:** Promote an inter-professional approach to foster stronger partnerships and a united front across disciplines to achieve better outcomes.

## Mental Health Continuum



# Background

Nearly half of healthcare workers experience mental health concerns (CDC, [Health Workers Face a Mental Health](#)). Mental health challenges also disproportionately affect health workers of color, female workers, low wage workers, and those in rural and tribal communities ([Addressing Health Worker Burnout](#)).

There are 563,179 credentialed healthcare providers in Washington state. Inter-professional focus groups evaluated a variety of educational and pilot program options to determine feasibility for use. Other options, including mandated education, have shown lower success in offering support and creating behavior change for healthcare providers.

The Interactive Screening Program (ISP) was recommended as a low barrier method to complement existing structures provided by employers and state interventions, such as the 988-crisis line. Focus group participants emphasized a desire for an inter-professional approach and one that would address current challenges to care including stigma, confidentiality, cost, and time.

## Focus Group Participants

- Washington Academy of Physician Assistants
- Washington State Nurses Association
- ARNPs United
- Washington Medical Commission
- Washington State Board of Nursing
- Washington Physician Health Program
- UW School of Medicine Alumni Affairs
- Washington State Allied Health Center of Excellence
- Psychiatric Mental Health Nurse Practitioner Association
- Washington State Medical Association

# Recommendation

## Interactive Screening Program (ISP)

The [Interactive Screening Program \(ISP\)](#) is an American Foundation for Suicide Prevention program recognized by Accreditation Council of Graduate Medical Education (ACGME) and the U.S. Surgeon general as a best practice for healthcare workers. This program has been implemented in over 200 organizations nationwide, including Ohio, which has implemented this for all healing arts professions. Usage is up to 10% of those invited to participate in the ISP program. Of those, over 85% indicated high distress; most of who were not receiving any form of treatment.

The portal offers a 35 question (10 min) screening based on the Patient Health Questionnaire-9 (PHQ-9), results of which are reviewed by a counselor to triage the level of distress. Responses are provided based on the level of distress in 24-48 hours and the individual remains anonymous unless they would like to reveal their identity.

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Costs would include clinical full-time equivalent (FTE) for counselors, start-up cost for ISP, annual fee for ISP portal access, communications/marketing support, referral list development/maintenance, and overall program administration.

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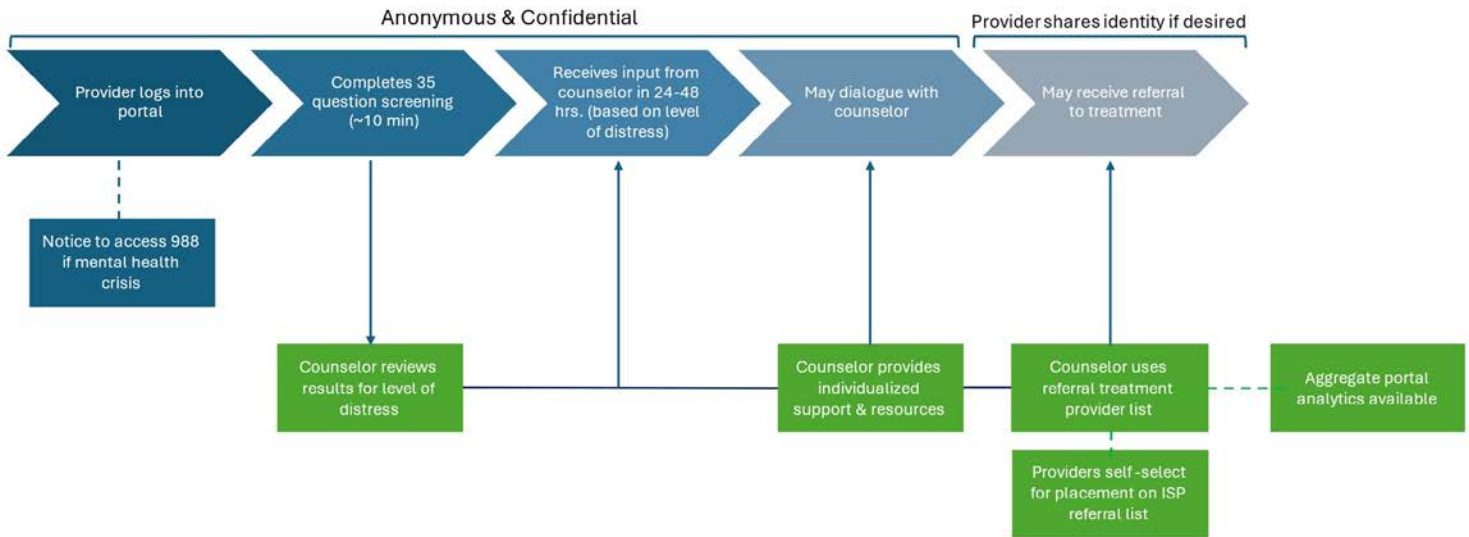
Time



Cost

## Proposed ISP Portal Flow

(Blue = patient experience; Green = ISP program)



## Budget

Item	Cost
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## Conclusion

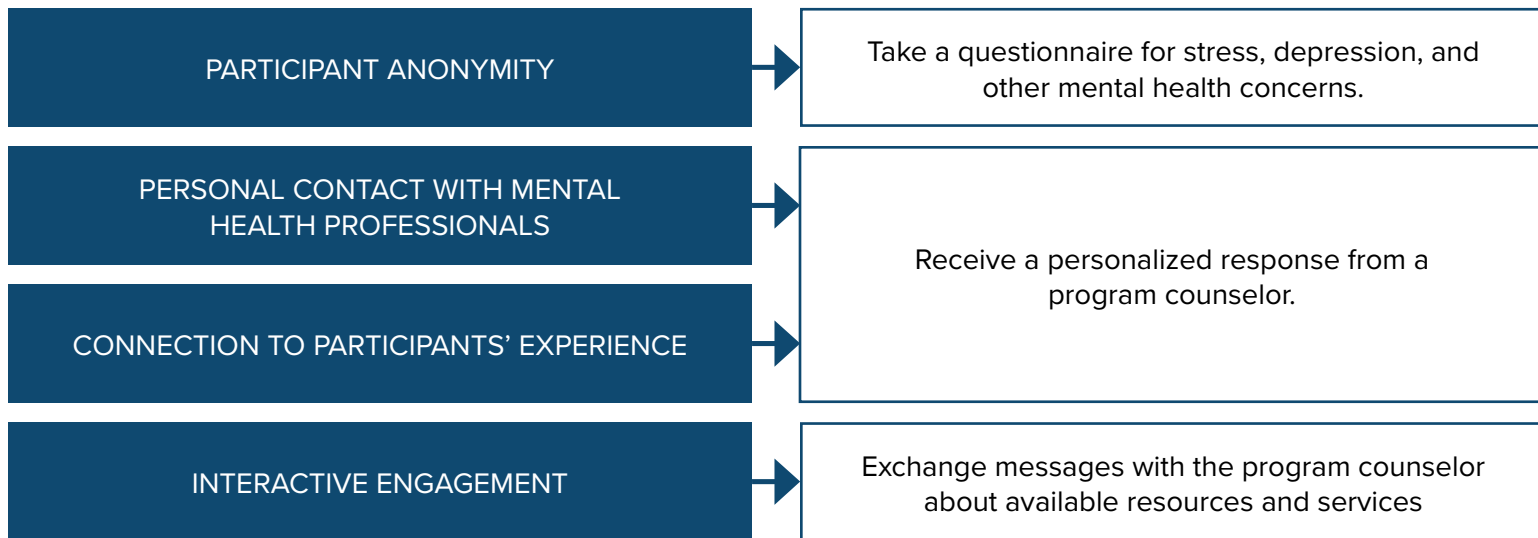
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# Interactive Screening Program Components



## KEY PROGRAM PRINCIPLES

ISP website provides a safe and secure platform where participants anonymously



## Scope

- Completely voluntary and anonymous
  - Participants feel safe and secure taking steps toward help-seeking
- No follow-up services provided unless requested
- A method for participants to explore available services for their specific concerns and how they can get connected to them
  - NOT a crisis intervention service
  - Not a clinical service or diagnostic tool

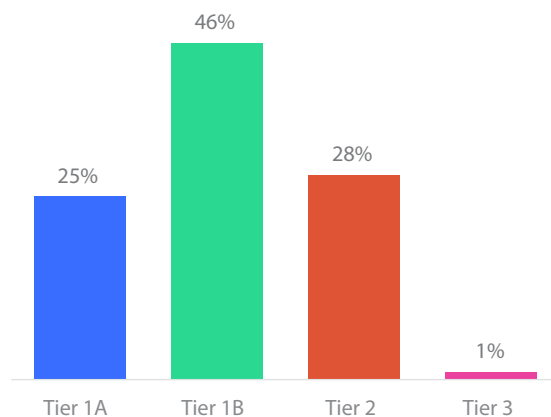
Tier Designation	Distress Level	Counselor Response Time
Tier 1A	Current suicidal thoughts, plans, and/or behaviors	24 business hours
Tier 1B	High distress	24 business hours
Tier 2	Moderate distress	36 business hours
Tier 3	Low-to-No distress	48 business hours

## Stress & Depression Screening

Participant completes the ISP Screening

- Based on the PRIME-MD Patient Health Questionnaire and contains the nine-item Patient Health Questionnaire (PHQ-9)
- Measures of intense emotional distress (i.e., anxiety, hopelessness)
  - Alcohol and drug use
  - Measures of burnout
- Current suicidal thoughts/behaviors/plans and past suicide attempts
- Current mental health treatment

## Participant Distress



Tier 1A*	Suicidal ideation, plans, behaviors
Tier 1B	High distress
Tier 2	Moderate distress
Tier 3	No distress